Look Up and Hope: Final Evaluation Report

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Wilder Research

Information. Insight. Impact.

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Acknowledgments

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Executive summary

Since its founding in 1896, Volunteers of America has supported and empowered America's most vulnerable populations, including those returning from prison. The past several decades have seen a particularly staggering rise in the growth of mothers affected by incarceration. Between 1991 and midyear 2007, the Bureau of Justice Statistics reported that the number of mothers in federal and state prisons had increased 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.[1] To address this issue, Volunteers of America launched Look Up and Hope, an innovative initiative that works with the whole family – mother, caregiver, and child – to improve the lives of those affected by maternal incarceration.

Over the past five years, Wilder Research has evaluated Look Up and Hope to determine the impact that the program has on families. This final evaluation report illustrates the successes and challenges of those participating in the program.

Successes

- **Strengthened families:** After participating in Look Up and Hope, families appear to have stronger connections – meaning increased quantity and quality of contact between mothers, children, and caregivers. For example, 61 percent of children were either living with their mother or had increased contact with her, and 60 percent were reported to have an improved relationship with their mother.

- **Positive school outcomes:** The majority of school-aged children (6+ years old) either increased or maintained their grades, attendance, and behavior. Most prominently, nearly four in ten (37%) children had improved their grade point average by their follow-up assessment, according to family coaches.

- **Healthy children and caregivers:** Overall, the children and caregivers served by the program were relatively healthy. The majority of children (61%) were reported to be in good health at both their baseline and follow-up assessments, and family coaches assessed nearly all children (94%) and caregivers (93%) to have their basic needs met.

- **Improved parenting skills:** Nearly all (97%) of the mothers who received parenting education or training showed improved knowledge of parenting skills.

- **Improved employment status for mothers:** The majority of mothers with available follow-up data experienced a change in employment status from baseline to follow-up.

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[1]   Glaze, L. & Maruschak, L. (2008, revised 2010). Bureau of Justice Statistics Special Report: Parents in prison and their minor children. Washington, DC: U.S. Department of Justice.

For those who did, over four in ten went from unemployment to either full-time or part-time employment.

In addition to the annual report, Wilder Research conducted a Social Return on Investment (SROI) study to estimate some of the potential long-term cost savings that the Look Up and Hope program could eventually provide to society. The study found that, even if the only benefits the program produced were improved long-term outcomes for some participating children (e.g., avoidance of out-of-home placements and school failures), the net cost savings to society could be as much as $48,495 per child. This represents a potential return on investment of $14.31 for every dollar invested. The full SROI (including the limitations of the analysis) is appended.

Challenges

- **Reentry planning:** Only 62 percent of incarcerated mothers had a formal plan at follow-up, which is relatively low considering that formal reentry planning is a core tenant of the Look Up and Hope program. This low number may be due to some staff confusion around question wording on the follow-up assessment. Volunteers of America and Wilder Research have been working together on updating the assessments over the past year.

- **Recidivism of mothers:** The recidivism rate for mothers in the Look Up and Hope program is 28 percent. Since the beginning of the program, recidivism appears to have increased; however, it is important to note that women have now had a chance to be in the program longer and, therefore, have a greater chance of re-offending. In addition, the program's recidivism rates remain low compared to national averages.

- **Support for caregiving:** Less than half of caregivers were receiving new sources of support at follow-up. In addition, very few caregivers had experienced a change in education, employment, or income status, which means that the majority of caregivers were supporting the children in their care with a household income of less than $25,000 per year.

- **Programmatic challenges:** In addition to the challenges that clients face, there have been a variety of challenges to implementing the Look Up and Hope program as originally planned. These include a lack of funding, lack of community resources (which places an extra burden on family coaches), staff turnover, and variations in programming across sites. Such programmatic challenges have sometimes interrupted the services delivered to clients and have produced inconsistent program practices and data collection procedures across sites. A new program manual and database, introduced this past year, may help alleviate some of these issues moving forward; however, funding and human resources to support full implementation of the program remain a challenge.

Next steps

Look Up and Hope staff have worked very hard to ensure that their clients can find the resiliency, strength, and resources to function *beyond* incarceration. As the evaluation comes to a close, Wilder recommends the following next steps, both for serving families and for the program as a whole.

Serving families

- Continue to put resources and energy into reentry planning and supporting incarcerated mothers and their families post-release. Sites are beginning to see progress in terms of the overall number of plans made; however, there are still fewer reentry plans than desired.

- Provide more emotional supports for caregivers, many of whom suffer from exhaustion or stress-related issues that they find more difficult to handle than their family's unmet basic needs.

Sustaining the program

- Leverage community partnerships. It is important for the Look Up and Hope program to reach out to community partners. Having go-to people or organizations that program staff can contact for client referrals will not only help the families served, but also ease the burden on family coaches.

- Ensure strong, consistent leadership at the top-most levels of the organization. Having a strong group of leaders, who are committed to the Look Up and Hope program and its goals, as well as finding the funding needed to sustain the program, will help support the people who do the day-to-day work with families.

- Continue hiring highly trained, experienced family coaches who are committed to the goals of the program, but also find ways to keep those family coaches in their positions. Supporting staff with strong leadership and the resources necessary to do the work (e.g., training opportunities) is integral to the future existence of Look Up and Hope. It is important to consider that the same care provided to families should also be provided to the family coaches; their commitment to respectfully serving families is considerable and clearly has an impact on the outcomes of parents, children, and caregivers they serve.

Introduction

> *I think that there are a lot of agencies that are doing some great things in the community, but I think what we do at Look Up and Hope is so unique. It's especially geared to the needs of not only the woman who is transitioning back to the community and her kids, but also the caregiver. – Look Up and Hope staff member*

Since 2009, Volunteers of America, with support from the Annie E. Casey Foundation, has implemented a strategic initiative to improve the lives of families impacted by maternal incarceration. This multi-site initiative, called Look Up and Hope, began as a pilot study to provide comprehensive "wraparound" services for families in which the mother is involved with the criminal justice system. Unlike many other programs that target incarcerated women, the Look Up and Hope model works with the whole family – mother, caregiver, and child – in an effort to improve lives, enhance family functioning, ease the crisis of reentry, and reduce out-of-home placements. This approach builds on existing social science research suggesting that incarcerated women and their children achieve better outcomes when their family relationships and community support systems are strengthened.

Over the past five years, Wilder Research has conducted an independent evaluation to examine the impact that Look Up and Hope has on participating families. This report outlines findings throughout all five years of the study. A detailed description of the research methodology and data limitations is appended to this report.

Overview of the Look Up and Hope program

When Look Up and Hope began, five pilot sites with a strong history of service to incarcerated women or to fragile, low-income families were selected to help design, implement, and carry out the mission of the program. These sites included 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. The Illinois affiliate had to withdraw in the first year of the program, and the Northern New England (Maine) affiliate withdrew in 2013; in both cases the decision to end the Look Up and Hope program was due largely to funding challenges.

In general, all of the sites that have participated in Look Up and Hope offer a common set of services to clients; and the process for identifying potential clients and entering them into the program is similar across affiliates. However, each site also has its own unique client population and changing sets of circumstances; therefore, project implementation has varied significantly from site to site. In 2014, Wilder Research conducted a process

evaluation to examine how Look Up and Hope was implemented at the three remaining sites, and to better understand the successes and challenges of the program overall. The process evaluation is appended to this report. According to the process evaluation, some of the services currently being offered to participants include:

- After school and summer programming for youth

- Basic needs support, including food, clothing, and transportation

- Case management services, including home visits from social workers

- Employment services and vocational training

- Family group conferencing

- Individual and family therapy

- Parenting classes

- Rapid re-housing assistance

- Substance abuse and mental health counseling

Program participation

Over the course of the evaluation, Look Up and Hope has served 640 people including 190 mothers, their 290 children, and 160 caregivers (Figure 1). All mothers were incarcerated at the time of program entry.

1.   Program participation by site (all years)

	Incarcerated mothers	Children	Caregivers	Site totals
Indiana	64	92	36	192
Maine	23	36	26	85
South Dakota	43	77	46	166
Texas	60	85	52	197
Client totals	**190**	**290**	**160**	**640**

Note: Program participation is based on the number of clients who had either a baseline or follow-up assessment. Data collection for the Maine affiliate ended in 2013; therefore, their numbers are lower compared to other sites.

The average length of participation for mothers in the Look Up and Hope program varied, depending upon the site. The South Dakota affiliate had the highest average

length of participation for mothers (26.5 months), followed by Indiana (11.4 months), and Texas (7.5 months) (Figure 2). As mentioned previously, the Maine affiliate ended its program in 2013. The Texas affiliate has also faced significant disruptions in serving clients, including in 2014 when the Look Up and Hope program stopped services in Houston and moved to Dallas. In addition, the definition of "program completion" and the process for discharging clients remains inconsistent across affiliates. All of these complicating factors are detailed more specifically in the appended process evaluation.

2. Length of mother's participation (all years)

	Clients with follow-up data (N=158)	Number of months enrolled		
		Minimum	Maximum	Average
Indiana	56	1	32	11.4
Maine	23	1	22	6.3
South Dakota	36	3	58	26.5
Texas	43	<1	54	7.5

Note: 32 cases were missing "date completed."

Program enrollment, specifically for the mothers involved in the Look Up and Hope program, has fluctuated over the course of the evaluation (Figure 3). As with length of participation, there are several possible reasons for the fluctuation in program enrollment numbers, including the closing of the program in Houston, as well as a great deal of staff turnover in 2013 and 2014. Gaps in services and staff shortages may have reduced the length of services offered at sites. It is also possible that staff turnover, and the fact that new staff had to learn how to collect and enter client-level data (without having been involved in the project from the beginning) created inaccuracies in collecting data.

3. Program status of mothers, as of December each year

	2011 (N=94)	2012 (N=131)	2013 (N=40)	2014 (N=43)	Final status in 2015
Currently receiving services	48	49	22	17	55
Completed the program	18	31	4	14	45
Dropped out of the program	16	30	1	5	42
No longer receiving services for some other reason	12	21	0	6	18
Unknown	0	0	13	1	10

Note: The N-size for each year represents the number of mothers served up to that point. By 2015, there were available follow-up data for a total of 170 women.

Participant backgrounds

The Look Up and Hope program has served hundreds of families who have been impacted by maternal incarceration. These families come to the program with a variety of characteristics and backgrounds, and many face challenges beyond the mother's incarceration. The section below provides brief profiles of the mothers, children, and caregivers enrolled in the Look Up and Hope program. More detailed data are located in the Appendix.

Incarcerated mothers

■ Mothers involved in the program were most likely to be:

  – Young, meaning 18 to 25 years old (60%)

  – White (41%) or black (34%)

  – Single (57%)

  – Undereducated and underemployed – 68% had a high school diploma or less. Prior to their incarceration, only half (52%) were employed, and the majority of those employed earned under $15,000 per year (74%).

■ The majority of mothers served had a history of substance abuse (86%) and mental health issues (63%), and nearly half had been sexually victimized, meaning they had been victims of domestic violence, sexual assault, or exploitation. Over one-third of mothers had experienced all three factors (Figure 4).

4.   Substance abuse, trauma and mental health of mothers (N=187)

Substance abuse and victimization (46%)

Substance abuse (86%)

Substance abuse and mental health issue (57%)

All three (36%)

Past victimization (49%)

Any mental health issues (63%)

Victimization and mental health issue (39%)
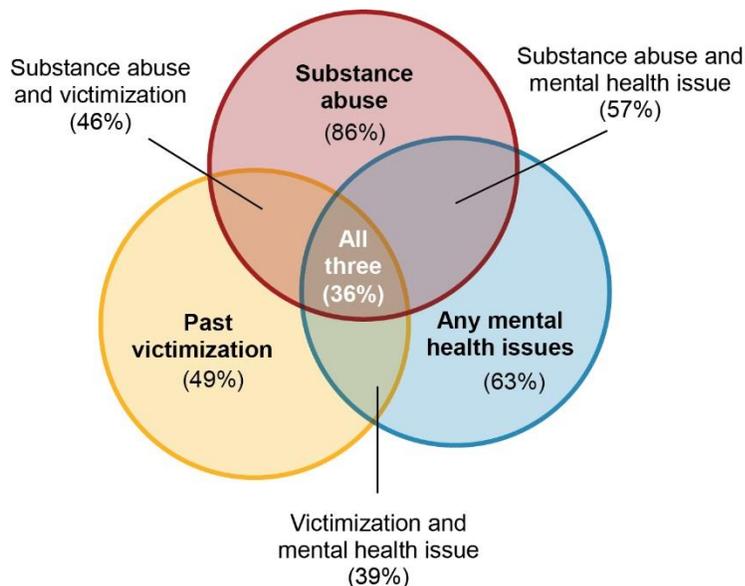
- At baseline, over half of mothers in the Look Up and Hope program had been diagnosed with depression (52%). Other mental health diagnoses included anxiety disorders (36%), post-traumatic stress disorder (26%), and bipolar disorder (21%).

- 51 percent of mothers had been incarcerated 1 to 2 times prior to their current episode of incarceration; and 34 percent had been incarcerated 3 or more times. The most common reason for their current episode of incarceration was drug-related offenses (58%).

- 26 percent of mothers at baseline said that their children had been removed from their custody because of abuse or neglect.

Children

- Near equal numbers of female (51%) and male (49%) children were enrolled in the Look Up and Hope program.

- The majority of children served by Look Up and Hope were under 10 years old; 40 percent were 5 or younger.

- Most children in Look Up and Hope identified as black (40%) or white (29%).

- The majority of children (83%) lived with their mother prior to her incarceration.

- According to the assessment of family coaches at baseline, fewer than half (42%) of children had a good relationship with their mother; 45 percent had a fair relationship.

- On the other hand, 74 percent of children had a good relationship with their caregiver. In most cases (88%), children's primary caregiver was another family member, typically a grandparent (47%) (Figure 5).

5.   Child's relation to caregiver (N=274)

	N	%
Grandparent	130	47%
Parent or step-parent	72	26%
Other family member	40	15%
Family friend	13	5%
Foster parent	11	4%
Institutional placement	2	1%
Other	6	2%

- Basic needs were being met for the vast majority of children; this included food (98%), being well-clothed (97%), and having safe and stable housing (93%).

- The majority of children served were also reported to be in good or very good health (71%); although one in three (29%) were considered to have fair or poor health.

- At the time they entered the program, most children had strong social connections in their lives, such as healthy adult role models (89%) and friends or healthy peer relationships (83%).

- However, like their mothers, the children served through Look Up and Hope face a variety of challenges in addition to their mother's incarceration. Nearly one in three (28%) had been victims of abuse or neglect, 22 percent had a history of behavior problems, and 18 percent had been diagnosed with at least one mental or emotional disorder.

Caregivers

- Caregivers involved in the Look Up and Hope program were most likely to be:
  - Over 40 years old (66%)
  - White (45%) or black (32%)
  - Un-partnered, meaning single, divorced, widowed, or separated (58%)
  - Undereducated – 66% had a high school diploma or less
  - Underemployed – 48% were unemployed, including 37 percent who were not seeking employment (Figure 6). A majority of caregivers (69%) had an annual household income of less than $25,000.

6.   Employment status (N=143)

	N	%
Full-time with benefits	1	1%
Full-time, but looking to make a change	37	26%
Full-time without benefits	25	18%
Part-time	11	8%
Unemployed, not seeking employment	53	37%
Unemployed, but seeking employment	16	11%

- At baseline, more than half (56%) of caregivers were reported to have good or very good health; however, 42 percent had only fair health, and the remaining two percent were in poor health.

- One quarter or fewer had experienced domestic violence, substance abuse, or had a mental health condition (Figure 7). For those who reported a mental health condition, the most common was depression.

7. Caregiver's physical and mental health

The caregiver has a history of…	N	%
Domestic violence (N=80)	20	25%
Substance abuse (N=123)	29	24%
At least 1 mental health condition (N=156)	31	20%
Mental health conditions include… (N=31)*		
Depression	15	48%
Anxiety disorders	10	32%
Post-traumatic stress disorder	7	23%
Bipolar disorder	6	19%
Other	10	32%

* Percents equal greater than 100%, as respondents were able to check more than one response.

- Most caregivers (88%) had access to medical care for physical and mental health treatments.

- Nearly all (93%) caregivers reported having access to sources of support, such as family and friends; a majority were *receiving* support from these sources (68%).

- On the other hand, 24 percent said they did not have time to attend to their own emotional and physical needs, and 21 percent needed assistance with childcare during work hours.

- In terms of family connections, 76 percent of caregivers felt that their relationship with the minor children in their care was good, while only 44 percent said the same about their relationship with the incarcerated mother. However, the majority of caregivers (90%) were at least somewhat open to family reunification.

- Seven in ten caregivers (72%) had weekly contact with the incarcerated mother, typically by phone.

Participant successes

Despite some of the challenges listed above, participants of the Look Up and Hope program – mothers, children, and caregivers – experienced a variety of positive outcomes.

Strengthened families

Perhaps the most notable positive outcome for families throughout their involvement in Look Up and Hope was a stronger family connection. The majority of children served by the program had either improved or maintained high quality relationships with the adults in their lives; 60 percent of children had a better relationship with their mother, and 75 percent had a good relationship with their caregiver. It is important to note that these numbers are based on the subjective assessments of Look Up and Hope staff, rather than on standardized, objective criteria.

For those with matched pre- and post-data available, the frequency of mother-child contact improved over the course of the program. Six in ten children (61%) at follow-up were either living with their mother or had increased contact with her, although a quarter had decreased contact (Figure 8).

8.   Pre-post frequency of child contact with mother (N=202)

	N	%
Living with mother full time	87	43%
Living with mother part time	18	9%
<u>Increased</u> contact with mother	18	9%
<u>Decreased</u> contact with mother	49	24%
Contact <u>same</u> at both assessments	30	15%

Over six in ten (63%) children had actually reunified with their mother. Among those who had *not* been reunified, half were assessed as having "improved," "good," or "fair" chances of reunification, although 42 percent were reported to have worse chances than at their previous assessment (Figure 9).

Out of the caregivers who reported a change in their support for reunification, the majority (74%) were more open to the idea.

9.   Pre-post likelihood of reunification (N=207)

	N	%
Child has reunited with parent	131	63%
Child has not reunited with parent	76	37%
Likelihood of reunification (N=76)		
Improved between assessments	11	14%
"Good" at both assessments	15	20%
"Fair" at both assessments	12	16%
Worsened between assessments	32	42%
"None" or "Poor" at both assessments	6	8%

Similarly, of all the changes that mothers experienced by their follow-up assessment, the biggest were the level of contact with their children (95%) and with the caregiver of their children (91%). In both cases, these changes were positive: 52 percent of mothers had increased contact with both their minor children and the caregivers of their children by their final follow-up assessment. In addition, 48 percent of mothers were living with friends or family when they were released from jail or prison.

Caregivers also reported increased quantity and quality of contact with incarcerated mothers. Over half of caregiver-mother relationships improved or maintained a high quality, although 22 percent of caregivers reported a decline in their relationship with the incarcerated mother (Figure 10).

10.   Pre-post quality of caregiver relationship with mother (N=119)

	N	%
Improved between assessments	31	26%
Worsened between assessments	26	22%
"Good" at both assessments	31	26%
"Fair" at both assessments	22	19%
"None" or "Poor" at both assessments	9	8%

Positive school outcomes

Of the 290 children served by Look Up and Hope, 275 had available age data. Of those 275 children, 165 were school-aged, meaning six years or older. Readers should note that, due to a fair amount of missing data, results should be interpreted with caution.

According to family coaches, the majority of school-aged children either increased or maintained their grades, attendance, and behavior. Most prominently, nearly four in ten (37%) children had improved their grade point average by their follow-up assessment, according to family coaches.

Nearly three-quarters of children were reported to have good attendance at their follow-up assessment. When asked how their attendance had changed over time, family coaches reported that 29 percent of children had improved their attendance, while 66 percent had stayed the same. Only a handful of children had decreased attendance.

Similarly, a quarter of school-aged children had improved their behavior since program enrollment, while 71 percent were reported to have stayed the same (Figure 11).

11. Change in school attendance and behavior

	N	%
Grade point average (N=103)		
Improved	38	37%
Deteriorated	5	5%
Stayed the same	60	58%
School attendance (N=116)		
Improved	34	29%
Deteriorated	5	4%
Stayed the same	77	66%
Behavior (N=109)		
Improved	27	25%
Deteriorated	5	5%
Stayed the same	77	71%

Healthy children and caregivers

Overall, the children and caregivers served through the Look Up and Hope program were relatively healthy. The majority of children (61%) were reported to have either very good or good emotional and physical health at both their baseline and follow-up assessments; while 14% had improved health and 13% had worse health. Nearly two-thirds of caregivers

had improved (22%) or maintained good health (44%). The other one-third were reported as having fair health at both assessments (19%) or worsening health (15%). In addition, family coaches assessed the majority of children (94%) and caregivers (93%) as having their basic needs met.

In terms of their social wellbeing, roughly four in ten children improved their positive relationships with youth (41%) and adults (39%) outside of their family (39%), and increased their involvement in extracurricular (39%) and educational activities (36%).

Improved parenting skills

In addition to having increased contact with their children, the majority of mothers had demonstrated improved knowledge of parenting skills. Of the 105 mothers who had received parenting education or training (and had available follow-up data about the level of their knowledge), nearly all had improved their parenting skills.

Most often these improved skills were observed through discussion with Look Up and Hope staff (81%); although over one-third (36%) showed improved knowledge on a parenting skills test (Figure 12).

12. Formal parent education or training

	N	%
Received parenting education or training (N=145)	110	76%
Showed improved knowledge (N=105)*	102	97%
In discussion with program staff	83	81%
During observed interactions	69	68%
During home visits by program staff	58	57%
On pre/post-tests of parenting skills	37	36%
In other ways	11	11%

*Percents equal greater than 100%, as respondents were able to check more than one response.

Mother's employment status

Employment outcomes also improved for many mothers in the Look Up and Hope program. The majority of mothers with available follow-up data (69%) experienced a change in employment status from baseline to follow-up. For those who did, over four in ten went from unemployment to either full-time (23%) or part-time (21%) employment (Figure 13).

13. Change in <u>employment status</u> since program involvement

	N	%
Change in employment status (N=140)	96	69%
Status of change (N=96)		
Was employed and lost job	24	25%
Was unemployed and got PT job	20	21%
Was unemployed and got FT job	22	23%
Was employed and got additional job	3	3%
Was employed and changed job	15	16%
Other	12	13%

Of those mothers who had been released from jail or prison (and for whom data were available), 55 percent reported steady employment for the past 90 days. The exact employment status of the remaining 45 percent of mothers is unknown, because of the large amount of missing data regarding change in employment status.

Cost benefits for society

In addition to the annual evaluation, Wilder Research conducted a Social Return on Investment (SROI) study to estimate some of the potential long-term cost savings that the Look Up and Hope program could eventually provide to society by improving participating children's outcomes. The study found that if the program ultimately succeeds in reducing children's negative long-term outcomes (e.g., school failure, out-of-home placement, and adult criminality) by as little as 10 percent, the net cost savings to society would be $6,784 per child. This represents a return on investment of $2.86 for every dollar invested in Look Up and Hope (Figure 14).

With a 50 percent impact, the benefit would reach $48,495 per child with returns of $14.31 for every dollar invested. In considering these finding, it is important to note that only children's outcomes were considered in the SROI equation. Any net economic benefits that might result from improving the long-term outcomes of participating parents and caregivers have not been included, so the potential returns projected here should be interpreted as a conservative estimate of the program's potential cost savings.

14. Social Return on Investment

Projected positive impact of Look and Hope	Net benefits per child served	Total net benefit (14 children served in 2015)	Social Return on Investment (for every dollar spent)
4%	$423	$5,904	$1.12
10%	$6,784	$94,977	$2.86
30%	$27,640	$386,953	$8.59
50%	$48,495	$678,930	$14.31

Continuing challenges

In addition to these successes, Look Up and Hope clients, as well as the program itself, have experienced a variety of challenges.

Reentry planning

Over the past five years of the evaluation, reported reentry planning has been low, especially considering that formal, family-based reentry planning is a core tenant of the Look Up and Hope program. However, an important finding to come out of 2014 process evaluation was that the low number of reported formal reentry plans may be due to some confusion around question wording on the follow-up assessment – this has likely been exacerbated by staff turnover. Volunteers of America and Wilder Research staff have been working together on updating the assessments in ServicePoint (an online database) over the past year; therefore, the number of reported formal reentry plans may go up in the future to more accurately reflect the work of family coaches.

As of 2015, the number of formal reentry plans was still relatively low; 62 percent of incarcerated mothers had a formal plan at follow-up. Most commonly the plans addressed housing, employment, and family relationships. Among those who did not have a formal reentry plan, 60 percent reported having an *informal* reentry plan.

Recidivism of mothers

The current recidivism rate (based on the 38 mothers known to have re-offended after enrolling in Look Up and Hope) is 28 percent. Since the beginning of the program, recidivism appears to have increased (from 12% in 2012 to 24% in 2013) and then tapered off to its current rate. However, it is important to note that women have now had the chance to be in the program longer and, therefore, have a greater chance of re-offending. Most often, new reported criminal activity is related to a mother violating the terms of her supervision (71%) (Figure 15).

15. Recidivism since program involvement

	N	%
Engaged in new criminal activity (N=135)	38	28%
Details of new criminal activity (N=38)		
Violated terms of supervision	27	71%
Other new criminal activity	6	16%
Arrested or convicted for new offense	8	21%

To put recidivism into context, it is also important to note that Look Up and Hope defines recidivism as "new criminal activity," which is a broader definition than other organizations or entities might use. For example, the Bureau of Justice Statistics (BJS) defines recidivism as a having a new arrest after being released from prison. In a study of recidivism from 2005 to 2010, BJS found that 59 percent of female inmates had been arrested, at least once, within three years of their release, and 68 percent had been arrested, at least once, five years after their release.[2] This shows that Look Up and Hope appears to have a lower than average recidivism rate, even with a broader definition of recidivism (although we do not know the long-term recidivism rate, at three and five years).

Support for caregiving

While the majority of caregivers at follow-up had positive health and wellbeing, fewer were receiving new sources of support, including new government benefits and support from philanthropic organizations or friends and family (Figure 16).

16. Receiving new support since program involvement

Caregiver has begun receiving new…	N	%
Government benefits (N=137)	54	39%
Resources or support from churches or philanthropic organizations (N=121)	36	30%
Resources or support from family or friends (N=120)	33	28%

It is also important to note that very few caregivers had experienced a change in education, employment, or income status as of their follow-up assessment, which means that the majority of caregivers were supporting the children in their care with a household income of less than $25,000 per year.

In addition to the quantitative caregiver data reported above, Wilder Research has found over the course of this evaluation that caregivers often struggle with the role that has been thrust upon them. Interviews conducted with caregivers in 2012 found that caregivers:

■   Are often older and find caregiving to be stressful and physically draining,

■   Have limited financial resources, particularly for fun family activities, and

■   Experience conflict and stress when the incarcerated mother is released.

Even with these challenges; however, most caregivers enjoy strong, stable, and rewarding relationships with the children under their care.

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2   Bureau of Justice Statistics, Recidivism of State Prisoners Released in 2005 data collection. http://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf

Programmatic challenges

As referenced in the beginning of this report, there have been a variety of challenges to implementing the Look Up and Hope program as originally planned.

- **Lack of funding:** From the start, Look Up and Hope (LUH) faced challenges in having adequate resources because of the unique nature of the program. Some initial planning and implementation funds for the project were provided by the Annie E. Casey Foundation, but after Year 2, each pilot site was largely responsible for raising its own program funding. In many cases, the sites found that—due to traditional funding silos—granting organizations would provide funds for only one of the program populations served—incarcerated mothers, children, or caregivers—but not all three. One site, Indiana, did raise significant funds for the program, but all of the other pilots sites struggled to find adequate resources and financial support. As a result, the scope and intensity of Look Up and Hope programming varies across affiliates.

- **Lack of community resources:** Rather than having formal connections with organizations, family coaches tend to provide a great deal of assistance to families themselves. Family coaches have explained to Wilder staff that part of the reason they do a lot of the work themselves rather than seeking out regular, formal partnerships, is that there can be a lack of resources in the communities they serve. It also takes a lot of time for family coaches, who are already busy, to cultivate those close community relationships; this is exacerbated by the high rate of turnover among Look Up and Hope staff.

- **Burden on family coaches and staff turnover:** Due to the lack of funding, most affiliates were not able to adequately staff their Look Up and Hope program. This, in turn, placed a significant burden on family coaches; in some cases there was only one family coach at a site. Family coaches were asked not only to manage their caseloads, but also to carry out most of the data collection for the program evaluation. For a variety of reasons, affiliates have experienced a high rate of staff turnover, especially in the family coach position. This poses some difficulty because one of the great successes of this program is the rapport that family coaches have developed with families; Look Up and Hope staff members respect the families that they serve and, in turn, families trust the program. It has been clear throughout the evaluation that family coaches have a great deal of compassion for and dedication to the families they serve; many go above and beyond their day-to-day work to provide services, such as driving clients to appointments or going to the store for a mother when her child is sick. However, sustaining this level of commitment without enough support from other service providers appears to be a contributing factor in the high rate of staff burnout and turnover.

- **Variations in programming and initial lack of documentation:** One of the findings from the early half of the evaluation was that—other than documentation provided as part of the Wilder Research evaluation—there was not much written program guidance defining how the Look Up and Hope program should work; for example, there were no standardized protocols for new staff to reference in their onboarding process. This, along with variations in funding and high rates of staff turnover, made it difficult to ensure that the program was delivering services in a consistent manner across sites. In order to get a sense of how much programming varied across Look Up and Hope sites, Wilder Research conducted telephone conversations with each site in May 2012. The goal of these "fidelity interviews" was to create a checklist outlining the core program components every pilot site is expected to implement as part of the Look Up and Hope initiative. Since that time, Volunteers of America staff have worked hard to create a program training manual that documents the tools, roles, responsibilities, and procedures for successfully replicating the Look Up and Hope program.

Issues to consider

Volunteers of America and Look Up and Hope program staff have worked very hard to ensure that families impacted by maternal incarceration can become stronger, more resilient, and have access to the resources and services they need to function beyond incarceration. Family coaches are committed to serving families in a respectful way that has a deep impact on the outcomes of parents, children, and caregivers.

As the final year of the evaluation comes to a close, Wilder recommends the following next steps, both for serving families and for the program as a whole.

Serving families

- Continue to put resources and energy into reentry planning and supporting incarcerated mothers and their families post-release. Sites are beginning to see progress in terms of the overall number of plans made; however, there are still fewer reentry plans than desired, so sites must continue their hard work and look towards longer-term interventions.

- Provide more emotional supports for caregivers, many of whom suffer from exhaustion or stress-related issues that they find more difficult to handle than their family's unmet basic needs. Even though outcomes appear to be positive for the majority of caregivers, anecdotal evidence shows that caregivers are often stressed and in need of additional support. Sites should continue to link caregivers to faith-based and community-based organizations (which may help to combat isolation) and provide them with respite care, caregiver support groups, and caregiver appreciation events.

Sustaining the program

Most of the findings below are from the 2014 process evaluation, but they continue to apply in moving forward with the Look Up and Hope program. It should be noted that Volunteers of America has already done a great deal of work over the past year, including the production of a training manual that documents the tools, roles, responsibilities, and procedures for successfully replicating the Look Up and Hope program at other locations. Completion of this manual was a considerable success for the program, and the recommendations below will help to continue that good work.

- Leverage community partnerships. It is important for the Look Up and Hope program to reach out to community partners. Having go-to people or organizations that program staff can contact for client referrals will not only help the families served, but also

ease the burden on family coaches. As suggested in the 2014 process evaluation, the program could hire support staff who know the surrounding community well and who are responsible for engaging with partners.

- Ensure strong, consistent leadership at the top-most levels of the organization. In the 2014 process evaluation, several staff members who work directly with families expressed frustration with a lack of guidance or support, either from the National Office or from the leaders at that particular site. Having a strong group of leaders who are committed to the Look Up and Hope program and its goals will help support the people who do the day-to-day work with families.

- Continue hiring highly trained, experienced family coaches who are committed to the goals of the program, but also find ways to keep those family coaches in their positions. Supporting staff with strong leadership and the resources necessary to do the work (e.g., training opportunities) is integral to the future existence of Look Up and Hope. One idea for helping family coaches is to create a cross-affiliate support group or network, in which family coaches can share their stories and address work-related issues they might face.

Evaluation

In addition to the recommendations above, Wilder suggests some adjustments to the overall program evaluation, if that were ever an option for the future.

- Consider tailoring the evaluation and assessments to each affiliate. Throughout the current evaluation, it has become clear that the sites operate differently, with their own unique strengths. Having at least some site-specific questions for clients and family coaches may be helpful in moving forward. However, it is also important to keep in mind that data collection methods should be consistent within and across sites, and that these methods should be based on a clear set of guidelines that are shared with all appropriate staff. This will save staff time and help ensure more complete and accurate evaluation data.

- Currently one of the most positive outcomes – improved relationships between members of the family – is reported based on observations by the family coach (as is most of the data in the evaluation). If this program were to be evaluated again, Wilder would recommend either crafting a more concrete measures of family strengthening (to be determined after reviewing the literature to find the most effective measures for this population), or contracting with an independent third party to assess changes in outcomes over time (since extra data collection will create more work for already burdened family coaches).

Appendix

Research methods and data limitations

Social Return on Investment (SROI) study

Additional data tables

Process evaluation

Research methods and data limitations

The data in this report are drawn from several data collection tools designed by Wilder Research as part of its evaluation of the Look Up and Hope program. Tools include baseline (or intake) client forms, client service plans, and follow-up client forms, all of which are administered by Volunteers of America family coaches. It is important to note, therefore, that client information is assessed through the perspective of the family coach, and not through the clients themselves. (Copies of all the data collection tools used by sites are available from Wilder Research upon request.)

Completed client assessments are provided to Wilder Research every six months in one of two ways: uploaded into a secure, online database, called ServicePoint, or mailed directly to Wilder staff. Currently, the ServicePoint database is only operational at the Indiana affiliate, although the National Office of Volunteers of America intends to provide ServicePoint to the South Dakota and Texas affiliates in the future. In the case of the completed hard copy assessments, Wilder staff enter all data into an Excel spreadsheet. This data is then merged with the ServicePoint data from Indiana (which is also in an Excel format); then the data are cleaned and analyzed.

It should be noted that one of the biggest limitations of the evaluation has been due to the multiple methods used for collecting data, in combination with the turnover of staff over the past five years – both at Volunteers of America and Wilder Research. Staff at both organizations have changed since the evaluation started, and learning about the project context and research methods always takes time and resources. The potential for inconsistency across sites increases each time a new staff are introduced.

Additionally, Look Up and Hope program staff started using the ServicePoint database roughly midway through the evaluation, after the previous database – Access – was found to be too difficult to use. While SevicePoint is an improvement, family coaches have still found it cumbersome, and Volunteers of America staff are continuously working to improve its functionality. For Wilder, having to combine ServicePoint data with data from the hard copy forms is time consuming and, most likely, results in human errors as the data is transferred from one file to another.

Wilder
Research

Volunteers of America*:* Look Up and Hope
Social Return on Investment (SROI)

Most children of incarcerated parents are at risk of poverty, instability, psychological trauma, and problem behaviors.[3] These conditions can increase the risk of future antisocial behaviors that can eventually lead to poor academic outcomes and criminal activity. The social and economic cost of these negative outcomes is high.

Costs to society

In Indiana, the expected cost of future crime is at least $38,000 per offender.[4] In addition, each child that does not graduate from high school fails to generate lifetime earnings in the order of $207,000 with the associated loss in tax revenues for the state.[5] When children with incarcerated parents end up in out-of-home placements, society pays around $79,000 for each placement.[6] In the U.S., approximately 10 percent of children with incarcerated mothers are in foster care.[7] The total cost of foster care per child can reach around $10,000.[8]

The work of Look Up and Hope is to reduce the risk factors that lead to these negative outcomes and their associated economic costs. In this summary, we use evidence from the literature related to the impact of parental incarceration on the development of risk factors and negative outcomes in the lives of children to estimate the potential costs that society could avoid if these negative outcomes were avoided through the efforts of programs like Look Up and Hope.

The SROI is based on an annual investment in the Indiana program of $51,011 (operating costs plus the value of volunteer work). The cost per child is $3,644 (based on 14 children served during 2015). Note that the actual cost of serving these children is lower than $3,644 since the program also provides services to the families and caregivers. However, for the purpose of the SROI estimation, we asked, "What is the investment required to generate the children's outcomes," as opposed to, "What is the cost of serving the children?" Since we assume that the investment in the whole family is required to generate the children's outcomes, we include the total cost as the required investment in the SROI computation. As we do not include benefits derived from helping parents and caregivers, the benefits side of the SROI is underestimated. Therefore, benefits and SROI ratio are conservative and should be interpreted as the returns associated with the served children only (not the SROI of the whole intervention).

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[3] For a summary of studies see: Murray, J., Farrington, D. P., Sekol, I., & Olsen, R. F. (2009). Effects of parental imprisonment on child antisocial behavior and mental health: A systematic review. Campbell Systematic Reviews, 4.

[4] http://www.vera.org/files/price-of-prisons-indiana-fact-sheet.pdf

[5] U.S. Census Bureau, 2012 American Community Survey. Author's calculations.

[6] http://www.choicesteam.org/documents/whitepapers/StayingAheadoftheBudgetShortfallOnline.pdf

[7] 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.

[8] http://www.in.gov/dcs/files/COLA_letter_2015_FINAL_FP.PDF. Author's calculations.

Benefits to society

If Look Up and Hope is able to reduce negative outcomes in children – meaning antisocial behavior, low graduation rates, and out-of-home placements – by 10 percent, the net benefit to society in avoided future costs is an estimated $94,977. Society would receive returns of $2.86 for each dollar invested in Look Up and Hope. With a 50 percent reduction in negative outcomes, the benefit would reach at least $678,000 with returns in the order of $14.31 for every dollar invested. Again, these returns would come from children's outcomes alone. The associated benefits and returns for the assumed levels of impact on children's outcomes are shown in the table below.

Parent incarceration increases the odds of antisocial behavior of children (criminal and non-criminal) by 1.7 times.[9] These externalizing behaviors increase the chance of future crimes by 23 percent and reduced the likelihood of high school graduation by 23 percent.[10] To keep the SROI estimate conservative, we assume that Look Up and Hope can reduce these negative impacts by a rate between 4 and 50 percent.

Positive impact of Look and Hope	Net benefits per child served	Total net benefit (14 children served in 2015)	Social Return on Investment (for every dollar spent)
4%	$423	$5,904	$1.12
10%	$6,784	$94,977	$2.86
30%	$27,640	$386,953	$8.59
50%	$48,495	$678,930	$14.31

These estimates are based on an assumption that involvement in Look Up and Hope is associated with decreased antisocial behavior, which ultimately leads to increased graduation rates for children and decreased criminal activity as the children become adults. To calculate the likely impact of Look Up and Hope over an average lifetime, we combined these potential positive effects found in the existing research with actual expenditure data from state agencies, high school graduation rates, crime rates, and other census data for Indiana. Future benefits include: savings from reduced incarceration costs in jail and state prisons in Indiana, additional lifetime earnings from increased likelihood of high school graduation, and potential avoided out-of-home placement and foster care costs.

These estimates do not include other positive outcomes associated with the work of the program that have possible economic benefits to society because we do not have appropriate or clear outcome data. These potential benefits include and are not limited to: increased parents' productivity (after release), reduced future crime of parents, reduced cost to victims of crime, increased child support compliance, and reduced substance abuse.

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[9] Murray, Farrington, Sekol, 2012. Retrieved from: https://www.apa.org/pubs/journals/features/bul-138-2-175.pdf
[10] WSIPP Technical Documentation retrieved from:
http://www.wsipp.wa.gov/TechnicalDocumentation/WsippBenefitCostTechnicalDocumentation.pdf).

Additional data tables

Incarcerated mothers: baseline

A1. Demographics of mothers at baseline

	N	%
Age (N=185)		
Under 18 years old	25	14%
18 to 25 years old	110	60%
26 to 40 years old	44	24%
41 to 60 years old	6	3%
Race (N=185)		
White	75	41%
African American or Black	62	34%
American Indian	29	16%
Latino or Hispanic	15	8%
Multi-racial	3	2%
Other	1	1%
Marital status (N=176)		
Single	101	57%
Married	27	15%
In a relationship	25	14%
Divorced	15	9%
Separated	7	4%
Other	1	1%
Education (N=160)		
Less than a high school diploma	56	35%
High school diploma or GED	52	33%
Some college	38	24%
College degree or higher	14	9%

A2. Mother's employment status at baseline (N=187)

	N	%
Employed prior to incarceration	97	52%
Currently employed	54	29%
Never legally employed	19	10%

A3. Mother's annual income prior to incarceration (N=107)

	N	%
Under $15,000	79	74%
$15,000 to $24,999	24	22%
$25,000 or more*	4	4%

Income categories included "Between 25,000 and $49,999" and "$75,000 or more." However, due to the small number of respondents, these categories were combined to avoid potential respondent identifiability.

A4. Mother's health and wellbeing, reported at baseline (N=187)

	N	%
History of substance abuse	160	86%
Suffer from any mental health condition	118	63%
Victim of domestic violence, sexual assault, or exploitation	91	49%
Suffer from any chronic medical condition	37	20%

Note: Percents equal greater than 100%, as respondents were able to check more than one response.

A5. Mother's mental health diagnoses, reported at baseline (N=187)

	N	%
Depression	97	52%
Anxiety disorders	67	36%
Post-traumatic stress disorder (PTSD)	48	26%
Bipolar disorder	39	21%
Personality disorder	5	3%
Schizophrenia	5	3%
Eating disorder	3	2%
Other	14	8%

Note: Percents equal greater than 100%, as respondents were able to check more than one response.

A6. Child removal due to abuse or neglect by mother (N=159)

Have any children been removed from custody because of abuse or neglect?	N	%
Yes	41	26%
No	118	74%

A7. Number of times incarcerated, excluding current episode (N=160)

	N	%
None (First time incarcerated)	25	16%
1 to 2 times	81	51%
3 or more times	54	34%

A8. Crime leading to current incarceration (N=187)

	N	%
Drug related crime	108	58%
Theft or property crime	40	21%
Parole or probation violation	27	14%
Counterfeiting or forgery	15	8%
Prostitution or sexual offense	11	6%
Violent crime	10	5%
Embezzlement or fraud	5	3%
Other	16	9%
Missing/Nothing checked	14	8%

Note: Percents equal greater than 100%, as respondents were able to check more than one response.

A9. Mother's living arrangement, reported at baseline (N=187)

	N	%
Halfway house	44	24%
County or local jail	26	14%
Rehabilitation or treatment center	21	11%
Federal or state prison	10	5%
Released and living in community	5	3%
Other facility	69	37%
Missing/Nothing checked	21	11%

Note: Percents equal greater than 100%, as respondents were able to check more than one response.

Incarcerated mothers: follow-up

A10. Mother's living arrangement reported at follow-up (N=134)

	N	%
Released and living with family or friends	64	48%
Released and living alone	32	24%
Transitional housing	16	12%
Group residential facility	9	7%
Homeless	3	2%
No change since enrollment	3	2%
Other	7	5%

A11. Probation status, if released (N=122)

	N	%
On probation, under DOC supervision	91	75%
No longer on probation	31	25%

A12. Steady employment, if released (N=73)

Has mother been steadily employed for at least 90 days since her release?	N	%
Yes	40	55%
No	33	45%

A13. Change in <u>contact with children</u> since program involvement

	N	%
Change in contact with minor children (N=145)	138	95%
Status of change (N=135)		
Increased contact	70	52%
Reunified	41	30%
Decreased or stopped having contact	18	13%
Other	6	4%

A14. Change in <u>contact with caregiver</u> since program involvement

	N	%
Change in contact with caregiver (N=142)	129	91%
Status of change (N=125)		
Increased contact	65	52%
Living with them	20	16%
Decreased or stopped having contact	29	23%
Other	11	9%

A15. Change in <u>health status</u> since program involvement

	N	%
Change in health status (N=131)	40	31%
Status of change (N=39)		
Diagnosed with new mental or physical health disorder	6	15%
Begun receiving new treatment for 1+ more conditions	13	33%
Recovered from or successfully completed treatment for 1+ conditions	2	5%
Other (mostly includes pregnancies)	18	46%

A16.Change in <u>education status</u> since program involvement

	N	%
Change in educational status (N=143)	37	26%
Status of change (N=35)		
Enrolled in basic education program	2	6%
Enrolled in high school or GED program	8	23%
Completed high school or GED	9	26%
Enrolled in vocational program	4	11%
Enrolled in 2- or 4-year college program	8	23%
Other	4	11%

A17. Change in <u>marital status</u> since program involvement

	N	%
Change in marital status (N=150)	27	18%
Status of change (N=26)		
In a relationship	15	58%
Married	4	15%
Single	3	12%
Divorced	2	8%
Other	2	8%

A18. Reentry plans of incarcerated mothers

	N	%
Has formal, written reentry plan (N=113)	70	62%
Family or friends were involved (N=70)	27	39%
The plan addressed… (N=70)*		
Housing	54	77%
Employment	47	67%
Family relationships	45	64%
Substance abuse or mental health	37	53%
Community supports	35	50%
Transportation	13	19%
Faith relationships	12	17%
Other health needs	7	10%

* Percents equal greater than 100%, as respondents were able to check more than one response.

Children: baseline

A19. Demographics of children at baseline

	N	%
Gender (N=280)		
Male	137	49%
Female	143	51%
Age (N=275)		
0 to 5 years old	110	40%
6 to 9 years old	82	30%
10 to 13 years old	50	18%
14 to 18 years old	33	12%
Race (N=281)		
African American or Black	111	40%
White	81	29%
American Indian	43	15%
Latino or Hispanic	21	8%
Multi-racial	23	8%
Other	2	1%

A20. Lived with mother prior to incarceration (N=272)

	N	%
Yes	226	83%
No	46	17%

A21. Frequency of child's contact with mother (N=272)

	N	%
Weekly	169	62%
Monthly	54	20%
Every 2 to 6 months	30	11%
Once or twice per year	7	3%
Less than once per year	12	4%

A22. Quality of child's emotional relationship with mother (N=275)

	N	%
Good	114	42%
Fair	124	45%
Poor	26	10%
None	9	3%
Other	2	1%

A23. Likelihood of reunification with mother (N=275)

	N	%
Good	165	60%
Fair	69	25%
Poor	26	10%
None	7	3%
Other	8	3%

A24. Child's relationship to caregiver (N=274)

	N	%
Grandparent	130	47%
Parent or step-parent	72	26%
Other family member	40	15%
Family friend	13	5%
Foster parent	11	4%
Institutional placement	2	1%
Other	6	2%

A25. Quality of child's emotional relationship with caregiver (N=270)

	N	%
Good	200	74%
Fair	55	20%
Poor	8	3%
Other	7	3%

A26. Status of child's basic needs, reported at baseline

The child…	N	%
Is provided with adequate adult supervision when not in school (N=254)	251	99%
Is getting enough to eat (N=271)	266	98%
Is well-clothed (N=267)	259	97%
Has safe and stable housing (N=269)	250	93%
Has access to regular transportation (N=263)	240	91%
Has other basic needs that are not being met (N=223)	59	27%

A27. Quality of child's emotional and physical health (N=259)

	N	%
Very good	54	21%
Good	129	50%
Fair	65	25%
Poor	9	4%
Other	2	1%

A28. Child's health and wellbeing

The child…	N	%
Has been a victim of abuse or neglect (N=233)	64	28%
Has a history of behavioral problems at school or home (N=252)	56	22%
Suffers from a chronic or life-threating condition (N=264)	22	8%
Has been arrested or tried for a juvenile offense (N=253)	6	2%
Appears to have problems with substance use or addiction (N=255)	2	1%

A29. Mental or emotional diagnoses

	N	%
Child has been diagnosed with at least 1 mental or emotional disorder (N=283)	50	18%
Diagnosis (N=50)		
A learning disability (e.g., ADD, ADHD)	30	60%
Anxiety disorder	10	20%
Depression	10	20%
Autism	4	8%
Conduct disorder	4	8%
Other*	19	38%
Is receiving treatment for disorder (N=41)	32	78%

Note: Percents equal greater than 100%, as respondents were able to check more than one response.

* Because of the small, and potentially identifiable, number of clients, several categories were combined into "Other"; these include: "Bipolar disorder," "Post traumatic stress disorder," and "Other."

A30. Child's social wellbeing

The child…	N	%
Appears to have healthy adult role models or sources of support (N=217)	192	89%
Appears to have friends or healthy peer relationships outside of family (N=216)	179	83%
Is active in sports, after school clubs, or other extracurricular activities (N=243)	64	26%
Appears to be unusually shy or withdrawn (N=239)	38	16%

A31. Grade level of school-aged children (N=138)

	N	%
Pre-K through 2nd grade	47	34%
3rd through 5th grade	43	31%
6th through 8th grade	27	20%
9th through 12th grade	21	15%

A32. Quality of school attendance (N=150)

	N	%
Good	109	73%
Fair	32	21%
Poor	5	3%
Extremely poor	2	1%
Child no longer attends school	2	1%

Children: follow-up

A33. Frequency of child's contact with mother (N=209)

	N	%
Currently living with mother	91	44%
Living with mother part-time	18	9%
Weekly	17	8%
Monthly	51	24%
Every 2 to 6 months	22	11%
Once or twice per year	3	1%
Less than once per year	7	3%

A34. Quality of child's emotional relationship with mother (N=193)

	N	%
Good	106	55%
Fair	64	33%
Poor	21	11%
None	0	0%
Other	2	1%

A35. Change in mother-child relationship (N=214)

	N	%
Improved	128	60%
Deteriorated	25	12%
Stayed the same	61	29%

A36. Pre-post quality of child relationship with mother (N=183)

	N	%
Improved between assessments	47	26%
Worsened between assessments	31	17%
"Good" at both assessments	59	32%
"Fair" at both assessments	39	21%
"None" or "Poor" at both assessments	7	4%

A37. Child has been reunified with mother (N=218)

	N	%
Yes	131	60%
No	87	40%
Likelihood of reunification (N=81)		
Good	21	26%
Fair	28	35%
Poor	30	37%
None	0	0%
Other	2	3%

A38. Quality of child's emotional relationship with caregiver (N=187)

	N	%
Good	141	75%
Fair	37	20%
Poor	6	3%
Other	3	2%

A39. Status of child's basic needs, reported at follow-up

	N	%
All basic physical needs are met (N=203)	190	94%
Needs not being met include…(N=13)*		
Housing or shelter	5	39%
Transportation	4	31%
Clothing	2	15%
Other (e.g., food, health care)	5	39%

Note: Percents equal greater than 100%, as respondents were able to check more than one response.

A40. Pre-post <u>food</u> needs (N=194)

Child's food needs being met?	N	%
"Yes" at both assessments	190	98%
Improved ("No" baseline, "Yes" follow-up)	3	2%
Declined ("Yes" baseline, "No" follow-up)	1	1%
"No" at both assessments	0	0%

A41. Pre-post <u>clothing</u> needs (N=192)

Child's clothing needs being met?	N	%
"Yes" at both assessments	187	97%
Improved ("No" baseline, "Yes" follow-up)	3	2%
Declined ("Yes" baseline, "No" follow-up)	2	1%
"No" at both assessments	0	0%

A42. Pre-post <u>housing</u> needs (N=191)

Child's housing needs being met?	N	%
"Yes" at both assessments	180	94%
Improved ("No" baseline, "Yes" follow-up)	7	4%
Declined ("Yes" baseline, "No" follow-up)	2	1%
"No" at both assessments	2	1%

A43. Pre-post <u>transportation</u> needs (N=188)

Child's transportation needs being met?	N	%
"Yes" at both assessments	168	89%
Improved ("No" baseline, "Yes" follow-up)	16	9%
Declined ("Yes" baseline, "No" follow-up)	4	2%
"No" at both assessments	0	0%

A44. Quality of child's emotional and physical health (N=194)

	N	%
Very good	59	30%
Good	84	43%
Fair	44	23%
Poor	4	2%
Other	3	2%

A45. Pre-post child's emotional and physical health (N=176)

	N	%
Improved between assessments	25	14%
Worsened between assessments	23	13%
"Very good" or "Good" at both assessments	107	61%
"Fair" at both assessments	20	11%
"Poor" at both assessments	1	1%

A46. Change in positive relationships with <u>adults</u> outside family (N=189)

	N	%
Improved	74	39%
Deteriorated	4	2%
Stayed the same	111	59%

A47. Change in positive relationships with <u>youth</u> outside family (N=185)

	N	%
Improved	75	41%
Deteriorated	4	2%
Stayed the same	106	57%

A48. Change in involvement with <u>extracurricular</u> activities (N=185)

	N	%
Improved	72	39%
Deteriorated	3	2%
Stayed the same	110	60%

A49. Change in involvement with <u>educational</u> activities (N=193)

	N	%
Improved	69	36%
Deteriorated	3	2%
Stayed the same	121	63%

A50. Change in involvement with hobbies (N=160)

	N	%
Improved	45	28%
Deteriorated	3	2%
Stayed the same	112	70%

A51. Attendance of school-aged children (N=115)

	N	%
Good	86	75%
Fair	24	21%
Poor	2	2%
Extremely poor	1	1%
Child no longer attends school	2	2%

A52. Pre-post school attendance (N=96)

	N	%
Improved between assessments	12	13%
Worsened between assessments	10	10%
"Good" at both assessments	64	67%
"Fair" of "Poor" at both assessments	9	9%
"Extremely poor" or "no longer in school" at both assessments	1	1%

Caregivers: baseline

A53. Demographics of caregivers at baseline

	N	%
Age (N=154)		
18 to 25 years old	9	6%
26 to 40 years old	43	28%
41 to 60 years old	80	52%
Over 60	22	14%
Race (N=153)		
White	69	45%
African American or Black	49	32%
American Indian	16	11%
Latino or Hispanic	19	12%
Multi-racial	0	0%
Other	0	0%
Marital status (N=142)		
Married	38	27%
Single	36	25%
Divorced	33	23%
In a relationship	21	15%
Widowed	11	8%
Separated	2	1%
Other	1	1%
Education (N=132)		
Less than a high school diploma	33	25%
High school diploma or GED	54	41%
Some college	23	17%
College degree or higher	22	17%

A54. Total annual household income (N=121)

	N	%
Under $15,000	46	38%
Between $15,000 and $24,999	37	31%
Between $25,000 and $49,999	26	22%
Between $50,000 and 74,999	11	9%
$75,000 or more	1	1%
Amount adequate to meet basic needs of caregiver and children (N=116)		
Yes	69	60%
No	47	41%

A55. Interest in public benefits (N=101)

Is the caregiver interested in help applying for additional public benefits?	N	%
Yes	41	41%
No	60	59%

A56. Assistance needed with childcare (N=119)

Does the caregiver need assistance with childcare during working hours?	N	%
Yes	25	21%
No	94	79%

A57. Status of caregiver's basic needs, reported at baseline

The caregiver…	N	%
Appears to be getting enough to eat (N=149)	147	99%
Appears to be well-clothed (N=147)	142	97%
Has access to legal services (N=130)	120	92%
Has access to regular transportation (N=147)	134	91%
Has safe and stable housing (N=150)	136	91%
Appears to be getting enough rest (N=142)	117	82%
Has access to childcare when needed (N=143)	116	81%

A58. Unmet basic needs (N=151)

Caregiver has unmet basic needs, not including financial needs?	N	%
Yes	74	49%
None indicated	77	51%

A59. Outside support for caregiver (N=147)

The caregiver…	N	%
Receives support from family and friends OR local organizations (N=146)	99	68%
Receives support from other family members or friends (N=147)	90	61%
Regularly relies on local organizations for support (N=150)	42	28%

A60. Caregiver competence (N=147)

Caregiver appears mentally and physically competent?	N	%
Yes	142	97%
No	5	3%

A61. Caregiver's general health and wellbeing (N=151)

	N	%
Very good	15	10%
Good	69	46%
Fair	64	42%
Poor	3	2%

A62. Other chronic medical conditions (N=125)

	N	%
Yes	45	36%
No	80	64%

A63. Access to medical care for treatment (N=125)

	N	%
Yes	110	88%
No	15	12%

A64. Access to friends, family, and other sources of support (N=147)

	N	%
Yes	136	93%
No	11	8%

A65. Time to attend to own emotional and physical needs (N=136)

	N	%
Yes	103	76%
No	33	24%

A66. Frequency of contact with incarcerated mother (N=152)

	N	%
Weekly	109	72%
Monthly	20	13%
Every 2-6 months	8	5%
Once or twice per year	7	5%
Less than once per year	8	5%
Most contact is by… (N=152)		
Phone	89	59%
In-person	52	34%
Other	11	7%

A67. Quality of caregiver's emotional relationship with mother (N=151)

	N	%
Good	66	44%
Fair	54	36%
Poor	26	17%
Other	2	1%
None	3	2%

A68. Quality of caregiver's emotional relationship with child (N=151)

	N	%
Good	115	76%
Fair	28	19%
Poor	2	1%
Other	6	4%

A69. Openness to family reunification (N=151)

How open is the caregiver to the possibility of family reunification?	N	%
Very open	83	55%
Somewhat open	53	35%
Not at all open	11	7%
Other	3	2%
Not applicable	1	1%

A70. Criminal history of caregiver (N=130)

Does the caregiver have a criminal history that might limit their ability to visit/live with the incarcerated parent?	N	%
Yes	19	15%
No	111	85%

A71. Child removal due to abuse or neglect by caregiver (N=139)

Have any of the children been removed from the caregiver's custody because of abuse or neglect?	N	%
Yes	9	7%
No	130	94%

Caregivers: follow-up

A72. Current program status (N=136)

	N	%
Currently receiving services	41	30%
No longer requires services through LUH	73	54%
Program non-completer	22	16%

A73. Change in household structure since program involvement

	N	%
Change in household structure (N=129)	68	53%
Status of change (N=68)*		
Incarcerated parent moved in or out of the caregiver's household	41	60%
One or more <u>adult residents</u> moved in or out of household	9	13%
One or more <u>minor children</u> moved in or out of household	27	40%

Note: Percents equal greater than 100%, as respondents were able to check more than one response.

A74. Change in employment status since program involvement

	N	%
Change in employment status (N=122)	23	19%
Status of change (N=23)*		
Secured a new full-time job	14	61%
Lost job	5	22%
Secured a new part-time job	4	17%
Other	2	9%

Note: Percents equal greater than 100%, as respondents were able to check more than one response.

A75. Significant change in caregiver's annual household income

	N	%
Change in household income (N=116)	20	17%
Most recent household income (N=18)		
Under $15,000	2	11%
Between $15,000 and $24,999	5	28%
Between $25,000 and $49,999	8	44%
Between $50,000 and $74,999	3	17%

A76. Income enough to meet basic needs (N=12)

Is new income enough to meet the basic needs of caregiver and children?	N	%
Yes	9	75%
No	3	25%

A77. Basic needs unmet (N=137)

Caregiver has unmet basic needs, not including financial needs?	N	%
None indicated	127	93%
Yes	10	7%

A78. Caregiver's current health and wellbeing (N=112)

	N	%
Very good	24	21%
Good	48	43%
Fair	33	30%
Poor	6	5%
Other	1	1%

A79. Pre-post caregiver's emotional and physical health (N=105)

	N	%
Improved between assessments	23	22%
Worsened between assessments	16	15%
"Very good" or "Good" at both assessments	46	44%
"Fair" at both assessments	20	19%

A80. Change in health status since program involvement

	N	%
Change in health status (N=111)	24	22%
Status of change (N=24)*		
Begun receiving new treatment for 1+ more conditions	5	21%
Recovered from or successfully completed treatment for 1+ conditions	5	21%
Diagnosed with new mental or physical health disorder or substance abuse	4	17%
Other change	17	71%

Note: Percents equal greater than 100%, as respondents were able to check more than one response.

A81. Quality of caregiver's emotional relationship with mother (N=127)

	N	%
Good	56	44%
Fair	47	37%
Poor	22	17%
None	1	1%
Other	1	1%

A82. Change in level of contact between caregiver and mother

	N	%
Change in level of contact (N=130)	111	85%
Status of change (N=109)		
Increased contact	57	52%
Decreased or stopped contact	26	24%
Is now living with incarcerated parent	22	20%
Other	4	4%

A83. Quality of caregiver's emotional relationship with children (N=126)

	N	%
Good	96	76%
Fair	26	21%
Poor	3	2%
Other	1	1%

A84. Change in level of support for reunification

	N	%
Change in support for reunification (N=130)	81	62%
Status of change (N=78)		
More open	58	74%
Less open	13	17%
Not sure	3	4%
Other	4	5%

Look Up and Hope: Process Evaluation

J A N U A R Y   2 0 1 5

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Contents

Introduction

Over the past four years, Volunteers of America, with support from the Annie E. Casey Foundation, has implemented a strategic initiative to improve the lives of families impacted by maternal incarceration. This multi-site initiative, called Look Up and Hope, takes a comprehensive, "wraparound" services approach to working with families in which the mother is involved with the criminal justice system. Unlike many other programs that target incarcerated women and their children, the Look Up and Hope model works with the whole family simultaneously – mother, caregiver, and child – in an effort to enhance family functioning, improve lives, ease the crisis of re-entry, and reduce out-of-home placements. This approach builds on existing social science research suggesting that incarcerated women and their children achieve better outcomes when their family relationships and community support systems are strengthened.

Three pilot sites—Volunteers of America, Dakotas; Volunteers of America of Indiana; and Volunteers of America Texas—are currently involved in the initiative. Some of the services currently being offered to participants at these sites 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). Since the program began in 2009, Look Up and Hope has served 525 people including 159 mothers, their 238 children, and 128 caregivers.

> *I think that there are a lot of agencies that are doing some great things in the community, but I think what we do at Look Up and Hope is so unique. It's especially geared to the needs of not only the woman who is transitioning back to the community and her kids, but also the caregiver. – Indiana staff member*

Every year, Volunteers of America contracts with Wilder Research, an independent nonprofit research group in St. Paul, Minnesota, to evaluate the impact that Look Up and Hope has on participating families. In 2014, in addition to examining the 2013 outcomes of families involved in the program, Wilder Research conducted a process evaluation to examine how Look Up and Hope is implemented at each of the three sites, and to better understand the successes and challenges of the program overall.

As part of our process evaluation, Wilder Research conducted eight individual telephone interviews, as well as one follow-up telephone focus group, with program staff. Interviews were completed mainly with affiliates that are currently involved in Look Up and Hope; although, Wilder Research also spoke with staff members from former

participants in the program—Volunteers of America of Illinois and Volunteers of America Northern New England.

This report outlines findings from the telephone conversations with program staff, 2012 and 2013 data from the annual evaluations, and information from a study of program fidelity in 2012. Also, in December 2014, Volunteers of America held a two-day strategic planning meeting in Indiana with all Look Up and Hope program staff. At that meeting, Wilder Research staff listened via conference call to some of the sessions, particularly those describing the history and process of Look Up and Hope. Therefore, some of the information heard at those sessions is included in this report.

How Look Up and Hope works

When Look Up and Hope began in 2009, five pilot sites with a strong history of service to incarcerated women or service to fragile, low-income families were selected to help design, implement, and carry out the mission of the program. These sites were: 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. Unfortunately, the Illinois affiliate had to withdraw in the first year of the program and the Northern New England affiliate withdrew at the end of the third year; in both cases the decision to end the Look Up and Hope program was due largely to funding challenges.

In general, all of the sites that have participated in Look Up and Hope offer a common set of services; and the process for identifying potential clients and entering them into the program is similar across affiliates. However, each site also has its own unique client population and changing sets of circumstances; therefore, project implementation has varied somewhat from site to site.

Identifying potential clients

The process for identifying and enrolling Look Up and Hope participants remains much the same as when the program began four years ago. Currently, Volunteers of America staff from the three active sites report that referrals from outside agencies are a common way to identify potential clients for participation in the program. Referrals most often come from corrections officers, case managers, and, particularly in the case of Indiana, halfway houses. Volunteers of America of Indiana operates its own facility, called Theodora House, which uses a strength-based, client-centered, and family-focused intervention strategy for each woman and her family. Theodora House has a weekly orientation in which staff explain all of the services available at the facility; therefore, many of Indiana's Look Up and Hope clients are referred through this orientation. Women also enter Look Up and Hope through self-referral.

> *We have a man up in Pierre Prison that will identify some of the ladies that he thinks would use our services, and then also we have a lady down at our jail…that identifies some of the clients; and then word of mouth. – South Dakota staff member*

Since we are a work-release facility, we either get the referrals through self-referral or through the case managers here that do the initial assessments...If somebody is engaged in substance abuse services or individual counseling or anything like that where we identify, "Oh, there is some family stuff going on," then we will tell them that we have these family coach services that can potentially help them out. We also do an orientation when new people get here so that once a new person arrives at this facility, someone from our treatment team meets with them and talks with them about all the different services that we have available. They can sign up at that point too.
– Indiana staff member

We identify women with minor children…that will be our pool, and then the clinical coordinator will screen and…let them know about [Look Up and Hope]. And then that's where we envision [the family coach] taking over the parenting slot, which is just a class once a week at the jail; so she can be building that relationship and talking to the mothers about the program itself. – Texas staff member

Intake process

Once women are referred to the Look Up and Hope program, each site has an intake process, typically involving a family assessment. The basic intake forms that are used by each site were developed by Wilder Research when the program began. There are baseline assessments for all three types of clients – parents, children, and caregivers. These forms ask for information such as: basic demographics; family history and the relationships that various family members have with each other; the needs of each type of client; educational history; emotional, behavioral, and physical health history; criminal history (for parents); employment and financial history (for parents and caregivers); and clients' goals at program entry. After these intake forms are completed, and if clients enter the Look Up and Hope program, follow-up assessments (which ask similar questions for comparison purposes) are completed every six months after program entry. Copies of both the baseline and follow-up forms can be found in the appendix of this report.

In addition to the Wilder Research baseline and follow-up forms, some sites have additional assessments that they complete with clients before program entry, such as family mapping, mental health assessments, and service plans. A few interviewees commented that intake can become a long process given the back and forth communication between staff, mothers, and caregivers. They emphasized that it is important to ensure that caregivers are willing to participate, since they play such a crucial role in the family.

> *We do a brief, informal talk about what's going on and we have several forms that we have to fill out. We have the initial intake – the Look Up and Hope intake form – and then we have another form that we typically use that addresses needs. It assesses their healthcare, food, shelter, and things like that…Once we sit down [with the mom], have that meeting, fill out the basic forms, and get a well-rounded idea of what's occurring, then we will typically…go out to the home and meet with the caretaker and the children if we are able to. Before that, we may contact the caretaker to make sure that they are interested, so that we don't do all the paperwork for nothing…A lot of the information on that paperwork is half mom and half caretaker, so if mom is still incarcerated, we will start it with her and finish it up with the caretaker. – Indiana staff member*
>
> *The next step, which seems to take the longest, is identifying the caregivers and talking to them and connecting with them, because we have to get permission from the moms to get the caregivers' numbers and that sometimes takes a while. – South Dakota staff member*

Program services

In 2012, Wilder Research conducted telephone conversations with the four affiliates participating at that time (Volunteers of America of Illinois had left the program by that point) to get a sense of exactly how the program is implemented and to understand how much programming varies.

These "fidelity interviews" found that programs provided several common services, most notably home-based case management services for caregivers and children (or "family coaching"), which was funded by the National Office of Volunteers of America. Most programs also offered the following services, to varying degrees:

- Concrete supports (e.g., assistance with rent payments, transportation costs)

- Educational and employment training

- Home visitation and regular case management

- Mental health and substance abuse counseling

- Mentoring support

- Parenting classes

- Pre-release planning, including custody planning

- Referrals to community-based services

- Support groups

- Youth development programming

> *Clients receive services for a year after this program: financial planning, budgeting, credit restoration, transitional housing, and business development if they want to go that route. – Indiana staff member*
>
> *We connect families with Head Start…We also do youth development programming through drumming circles, Native American cultural activities, and story time after school. It's mostly with younger kids; only recently have high-school-aged kids enrolled. – South Dakota staff member*
>
> *We start the conversation [about re-entry planning] as we work with the individual. It's an on-going process, and it takes place about a month and a half before they get out…It's hard to plan some of the benchmarks because their "out" dates are ever-changing. – Indiana staff member*
>
> *I meet with families before the parent is discharged and talk about expectations for the caregiver, etc. The plan outlines goals over 90 days; it also talks about the responsibilities to the child; each adult gets a copy. – Texas staff member*

According to conversations from the December 2014 meeting, most of the program services offered in 2012 remain the same today. Indiana staff discussed their emphasis on Barrier Buster funds, employment training and job search assistance, and connecting clients to support groups and mental health counseling. Staff from South Dakota and Texas said they had similar program services, but, unlike Indiana, do not have their clients housed in one location (i.e., Theodora House). Staff from South Dakota also mentioned that they had fewer Barrier Buster funds available than Indiana.

Client outcomes

Look Up and Hope clients experience a variety of positive outcomes as a result of the services they receive:

- **Program status:** 57 percent of mothers were currently receiving services from Look Up and Hope (an increase from 43% in 2012), while 21 percent had completed the program. Only 12 percent had dropped out of the program, which is a decrease from 20 percent in 2012. (Program status was categorized as "other" for 7% of mothers.)

- **Parent education:** 88 percent of mothers received formal parenting education or training (an increase from 76% in 2012). For those who had received this training, 95 percent improved their parenting knowledge (as reported by family coaches), and 41 percent demonstrated increased knowledge on a post-training survey (an increase from 32% in 2012).

- **Criminal activity:** Three-quarters of mothers had not engaged in a new criminal activity, and, of those who did (24%), none were arrested or convicted.

- **School attendance:** 70 percent of school-aged children were reported to have "good" attendance; 24 percent had "fair" attendance and only 6 percent had "poor" attendance.

- **School performance:** 48 percent of school-aged children were reported to have improved their grades since the last assessment; 45 percent maintained their grades, and only 7 percent were reported to have worse grades.

In addition to the outcomes listed above, there are a few areas that saw slightly less positive outcomes or decreases from last year's report. While many clients are doing well in these areas, it is important for both Wilder Research and Volunteers of America staff to take note that some of these decreases may be due to incomplete or inaccurate data.

- **Relationships:** 67% of children were reported to have an improved relationship with their mother; however this is down from 83% in 2012. 76% of mothers reported changes in contact with their children; for those who have experienced a change, 50% *increased* contact with their children and 25% are now living with or have been reunified with their children. (However, reunification is down from 32% in 2012.) One in five (21%) reported a less or no contact with their children.

- **Employment:** Of the mothers who experienced a change to their employment status (69%), 35% reported being employed, but then losing their job (compared to only 6% in 2012). On the other hand, of those who experienced a change in status, 41% were unemployed but secured a job and 21% secured an additional job or changed their job, but remained employed.

- **Extracurricular activities:** 33 percent of children were reported to have increased their level of involvement in structured or extracurricular activities (a decrease from 45% in 2012).

For additional information on client outcomes, see the infographic appended to this report.

Program discharge

Once families have completed Look Up and Hope, they are discharged from the program. However, the definition of "program completion" and the process for discharging clients remains unclear and inconsistent across affiliates. Staff from Indiana said that they will work with a mother and her family until it seems that she "has been stable for a few months and has a positive trajectory." At that point, a family coach will let the family know it is time to close out of the program. For Indiana, "closing" involves a gradual process, in which the family coach meets with the mother once every two weeks, then once per month, then every other month. Even when a case has been "closed," family coaches emphasize that the family can call any time for any reason.

The 2012 fidelity checklist attempted to create a consistent definition of "program completion." According to that checklist, program participants have successfully completed the program when:

- They have been in the program for at least six months

- They have achieved their stated goals/enhanced their overall family stability *and* have no unmet service needs

Prior to being discharged, it is also a requirement of the program that each family participate in preparing a family-centered reentry plan that addresses the family's long-term living situation and custody arrangements. However, the way in which these formal reentry plans occur, again, varies by site. The 2013 annual evaluation found that despite the fact that beginning formal, family-based reentry programming as early as possible is a core tenet of the Look Up and Hope program, only 71 percent of incarcerated mothers reported that they had a formal plan at follow-up. Another 18 percent had been involved in informal reentry planning.

While there are fewer reentry plans than desired, they do tend to be fairly comprehensive, including employment, housing, addressing family relationships, connecting women with community supports, and substance abuse treatment and resources. When compared to the second annual report, more women in year four included these items in their plans, particularly addressing family relationships and substance abuse treatment and resources.

Of the 62 mothers who worked with family coaches on formal reentry planning, 33 percent also involved family or friends in the process. Most clients who have participated in reentry planning have already exited the program.

Reentry plans of incarcerated mothers (N=63)

Total clients with formal, written reentry plans	71%*
Family or friends involved in formal planning	33%

Reentry plans of incarcerated mothers (N=63) continued

Plan addressed...	
Employment	76%
Housing	76%
Family relationships	74%
Substance abuse treatment or mental health care	68%
Community supports	68%
Transportation	31%
Other health needs	13%
Faith/spiritual needs	11%
Other	11%

Note: The percentage of reentry plans, after analyzing the initial data, was 50 percent; however, Wilder Research staff spoke with family coaches across sites and found that some reentry plans had gone unreported, so the percentage was adjusted accordingly. The increase was applied only to the total number of formal, reentry plans, not to specific components of the plans.

An important finding to come out of the December 2014 meeting was that the low number of reported formal reentry plans may be due to some confusion around question wording on the follow-up assessment – this has likely been exacerbated by staff turnover. (The 2014 annual evaluation showed that only 38% of women released, or about to be released, had a formal reentry plan; although data were missing for 17%).

Currently, the question asks, "If the participant is about to be released into the community, or has already been released, do they have a written reentry (or discharge) plan?" Some staff members have been answering "no" to this question because they have been working on a re-entry-focused service plan with the client during her entire time in Look Up and Hope, not just at exit. Wilder Research will work with Volunteers of America on this issue and develop new question wording or clearer instructions for Look Up and Hope staff.

Programmatic differences

While there is quite a bit of commonality in the intake and assessment procedures used by the three active Look Up and Hope sites, the resources and program funding, as well as the scope, intensity, and focus of the services provided to clients varies considerably. The 2012 fidelity interviews illustrated that each site has its own set of circumstances, including an array of funding sources for the program, which makes consistent program implementation difficult. For example:

■ In 2012, the **Volunteers of America, Dakotas** site reported that their staff took a team approach to Look Up and Hope, where staff members met frequently to discuss their

progress. They also placed a greater emphasis on finding mentors for the incarcerated women they serve because they had a federal Second Chance Mentoring Grant.

> *At the start of the program until about six months ago, we met twice weekly for two hours. Now we are doing staff meetings once per week, or shorter meetings more frequently. Cohesiveness between overlapping programs was important, and communication. – South Dakota staff member*

> *A strong clinical base makes a big difference; a strong team with a case management component. – South Dakota staff member*

- **Volunteers of America of Indiana**, which operates its own women's halfway house and has operated a program for incarcerated mothers for many years, offers extensive opportunities for enhanced visitation and case management, which other pilot sites are not in a position to emulate. They have a variety of experts at their disposal, including recovery coaches who have themselves been through recovery and vocational specialists who help women with employment issues. They are also able to devote a great deal of time to reentry planning, since the site is a reentry house.

> *We have a coordinator that works for the city, plus [the family coaches], plus someone from Edna Center, plus recovery coaches who are in recovery themselves (so basically they are mentors), plus a chaplain to deal with spiritual issues; they get all of these services. – Indiana staff member*

Generally speaking, Indiana's diversity of services and expertise can be attributed to two factors: their long term commitment to being a leader in the field of gender-specific reentry programming and their success in blending a variety of funding streams to support their Look Up and Hope work. Prior to participating in the Look Up and Hope program, Volunteers of America Indiana already had in place an enhanced visitation and parenting program for incarcerated mothers and their children, called Healing Families; in recent years, several local and state funding sources have paid for their recovery programming, while a federal grant from the U.S. Department of Labor has strengthened their employment services.

- **Until they discontinued their pilot work in 2013, Volunteers of America Northern New England** chose to focus on building the family mediation and family group conferencing components of the Look Up and Hope program. Their site also focused on assisting with basic needs, such as shelter and heating, since their clients are faced with colder climates.

> *[Family mediation] plays right into the reentry plan, refines it, and hits on the issues that are below the surface. It seems that is the "final" piece before they go out and reunify…It's one of few opportunities for families to get together without a corrections officer in the room. It's all confidential. And that "out of system" time has really added to success.*
> *– Maine staff member*

■ Like the Dakotas site, **Volunteers of America Texas** had a Second Chance Mentoring Grant during their first two years of Look Up and Hope implementation and they initially placed a strong emphasis on finding mentors for the women they serve. However, funding and staffing shortages have persistently made it difficult for the site to develop a consistent and sustainable service delivery model. For example, at the end of their first year of operations, the Texas site was forced to disrupt services to an entire cohort of clients when they lost a critical state contract. Following this—for most of 2012 and 2013—the program was supported almost entirely by the efforts of a single family coach, who struggled to meet the many needs of her clients. Recently, as a result of these issues, it was decided that the Texas Look Up and Hope program would be moved and incorporated into the Resolana program in Dallas.

> *Resolana is a gender-specific, trauma-informed program trying to address the core issues that incarcerated women commonly deal with. It began as a grassroots program in the jail and it consists of three parts: 1) psychosocial educational classes, 2) case management, and 3) community meetings…We also started mentoring and post-release case management for that limited time where women are getting out of jail and there's that critical period where they need to get linked to existing social services…Measurement wise, on the inside, we look at some key mental health indicators: anxiety, depression, PTSD, and somatoform, as well as readiness for change and personal progress.*
> *– Texas staff member*

What works well

Despite the many challenges individual sites have had to overcome in implementation, the Look Up and Hope program has also experienced many successes over the past five years, from the hiring of highly-qualified, dedicated staff, and the relationships that staff members have formed with their clients, to improved client outcomes. These successes are outlined below and should be taken into account by other affiliates or programs that want to replicate the Look Up and Hope model.

Highly-qualified, dedicated staff

It is clear from speaking to interviewees that Look Up and Hope staff members have a great deal of education and expertise to offer the program, as well as a great deal of compassion for the families they serve. When asked what type of training they thought was necessary for a family coach, respondents (including family coaches) said that the position needs to be filled by someone who has experience in areas such as licensed clinical therapy, crisis intervention, trauma informed care, home visitation, and case management. They also felt it was important for a family coach to have worked at the community level. Personality-wise, they spoke about the need for flexibility, adaptability, creativity, being a "people person," and quick thinking.

This sentiment was echoed during the December 2014 meeting, in which staff members described the need for family coaches to have "persistence," "flexibility," and "the ability to develop trust." They also talked about the need for family coaches to "know their way around addiction" and to understand that substance abuse and criminal justice issues are often intergenerational problems.

> *The majority of staff hired for Look Up and Hope have some family experience already; they are also skilled at being out in the community and being involved in home visits. One of the other big things we do is trauma informed care. That involves a thorough assessment of the amount of trauma that the offender has, and also the children, because it's important for us to understand the amount of trauma that's involved in the family…Also, since the majority of the people that we work with are women, we want to be as gender responsive as possible. – Indiana staff member*

> *I've been doing home visits for a really long time; so being able to truly be comfortable going to homes in the rough neighborhoods and the posh neighborhoods [is important]. I definitely wouldn't hire someone who hadn't done the home visits before...A lot of times you enter these homes and you don't know exactly what to expect and you have to be ready for anything. For example, you might think you're going to a home with four family members and there are seven; you think you're going to a home and you're only dealing with your two kids, but there may be another child in the home and you have to be able to be creative and integrate that child into the Look Up and Hope experience, because you can't leave them out…The family coach position is so independent, you have to be comfortable trying different things, being creative and trying to make things work for your families. – Texas staff member*

Developing trust with families

Wilder Research also asked about the importance of developing trust with families, which all interviewees said was a crucial part of working with those affected by incarceration. When asked *how* family coaches develop this trust with their clients, interviewees talked about listening carefully and not necessarily jumping immediately into the formal issues that they are there to discuss. They also spoke about the need to be open and honest with families, particularly regarding what families should expect from the program and the roles and responsibilities of each person involved.

A couple of interviewees talked about the need for family coaches to be relatable to the populations they are serving; this could include hiring coaches who have themselves experienced incarceration, substance abuse, or mental health issues, or hiring coaches who know the community well and have an already-established rapport. It also means hiring staff who mirror the population being served – namely women of color.

> *I really identify that our role, rather than to separate the family, is to keep the family intact and keep the family out of the system. So, within my first couple of lines in talking to the person I say, "This is who I am. This is what I do. Unlike many programs that you might already know about, this is what our role is, because we don't want to have the kids in the system. It's a different approach than what you might already be familiar with." I talk to them very early on about confidentiality and say, "Here are the things that I would have to break confidentiality for."…I make it clear that if there's any suspicion of neglect or abuse obviously we would have to report that. By being transparent and upfront with people, they seem to be pretty open to it, because that's kind of what's in the back of their mind: "How long until this lady comes in here and tries to get us into the system?" Getting that elephant out of the room at the beginning is really helpful. – Indiana staff member*

> *The hiring of the staff – that's really important on the front-end to makes sure we have people that have experience actually going out and building rapport with families and the community. It's also about being transparent, saying what we can and cannot do, and about being consistent; doing what we say we are going to do…Also, making sure that service planning is based on the needs of the family…Some families just want to come in and have us be a sounding board. Some of the others are in crisis. It's a way to make sure that the services that we are providing are indeed the services that the family needs at that time. – Indiana staff member*

I think that working with families affected by incarceration requires a lot of relatability; truly being able to empathize with their situation and having a more supportive stance than, "I'm here to do this job"…You really have to go in letting them know you are there to support them. It's not about wanting to know all of the details of the incarceration; it's not about wanting to know all of the things they didn't do because of the incarceration, but truly just acting as a support to them…Sometimes I didn't immediately go into Look Up and Hope stuff with [families]. I asked them how they were doing. You have to be personable and honest. – Texas staff member

[I tell moms] that I will be there to help them in adjusting back into society, as well as building relationships with their children and trust with the caregivers. That's huge…I also tell them about resources in the community, supports, parenting skills, budgeting, anything that will help them be able to adjust back to life. And the big thing I emphasize with all of them is that it's pretty overwhelming for the parent coming out [of jail]; how can we help the parent not feel overwhelmed. – South Dakota staff member

Respecting families

Throughout the course of the interviews with Look Up and Hope staff, it became clear that respondents have a deep respect and dedication for the families they serve. Not only do they personally provide services to families – such as helping with job searches, taking clients to doctor appointments, and running errands – they also speak about families in a respectful and caring manner. When interviewees were asked to describe the families with whom they work, most often they described the mothers as "willing" and "determined," and used the same adjectives to describe caregivers, with the addition of "overwhelmed" and "loving." In terms of the children, staff described them as "open-minded," "funny," "loving," "forgiving," and "resilient," yet also very "fragile" and "vulnerable."

The moms are very tenacious. They're gritty and I don't mean that in a bad way. They just get it done...trying to find caregivers when one caregiver falls through and find a job despite having a felony charge. They are really resourceful. – Indiana staff member

Kids are just so resilient; they've been through a lot. Honestly, most of my kids were functioning better than the adults in my families. It's not that [the situation] didn't bother them, but kids are sometimes so innocent and if you have good stuff around them they can continue on…they have a sense of humor and they are open to meeting new people and trying new things. – Texas staff member

The respect that staff members have for their clients is reciprocated, and apparent in interviews that Wilder Research conducted in 2013 with participants of Look Up and Hope.

Many interviewees spoke about the impact that their family coach has had in, not only providing them with services, but also giving them the emotional support they needed.

I appreciate [our family coach]. She's helped me through a lot emotionally. We talk a lot. She communicates well. She is a good mentor. – Mother

One of the things that I like about [our family coach] is that I get to tell her how I feel, without her making fun of me. – Child

I think that if I was talking to one of my friends, if they were having problems at home or personal problems about their selves, I would direct them or let them know about [our family coach], because that is what she helps with. If you have any insecurities about yourself or something like that, you can just talk to her. – Child

Cultural competency

Results of the 2013 annual evaluation of the Look Up and Hope program showed that, while parents generally have benefited from participation in the program, women of color have had especially good outcomes:

- Over half of the incarcerated mothers of color (52%) reported a positive gain in their employment status (e.g., finding a new job or moving to a better job with higher wages).

- Over three-quarters of women of color demonstrated improved parenting knowledge or skills (e.g., according to staff observations or performing well on standardized tests of parenting knowledge).

- 72% of women of color enrolled in the program reported that they were successfully addressing addiction issues and/or remaining drug free upon their return to their community.

- 65% of women of color reported that they were increasing contact with their children's caregivers (implying improved levels of co-parenting and communication).

- Over one-third of women of color were successfully reunified with their children and families post release.

In every one of these outcome areas, participating women of color and their families outperformed their white counterparts by several percentage points—suggesting that the program may be especially well-suited to address the needs of African American, Latino, and American Indian system-involved families. Therefore, this year, Wilder Research spoke with Look Up and Hope staff members about the ways in which they work with women of color to uncover what they might be doing to influence these positive outcomes.

Interviewees described several ways in which they try to work in a culturally competent manner, namely having consistent staff meetings and trainings about cultural competency (which could include race, ethnicity, religion, and sexual orientation), connecting clients to groups and programs that will be most beneficial for them (e.g., support groups specifically tailored for young African American men), and, again, making sure that Volunteers of America staff members and volunteers mirror the population that they are serving, particularly in terms of race and gender.

> *We have weekly staff meetings where we talk about cultural competency. We have ongoing discussions about how to better serve our clients or the cultural issues that are occurring here…We make an effort to reach out to anybody in need…We also take great strides to have a culturally diverse staff, which is really helpful. And then we are also just mindful. For example, I had a young man who was in need of some mentoring services – father wasn't present, grandmother was working a lot, didn't really have any positive outlets. He was African American and one of the referrals that we sent him was a primarily African American church that had this fantastic mentoring program that was geared toward helping young, African American males become successful… Culture also means race, ethnicity, religion, and sexual orientation, because we have some families who are raised by the caretakers and female partners. – Indiana staff member*

I'm really working to recruit more minority volunteers. The Resolana program incorporates a great deal of community volunteers and I think that we need to do a better job of mirroring our volunteer base with the general jail population. I apply the same thinking to the family coach position; I would like our staff to balance that, so I would honestly lean towards a woman of color for this position; and bilingual for sure. – Texas staff member

I think here in South Dakota our agency does a really good job of having a lot of training in cultural diversity, especially with the Native American population. Seventy-five percent of women in our prison system are Native American. I think most of my caseload is…I think it's about respecting their culture and knowing that that's important to them and really it's important they reach out to it too. Because some actually lose [their culture] because of what they've been through in their lives, and saying that it's good to go back and have pride in your background and making it available and letting them know that we have a lot of opportunities in town, like sweats and the different women's groups; really encouraging them to do that is important. – South Dakota staff member

Because of the positive outcomes that families of color have experienced under Look Up and Hope, the Annie. E. Casey Foundation cited it as a "promising program" in 2013.

Training opportunities

Several interviewees, particularly in Indiana, also mentioned that they enjoyed the trainings they have gone to, both through Volunteers of America and through outside organizations. They appreciate the opportunity to attend trainings and the flexibility to choose the types of trainings that are most interesting to them.

We have 40 hours, annually, of outside training that we have to do; that's built into our job description and we can choose what the training is, that's something I think is important. I'm always a big supporter of ongoing training. – Indiana staff member

I attended a number [of trainings] that have been pretty helpful and interesting…They were not specific to incarcerated women, but just substance abuse generally, which is very helpful because it affects so much of our population. I also attended a training on military families…there are some interesting parallels around separation and family reunification…so that was actually really, really helpful. Again, it was not billed as something for working with incarcerated women, but we have the flexibility to go to trainings that are not necessarily provided in-house. – Indiana staff member

Areas requiring improvement

In addition to the successes of Look Up and Hope, there have also been some challenges that have persistently beset the program, namely staff turnover, a lack of funding and resources, and a lack of established, consistent community partners. These challenges, like the successes, should be considered carefully as Look Up and Hope moves forward.

Inconsistent leadership and staffing

Over the past five years, several of the affiliates involved in the Look Up and Hope program have experienced a high rate of staff turnover, especially in the family coach position. This poses some difficulty because, as stated earlier, one of the great successes of this program is the rapport that family coaches have developed with families – Look Up and Hope staff members respect the families that they serve and, in turn, families trust the program.

In addition, there has been some leadership turnover and, consequently, misunderstanding about specific roles and responsibilities. One family coach said that she did not have clear supervision and that she was doing all of the work for the program herself. It is important for Volunteers of America, and any organization wishing to replicate this program model, to know that a stable, committed staff is crucial to the success of this program.

> *[One family coach who is no longer there] was full-time and I was full time. When I started I was a full time family coach, but I pretty quickly shifted to about half time…Now I am stepping away from the family coach position. We hired a part time family coach this year and she's doing the majority of our family coach work. [Note: That person has since left].*
> *– Indiana staff member*

> *[Look Up and Hope] works really well when there's a family coach and then someone specifically over the family coach who is responsible for the family coach, even if they have other obligations… I didn't have a supervisor that actually knew anything about the program, or who was willing to be hands-on with Look Up and Hope.*
> *– Texas staff member*

Inadequate funding and resources

Several interviewees pointed to the need for more resources for family coaches. Many of the family coaches serve a broad geographic area, particularly in states such as Maine or South Dakota. In order to meet with caregivers, they often have to drive several hours away from their main office location. Also, many prisons are located in rural areas, so visiting the mothers also becomes an issue. Family coaches need to have a better way to reach the families they serve, such as: having a satellite office (near the prison); having

access to convenient, free or low-cost transportation; or having the ability to conduct meetings and check-ins via telephone or web conference.

Respondents also mentioned a need for more staff, or a better division of labor, since the amount of time spent trying to reach and meet the needs of families leaves little time for doing paperwork and setting up referrals.

> *Part of our challenge was that we are a very rural state and the women were from all over. Sometimes it took almost a whole day to do an interview with the caregiver who may have been four or five hours away. It becomes problematic in terms of doing face-to-face meetings. – Maine staff member*
>
> *One of the things that we struggled with is that it's tough for one person to do three days in the prison and then chase families around all over Chicago. In an ideal world, the person who is connecting with the parents is also the family coach, but in reality those people are spread apart by hundreds of miles, so the most efficient model is probably two different people. – Illinois staff member*
>
> *I was doing everything myself. I think it would be helpful to have three staff – someone who oversees Look Up and Hope, the family coach, and a part-time referral person, so the family coach can focus on the therapy piece. – Texas staff member*

Interviewees also reported a variety of needs for the families they serve in Look Up and Hope, ranging from basic needs, such as food, clothing, diapers, housing, and health care, to needs such as employment, transportation, legal services, child care, school uniforms and supplies, and mentoring or after school programs and activities for children. Housing, employment, and transportation, in particular, were listed as strong needs for families, yet also areas in which mothers have a great deal of difficulty meeting those needs.

Once released, program participants have difficulty finding work, given their felony record, and cannot find jobs that pay well enough to provide for all of their needs, such as those listed above. One family coach pointed out that program participants have to pay parole fees and restitution as soon as they are released, so money immediately becomes an issue.

> *One of the biggest thing clients need is housing. They need funds to obtain housing or some funding to be able to stay where they are. As far as the children are concerned, I think clothing is a big deal, as well as activities and child care in the summertime when school is closed. – Indiana staff member*
>
> *What they need is housing and child care. What they need are job skills and a healthy support network…That's a pretty tall order for a family coach …It's not even a matter of just linking people; there are things that don't exist. There's not enough money in the system. – Indiana staff member*

> *It is hard for them to get jobs with the felony and then no job experience…They can sometimes get a fast food job, but then the hours – they never get full time; it's like 25 hours. Then to juggle that with daycare and paying the bills, it's tough. There aren't a lot of really good paying jobs…And it's near impossible to get out of child support. I get a lot of moms who will say, "What am I working for? I work hard and this is all I get?" So it is a real struggle…They're coming out of prison, so they not only have to pay past child support, but they also have to pay parole fees, which are like $20 a month, and then any kind of restitutions, so that's another $40 a month, which is a lot of money for them. I mean the whole money thing…they are just up against the wall. And then we have housing…We have some people doing really well with all this, but then…they have to pay for housing and the kind of housing they can afford is in unbelievable places…We have affordable living; it's about $500 for a really nice 2 bedroom apartment – clean, well-kept. The problem is that it's in the worst part of town…my participants will come to me and say, "I walk out of the door and right away there are people tempting me to use and I can't deal with that." But there aren't a whole lot of other places in town to live with what they can afford. – South Dakota staff member*

Limited partnerships and scarce community resources

All three current Look Up and Hope sites turn to local organizations to help meet the needs of their families. These organizations offer a variety of assistance, from tangible help, such as basic housewares (e.g., dishes, pans, toasters, cleaning supplies, towels, and bedding) to organizations that provide rental assistance or work readiness training. South Dakota often partners with local parole officers to meet the needs of families served, and a few family coaches mentioned the use of 211 – a hotline that connects callers to a variety of resources in their state.

> *We work with Family Compass, which is a group that does parenting things and helps high-risk families. – Texas staff member*
>
> *The Department of Corrections used to be demeaning, but now it's really focused on helping participants stay in the community…The impact that Look Up and Hope has had on POs has been effective; they have resources for drug treatment, and they get more aware of our clients' needs. – South Dakota staff member*
>
> *The most reliable partnership we have is Safe Families, which offers safe families for kids…They are just families who volunteer to take kids as needed, no legal implications, in case there is no caregiver stepping up for children. They are volunteers and they take on all of the costs for a child. – Indiana staff member*
>
> *I spend a lot of time on 211 – an Indiana help-line. You can dial 211 from any phone and they have the most up-to-date resources in the state. I check in to see if any have been added that I don't know about; I'm assuming other states have something similar. I just pick the ones that are most useful for our clients. – Indiana staff member*

However, when asked about formal partnerships, most of the interviewees said that "partnership" may be too strong a word. More often, family coaches contact organizations without having a specific contact with whom they correspond on a frequent basis. This is

due to several reasons, including the need to maintain the confidentiality of Look Up and Hope clients, the large size of some organizations and staff turnover, as well as a lack of time for family coaches to make those personal connections.

One family coach suggested that the Look Up and Hope program would benefit from a community outreach person who specifically does the footwork in trying to network with various providers, so that relationships become established. She said, "Families need so many random things; as a family coach, you think, 'How do I get that?' [Each site] needs to get someone who is familiar with marketing and networking relationships."

> *[Contacting outside partners] might be tough because, for the sake of confidentiality, we don't tell them much about what we are actually doing…It's usually a paper form or we talk to them on the phone occasionally and say, "This one person is in need of this thing that we don't have." I don't talk to them specifically about, "This is what's going on with the family and here's all the work we are doing." That is for the sake of confidentiality.*
> *– Indiana staff member*
>
> *"Partner" might be a slight overstatement at this time. I can say we refer people to a couple of organizations, but not a ton. – Indiana staff member*
>
> *I don't know if I would say "partner." I definitely tried to talk to different people; sent out letters for Christmas; talked to different stores for school supplies…I think that's why a community outreach person is so essential. One, you have to find the time to do that; and two, that wasn't my specialty: marketing. – Texas staff member*

Rather than having formal, one-on-one connections with organizations, family coaches tend to provide a great deal of assistance to families themselves. Interviewees explained that part of the reason they do a lot of the work themselves, and do not necessarily seek out partnerships, is that there can be a lack of resources in the communities they serve.

> *We've orchestrated Craigslist pick-ups, transported people to doctor's appointments…taken people to food pantries, and picked up a humidifier for a baby when the mom was really sick. It changes day-to-day depending on the needs of the family.*
> *– Indiana staff member*
>
> *We also help with job hunting and job skills training to get a decent wage job; help with budgeting – that seems to be a biggie too. – South Dakota staff member*
>
> *We are pretty well aware of the resources that exist in the community and we have decent enough connections; it's not like there is this great resource in the community that we just can't get access to it. I think the bigger problem that I keep running into is that the very specific resources that we need for a pretty specific population just don't seem to exist, or they don't exist at a scale that is helpful enough for our women. These are really specific situations that their families are in and that they're in with a felony conviction and you put all of these things together and there seems to be, if anything, a lack of available resources rather than great resources out there that we just can't connect to somehow.*
> *– Indiana staff member*

Lack of clear implementation standards and guidelines

Another weakness of the Look Up and Hope program is that—other than documentation provided as part of the Wilder Research evaluation—there is not much written program guidance defining how the Look Up and Hope program should work; for example, there are no standardized protocols for new staff to reference in their onboarding process. This, along with variations in funding and high rates of staff turnover, has made it difficult to ensure that the program is delivering services in a consistent manner across sites; a lack of clear implementation standards has forced new staff members at many sites to continually reinvent the wheel.

In 2012, the National Office and Wilder Research, using the fidelity interviews, attempted to create some basic guidelines for sites to use (see appendix); however, these guidelines have not been actively enforced by the National Office or local program staff, partly because of staffing changes, but also because of resource constraints.

Knowing that this is an area of needed improvement for the program, Volunteers of America of Indiana has started working on a Look Up and Hope Program Implementation Toolkit, which will include:

■ A Look Up and Hope program flowchart

■ Definitions of the target population

■ A program model and descriptions of each stage of the program – recruitment, engagement, incarceration, reentry, and discharge. The program model would include dosage guidelines (i.e., specifications for the minimum amount of programming required to implement the Look Up and Hope model – both frequency and intensity)

■ Copies of all forms used by the program, such as intake and exit forms

■ A staffing model, including job descriptions, interview questions, and a clear description of the supervisor's role

■ Common scenarios that can occur in working with Look Up and Hope families, as well as ideas for problem solving

■ An advocacy tool, including talking points for staff to use in conducting outreach and communication regarding the needs of the target populations

■ A plan to engage community partners and a directory of community resources

- Information about fundraising strategies, including templates and examples of successful grant proposals

- Training modules, including train-the-trainer and online versions of trainings

- Research findings and a data collection guide

- A fidelity checklist and self-assessment

Committees (some yet to be selected) will work on various aspects of the toolkit, such as the training section and data collection guide. Questionnaires will be administered via SurveyMonkey to gather feedback from Look Up and Hope staff members on section drafts. First drafts of each section will be made available beginning April 1, 2015 and a finished product will be released mid-year 2015. Eventually, the Implementation Toolkit will be housed in a three-ring binder at each site, and will also be available online for electronic access to affiliates.

Moving forward, it will be important for the program to continue establishing and revisiting basic guidelines and to be more consistent with implementation; this, along with other recommendations, are highlighted below.

Conclusion and recommendations

Look Up and Hope does a fantastic job of serving families in a respectful way that has a deep impact on the outcomes of parents, children, and caregivers. As this Volunteers of America program moves forward, Wilder Research recommends the following improvements and enhancements:

- Ensure strong, consistent leadership at the top-most levels of the organization. For several of the staff members who work directly with families, one frustration is having a lack of guidance or support, either from the National Office or from the leaders at that particular site. Having a strong group of leaders, who are committed to the Look Up and Hope program and its goals, will help support the people who do the day-to-day work with families.

- Hire support staff who can take some of the burden off of family coaches. In addition to having more support from the top, several interviewees mentioned that it would be helpful to have some extra support for activities that are not directly related to serving their families; such as help with data entry or engaging with community partners. For example, hiring someone who knows the community well and can take the extra time to form partnerships and get referral information for families would be a tremendous support for family coaches.

- Leverage community partnerships. Regardless of whether or not an affiliate is able to hire additional support staff, another important enhancement for the Look Up and Hope program will be finding ways to reach out to community partners. Having go-to people or organizations that program staff can contact for client referrals will not only help the families served, but also ease the burden on family coaches.

- Continue work on the Look Up and Hope Implementation Toolkit. Given that the Look Up and Hope program has reached the end of the pilot phase, it is important to introduce and maintain a solid program structure, complete with documentation, especially for new staff. This may help to decrease some of the frustration that new staff members feel and ultimately decrease turnover.

- Streamline data collection procedures. Currently, the National Office is in the process of implementing an online data collection system, through the database ServicePoint. Due to a variety of factors, the system has not been implemented in South Dakota or Texas, and its use has been cumbersome for the staff who do have access to it. Ensure that each site uses the same data collection methods based on a clear set of guidelines (that are enforced) for collecting, entering, and sharing the data. This will save staff

time and ensure that the most complete and accurate data possible are given to Wilder Research for analysis.

◼ Provide more training opportunities for staff. Interviewees who had participated in trainings enjoyed them and found them helpful to their work. Indiana does a particularly good job of providing trainings (both in and outside of its organization).

◼ Continue hiring highly trained, experienced family coaches who are committed to the goals of the program, but also find ways to keep those family coaches in their positions. Supporting staff with strong leadership and the resources necessary to do the work is integral to the future existence of Look Up and Hope. One idea for helping family coaches is to create a cross-affiliate support group or network, in which family coaches can share their stories and address work-related issues they might face.

Appendix

Program flow chart

Referrals → **Intake** → **Program entry** → **Services** → **Program discharge**

Referrals

Referral sources include: case managers, corrections officers, halfway houses, self-referral

Intake

Includes filling out a baseline assessment form for parents, caregivers, and children

Program entry

TBD

Services

Referral sources include:
– Family coaching
– Concrete supports (e.g., assistance with rent payments, transportation costs)
– Educational and employment training
– Home visitation and regular case management
– Mental health and substance abuse counseling
– Mentoring support
– Parenting classes
– Pre-release planning, including custody planning
– Referrals to community-based services
– Support groups
– Youth development programming

Program discharge

TBD

Fidelity checklist

Client eligibility requirements

All client families must include:

☐ A mother of minor children *who is incarcerated at the time of her program enrollment* and is expected to be released within 1 year

☐ One or more of her minor children (ages 0-18)

☐ The children's <u>primary</u> caregiver

Program service requirements

Every participating family must be assigned a family coach. At a minimum, the family coach must:

☐ Conduct a formal assessment of all participating family members' needs

☐ Develop written service plans for each family (including goals and recommended services)

☐ Follow-up (by phone or in person) with all participating family members at least once a month while the family is enrolled in the program

The service plans for <u>children and caregivers</u> should include appropriate provisions and referrals for:

☐ Addressing the family's basic, concrete needs (e.g., assistance with food, clothing, utility bills)

☐ Providing interested children with positive youth development activities

☐ Providing children who are experiencing poor school performance with academic support

☐ Providing caregivers who report they are under physical or mental stress with appropriate child care, mental health counseling, and respite opportunities

☐ Enhancing the family's overall stability and systems of support

The service plans for participating <u>mothers</u> should include appropriate provisions and referrals for:

☐ Parenting education (while incarcerated)

☐ Gender responsive, trauma focused group therapy (while incarcerated)

☐ Substance use and mental health treatment (while incarcerated)

☐ Vocational and educational training (while incarcerated)

☐ Job and housing placement (upon release)

☐ Community based recovery and mental health treatment services (post-release)

☐ Other appropriate community services and supports (post-release)

In addition to the individualized services listed above, every participating <u>family</u> should:

☐ Be given opportunities for enhanced visitation, or, when visitation is not possible, they should at least be encouraged to communicate via letter or phone

☐ Participate in preparing a family-centered reentry plan that addresses the family's long-term living situation and custody arrangements

☐ Be offered the option of participating in any Family Finding and Family Team Conferencing activities that are being offered by the site

Requirements for frequency and duration of services

Family coaches should be in contact with participating family members at least once a month while the family is enrolled in the program.

- ☐ Ideally, families should be served more frequently when they first enroll and have multiple unmet needs.
- ☐ All participating families should be served/followed up with on a monthly basis for at least six months following their enrollment.
- ☐ As resources permit, they may receive ongoing services for up to 5 years following the mother's release.

Criteria for <u>successful</u> program completion

Program participants can be considered graduates, who have successfully completed the program's requirements when:

- ☐ They have been in the program for at least six months and
- ☐ They have achieved their stated goals/enhanced their overall family stability <u>and</u> have no unmet service needs

Required program staffing at all sites

At a minimum, each pilot site must employ:

- ☐ 1 part- or full-time project director, who is responsible for project management and administration
- ☐ 1 full-time family coach, who will be responsible for providing home-based case management services to participating families. Ideally, the family coach should be a trained clinical social worker or licensed counselor with experience working with high-risk women and families

It is recommended that each site has:

- ☐ 1 part-time community connections worker, who can help to connect client families with community-based resources and services
- ☐ Recovery coaches

The recommended client to staff ratio is 1 clinician/family coach per every 15 families. Pilot sites that are actively serving more than this number of families at any given time, should consider adding additional family coaches or part-time clinical support staff.

Data collection & reporting requirements for all sites

- ☐ A completed intake assessment form and initial service plan (to be completed at time of the client's enrollment)
- ☐ At least one complete follow-up assessment form including an updated service plan (to be completed at least every six months while the client remains enrolled in the program)
- ☐ A complete final assessment form (to be completed whenever a participant graduates from the program, drops out/disappears, or is formally dropped from the program for noncompliance)

Look Up and Hope Data Collection Form
Baseline: Parent

LUH Site: ☐[2] Indianapolis ☐[3] Houston ☐[4] South Dakota ☐[5] Maine

Program staff completing this form: _____

Participant's personal/identifying information

Participant Name: _____

Date of program enrollment___/___/___

Please assign this participant a family I.D. number (used for all members of the family) and an individual I.D. number that is unique to only them. Do not use decimals or letters, and write this number down in your case files.

Family I.D. Number:_____   Individual I.D. Number: _____

Demographics

Participant's gender *(Check one)*

☐[1] Male   ☐[2] Female   ☐[3] Transgender

Participant's age *(Check one)*

☐[1] Under 18   ☐[4] 41-60
☐[2] 18-25   ☐[5] Over 60
☐[3] 26-40

Participant's race/ethnicity*? (Check one)*

☐[1] African American/Black
☐[2] American Indian
☐[3] Asian
☐[4] Pacific Islander
☐[5] White
☐[6] Latino or Hispanic
☐[7] Two or more races
☐[8] Other (Describe: _____)

Has this participant ever served in the US Military?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

Participant's family history

Participant's marital status: *(Check one)*

☐ 1 Married   ☐ 4 Divorced

☐ 2 Partnered/in a relationship   ☐ 5 Widowed

☐ 3 Single   ☐ 6 Separated

Does the participant have any history of domestic violence in their relationships?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know

Please list the names, ages, and custody status of **all of the participant's living children** below:

Name of child	Age of child	*(For children under 18 only)* **Who is this child's primary caregiver?**
		☐ 1 Family/kinship care (Describe: _____) ☐ 2 Foster /adoptive child ☐ 3 Institutional placement ☐ 4 [Released] incarcerated mother/program participant ☐ 5 Other (Describe: _____)
		☐ 1 Family/kinship care (Describe: _____) ☐ 2 Foster /adoptive child ☐ 3 Institutional placement ☐ 4 [Released] incarcerated mother/program participant ☐ 5 Other (Describe: _____)
		☐ 1 Family/kinship care (Describe: _____) ☐ 2 Foster /adoptive child ☐ 3 Institutional placement ☐ 4 [Released] incarcerated mother/program participant ☐ 5 Other (Describe: _____)
		☐ 1 Family/kinship care (Describe: _____) ☐ 2 Foster /adoptive child ☐ 3 Institutional placement ☐ 4 [Released] incarcerated mother/program participant ☐ 5 Other (Describe: _____)

Have any of these children been removed from the participant's custody because of abuse or neglect?

☐¹ Yes   ☐² No   ☐⁸ Don't know

⬇

If yes, please list the names of affected children: _____

Will any of the participant's children (under the age of 18) be participating in the Look Up and Hope program?

☐¹ Yes   ☐² No   ☐⁸ Don't know

Participant's educational, employment, and financial history

Participant's level of educational attainment: *(Check one)*

☐¹ 8th grade or less   ☐⁵ Some vocational training

☐² Some high school   ☐⁶ Two-year college degree

☐³ Completed high school or GED   ☐⁷ Four-year college degree

☐⁴ Some college   ☐⁸ Graduate degree (MA, MBA, PhD)

Please address all of the following statements about the participant's employment status and history:

This participant is currently employed.

☐¹ Yes   ☐² No   ☐⁸ Don't know

⬇

Describe the position: _____

Current hourly wage: _____

This participant was legally employed prior to incarceration.

☐¹ Yes   ☐² No   ☐⁸ Don't know

⬇

Describe past position: _____

Previous hourly wage: _____

This participant has never been legally employed.

☐¹ Yes   ☐² No   ☐⁸ Don't know

Participant's annual income (prior to incarceration):

☐¹ Under $15,000

☐² Between $15,000 and $24,999

☐³ Between $25,000 and $49,999

☐⁴ Between $50,000 and $74,999

☐⁵ $75,000 or more

☐⁸ Don't know

Participant's health history

Does the participant have a history of substance abuse?

☐ 1 Yes ☐ 2 No ☐ 8 Don't know

Has the participant ever been a victim of sexual assault or exploitation?

☐ 1 Yes ☐ 2 No ☐ 8 Don't know

Is the participant suffering from any of the following mental health conditions? *(Check all that apply)*

☐ 1 Depression ☐ 5 Personality disorder (e.g., Borderline personality disorder)

☐ 2 Bipolar disorder ☐ 6 Schizophrenia/hallucinations

☐ 3 Anxiety disorders ☐ 7 Eating disorder (e.g., anorexia or bulimia)

☐ 4 Post-traumatic stress disorder ☐ 8 Other (Describe _____)

Does the participant suffer from any chronic medical conditions (e.g., HIV/AIDS, diabetes, etc.)

☐ 1 Yes ☐ 2 No ☐ 8 Don't know

⬇

Describe chronic medical conditions: _____

If yes, is the participant receiving treatment for this chronic condition?

☐ 1 Yes ☐ 2 No ☐ 8 Don't know

⬇

Describe medical treatment: _____

Participant's criminal history

Type of crime that led to the participant's current incarceration? *(Check all that apply)*

☐[1] Drug related crime   ☐[5] Embezzlement/fraud

☐[2] Prostitution   ☐[6] Violent crime (Describe: _____)

☐[3] Theft/property crime   ☐[7] Parole or probation violation

☐[4] Counterfeiting/forgery   ☐[8] Other (Describe: _____)

Number of times the participant has been previously incarcerated:

☐[1] Zero

☐[2] One or two times (not including this one)

☐[3] Three or more times (not including this one)

If one or more times, please indicate prior known offenses: *(Check all that apply)*

☐[1] Drug related crime   ☐[5] Embezzlement/fraud

☐[2] Prostitution   ☐[6] Violent crime (Describe: _____)

☐[3] Theft/property crime   ☐[7] Parole or probation violation

☐[4] Counterfeiting/forgery   ☐[8] Other (Describe: _____)

Type of correctional facility participant is currently being held in:

☐[1] Federal prison   (Anticipated release date: ___/___/___)

☐[2] State prison   (Anticipated release date: ___/___/___)

☐[3] County/local jail   (Anticipated release date: ___/___/___)

☐[4] Halfway house
   Describe this facility: _____

   Anticipated release date: ___/___/___

☐[5] Rehabilitation or treatment center
   Describe this facility: _____

   Anticipated release date: ___/___/___

☐[5] Other facility
   Describe this facility: _____

   Anticipated release date: ___/___/___

☐[6] This client has been released and is now living in the community.
   Describe client's current living arrangements: _____
   Date of release: ___/___/___

Participant's stated goals at program entry

Participant's main goals in the area of **family relationships**:

☐ [1] To improve relations with the children's caregiver

☐ [2] To improve relations with her minor children

☐ [3] To improve relations with significant other (if this is not caregiver)

☐ [4] To increase the frequency of her contact with her minor children

☐ [5] To regain legal custody of her minor children if custody has been transferred to someone else

☐ [6] To successfully reunify with her children after release

Participant's main goal in the areas of **education, employment, and housing:**

☐ [1] To complete a GED or other educational degree

☐ [2] To obtain a part-time or full-time job prior to or upon release

☐ [3] To maintain employment upon entering the community

☐ [4] To obtain stable housing upon release

Participant's main goal in the area of **emotional and mental health:**

☐ [1] To learn to control anger / receive help with anger management

☐ [2] To receive appropriate treatment for depression or another major mental illness

☐ [3] To receive appropriate treatment for post-traumatic stress disorder (or other forms of trauma or bereavement)

☐ [4] To receive appropriate treatment for drug or alcohol addiction

☐ [5] To remain drug free upon release to the community

Other key goals stated by the participant upon program entry (include up to 3 additional goals):

_____
_____
_____
_____
_____
_____
_____
_____
_____

Recommended service plan for participant

Please use the checkboxes below to indicate which of the following services the participant is being referred to as part of the Look Up and Hope program. *(Check all services that apply.)*

Please also indicate:
- The frequency of the service (weekly, monthly, etc.);
- The duration of the service duration (1 month, 6 months, 1 time service, etc.); and
- The program, agency or internal program staff member that will be responsible for carrying out the service

Use the "other" category to describe a service not listed here, and complete the same information described above.

Type of service the participant will be receiving *(Please check all that apply)*	Frequency of service	Duration of service	Staff (or partner agency) responsible
☐[1] GED/educational programming			
☐[2] Employment/vocational training			
☐[3] Job placement services			
☐[4] Lifeskills training			
☐[5] Mental health treatment			
☐[6] Substance abuse treatment			
☐[7] Anger management classes			
☐[8] Parenting classes			
☐[9] Couples therapy			
☐[10] Family therapy			
☐[11] Group therapy			
☐[12] Peer support group (e.g., AA)			
☐[13] Family group conferencing			
☐[14] Enhanced visitation opportunities			
☐[15] Mentoring of prisoners program			
☐[16] Family Coaching			
☐[17] Rapid re-housing grant			
☐[18] Other housing assistance (Describe:_____ _____)			
☐[19] Barrier busters fund (Describe:_____ _____)			
☐[20] *Words Travel*			
☐[21] Other (Describe:_____ _____)			

Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the children and children's caregiver, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.

_____
_____
_____
_____
_____
_____
_____
_____

Look Up and Hope Data Collection Form
Baseline: Child

LUH Site: ☐[2] Indianapolis ☐[3] Houston ☐[4] South Dakota ☐[5] Maine

Program staff completing this form: _____

Participant's personal/identifying information

Participant Name: _____

Date of program enrollment___/___/___

Please assign this participant a family I.D. number (used for all members of the family) and an individual I.D. number that is unique to only them. Do not use decimals or letters, and write this number down in your case files.

Family I.D. Number:_____   Individual I.D. Number: _____

Demographics

Caregiver's gender *(Check one)*

☐[1] Male   ☐[2] Female   ☐[3] Transgender

Child's age _____

Child's race/ethnicity*? (Check one)*

☐[1] African American/Black

☐[2] American Indian

☐[3] Asian

☐[4] Pacific Islander

☐[5] White

☐[6] Latino or Hispanic

☐[7] Two or more races

☐[8] Other (Describe: _____)

Child's family history and relationship

Which of the following best describes the child's current caregiver? *(Check only one)*

☐[1] Parent or step-parent   ☐[5] Family friend(s)/fictive kin

☐[2] Grandmother   ☐[6] Foster parent(s)

☐[3] Grandfather   ☐[7] Adoptive parent(s)

☐[4] Other family member   ☐[8] Institutional placement

Please describe how the caregiver is related to the child: _____

How long has child been in the care of this person? _____

Does the child have any siblings or other close family members who are also living in the same household with the caregiver?

☐¹ Yes ☐² No ☐⁸ Don't know

⬇

> **If yes**, do any of these other family members assist with the caregiving?
>
> ☐¹ Yes ☐² No ☐⁸ Don't know
>
> Describe the assistance: _____

Based on the information available to you, how would you characterize the child's emotional relationship with his/her current caregiver(s)?

☐¹ Poor (i.e., there seems to be a lot of conflict in the relationship)

☐² Fair (i.e., there is sometimes tension in the relationship(s), but the child and caregiver generally get along)

☐³ Good (i.e., the child and caregiver(s) get along well and have a nurturing and supportive relationship)

☐⁴ Other (Describe :_____)

Did the child live with his/her mother prior to her incarceration?

☐¹ Yes ☐² No ☐⁸ Don't know

⬇

> **If yes**, was the child ever subject to abuse or neglect in the incarcerated parent's care?
>
> ☐¹ Yes ☐² No ☐⁸ Don't know

How frequently does the child have contact with their incarcerated parent now?

☐¹ Weekly

☐² Monthly

☐³ Every 2-3 months

☐⁴ Every 3 to 6 months

☐⁵ Once or twice per year

☐⁶ Less than once a year

Based on the information available to you now, how would you characterize the emotional quality of the child's relationship with their incarcerated parent?

☐¹ None (i.e., child and parent have no contact)

☐² Poor (i.e., there seems to be a lot of conflict in the relationship/child prefers not to have contact with parent)

☐³ Fair (i.e., there is some tension in the relationship, but the child and parent have some contact and generally get along)

☐⁴ Good (i.e., child and caregiver have regular contact, get along well, and do the best they can to maintain a positive relationship)

☐⁵ Other (Describe: _____)

In your opinion, what is the likelihood that this child and his / her incarcerated parent will be reunified post incarceration?

☐[1] None (parent has lost formal custody of the child and is unlikely to have it restored; or parent is uninterested in reunification)

☐[2] Poor (parent, child, or caregiver is resistant to reunification and/or parent is unlikely to be able to provide a stable environment for child)

☐[3] Fair (i.e., family members are interested in reunification, but incarcerated parent may not be able to provide housing and other necessities for child)

☐[4] Good (i.e., all family members are committed to reunification and it seems likely that parent will have access to housing, and resources necessary to meet the child's basic needs)

☐[5] Other (describe:_____)

Child's basic needs

Is the child provided with adequate adult supervision when not in school?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

⬇

Describe why or why not: _____

Is there safe and stable housing for the child?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

⬇

Describe unmet housing needs: _____

Does the child appear to be getting enough to eat?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

⬇

Describe why or why not: _____

Does the child appear to be well-clothed?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

⬇

Describe why or why not: _____

Does the child have access to regular transportation?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

⬇

Describe why or why not: _____

Are there any other basic needs of the child's that are not being met?

☐ ¹ Yes   ☐ ² No   ☐ ⁸ Don't know
                       ↓

Describe unmet needs of child: _____

Child's educational history – skip to the next section if child is not school-aged

What grade is the child in? _____

What is the child's current grade point average (if available)? _____

- Numeric on a 4-point scale or;
- Describe performance

How would you describe the child's school attendance record?

☐ ¹ Good (child rarely misses school)

☐ ² Fair (child sometimes misses school, but is not regularly truant)

☐ ³ Poor (child often misses school, but absences are generally "excused")

☐ ⁴ Extremely poor (child regularly misses school without an excuse and has an ongoing problem with truancy)

☐ ⁵ Child no longer attends school/has dropped out

Has the child ever been diagnosed with attention deficit disorder or a different learning disability?

☐ ¹ Yes   ☐ ² No   ☐ ⁸ Don't know
   ↓

If yes, please describe child's learning disability: _____

Are they receiving treatment for this disability?

☐ ¹ Yes   ☐ ² No   ☐ ⁸ Don't know
   ↓
Describe treatment: _____

Would academic tutoring or other support benefit the child/help them achieve school success?

☐ ¹ Yes   ☐ ² No   ☐ ⁸ Don't know

Why or why not: _____

Child's emotional, behavioral, and physical health history

Has the child ever been a victim of child abuse or neglect?

☐¹ Yes ☐² No ☐⁸ Don't know

↓

Describe abuse/neglect: _____

Has the child ever been diagnosed with any of the following mental or emotional health disorders? *(Check all that apply.)*

☐¹ Anxiety disorder ☐⁶ Conduct disorder

☐² Depression ☐⁷ Eating disorder

☐³ Bipolar disorder ☐⁸ Autism

☐⁴ Post-traumatic stress disorder ☐⁹ Schizophrenia/hallucinations

☐⁵ Attention-deficit/hyperactivity disorders ☐¹⁰ Other (Describe: _____)

If so, is the child receiving treatment for this condition?

☐¹ Yes ☐² No ☐⁸ Don't know

Does the child appear to have any problems with substance use or addiction?

☐¹ Yes ☐² No ☐⁸ Don't know

↓

If yes, please describe substance abuse issues: _____

Does the child suffer from any chronic or life-threatening health conditions, such asthma, diabetes, or obesity?

☐¹ Yes ☐² No ☐⁸ Don't know

↓

If yes, please describe child's chronic health conditions: _____

Is the child receiving treatment for this condition?

☐¹ Yes ☐² No ☐⁸ Don't know

Is the child currently covered by any medical insurance policy?

☐¹ Yes ☐² No ☐⁸ Don't know

↓

If yes, describe the type of insurance: _____

Is the policy sufficient to cover all the child's medical needs?

☐¹ Yes ☐² No ☐⁸ Don't know

Does the child have any history of behavioral problems in school or at home (e.g. regularly acting out, running away, fighting in school, problems with truancy, etc.)?

☐1 Yes   ☐2 No   ☐8 Don't know

⬇

> **If yes**, describe child's behavioral problems: _____

Has the child ever been arrested or tried for a juvenile offense?

☐1 Yes   ☐2 No   ☐8 Don't know

⬇

> **If yes**, describe offense: _____

Overall, how would you describe this child's emotional and physical health?

☐1 Poor (i.e., child appears to have chronic emotional or physical health problems that are not being treated)

☐2 Fair (i.e., child appears to have chronic emotional or physical health problems, which are being treated or managed with some success)

☐3 Good (i.e., child has no obvious emotional or physical health problems requiring treatment at this time)

☐4 Very good (i.e., child appears healthy, well-adjusted and happy in current environment)

☐5 Other (Describe: _____)

Child's social competencies, interests, and indicators of general well-being

Does the child appear to be unusually shy or withdrawn, or to have trouble making friends?

☐1 Yes   ☐2 No   ☐8 Don't know

Describe child's shyness: _____

Does the child appear to have friends/healthy peer relationships outside the family?

☐1 Yes   ☐2 No   ☐8 Don't know

Describe peer relationships: _____

Does the child appear to have healthy adult role models / sources of support?

☐1 Yes   ☐2 No   ☐8 Don't know

Describe adult support: _____

Is the child active in any sports, afterschool clubs, or other regularly scheduled extracurricular activities?

☐1 Yes   ☐2 No   ☐8 Don't know

Describe extracurricular activities: _____

Are there any other special clubs, activities, or opportunities that the child would like to pursue, but is **currently unable to** because of lack of transportation, funds, or other family resources?

☐¹ Yes   ☐² No   ☐⁸ Don't know
↓

> **If yes,** describe these activities: _____

Are there any other, previously unspecified special services or programs that the child might benefit from?

☐¹ Yes   ☐² No   ☐⁸ Don't know
↓

> **If yes**, describe other services that would benefit child: _____

Participant's stated goals at program entry

What, if any, specific goals for the future has the child expressed? Please include any stated goals related to family, school, careers, or any other area that might be addressed through the Look Up and Hope program.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Recommended service plan for child

Please use the checkboxes below to indicate which of the following services the participant is being referred to as part of the Look Up and Hope program. *(Check all services that apply.)*

Please also indicate:

- ▪ The frequency of the service (weekly, monthly, etc.);
- ▪ The duration of the service duration (1 month, 6 months, 1 time service, etc.); and
- ▪ The program, agency or internal program staff member that will be responsible for carrying out the service

Use the "other" category to describe a service not listed here, and complete the same information described above.

Type of service the participant will be receiving *(Please check all that apply)*	Frequency of service	Duration of service	Staff (or partner agency) responsible
☐[1] Mentoring children-of-prisoners program			
☐[2] Academic tutoring or enrichment services			
☐[3] Transportation assistance			
☐[4] One-on-one mental health support/therapy			
☐[5] Group therapy			
☐[6] Peer support group			
☐[7] Enhanced visitation			
☐[8] Family therapy			
☐[9] Family coaching			
☐[10] Family group conferencing			
☐[11] Positive youth development programming (e.g., arts, sports, extracurriculars, etc.)			
☐[12] *Words Travel*			
☐[13] Assistance with basic needs (e.g., food, clothing, shelter)			
☐[14] Assistance accessing healthcare			
☐[15] Barrier busters fund (Describe:_____ _____)			
☐[16] Other (Describe:_____ _____)			

Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the children and children's caregiver, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.

_____

_____

_____

_____

_____

_____

_____

_____

Look Up and Hope Data Collection Form
Baseline: Caregiver

LUH Site: ☐[2] Indianapolis ☐[3] Houston ☐[4] South Dakota ☐[5] Maine

Program staff completing this form: _____

Participant's personal/identifying information

Participant Name: _____

Date of program enrollment___/___/___

Please assign this participant a family I.D. number (used for all members of the family) and an individual I.D. number that is unique to only them. Do not use decimals or letters, and write this number down in your case files.

Family I.D. Number:_____   Individual I.D. Number: _____

Demographics

Caregiver's gender *(Check one)*

☐[1] Male   ☐[2] Female   ☐[3] Transgender

Caregiver's age *(Check one)*

☐[1] Under 18
☐[2] 18-25
☐[3] 26-40
☐[4] 41-60
☐[5] Over 60

Caregiver's race/ethnicity*? (Check one)*

☐[1] African American/Black
☐[2] American Indian
☐[3] Asian
☐[4] Pacific Islander
☐[5] White
☐[6] Latino or Hispanic
☐[7] Two or more races
☐[8] Other (Describe: _____)

Caregiver's family history

Caregiver's marital status: *(Check one)*

☐[1] Married   ☐[4] Divorced

☐[2] Partnered/in a relationship   ☐[5] Widowed

☐[3] Single   ☐[6] Separated

If the caregiver is married or partnered, is there any history of domestic violence in this relationship?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

Please list the names, ages, and custody status of <u>all children currently residing with the caregiver.</u>

Name of household member	Age	Relationship to caregiver
		☐[1] Adult child ☐[4] Foster child ☐[2] Minor child ☐[5] Adoptive child ☐[3] Grandchild ☐[6] Other (Describe_____)
		☐[1] Adult child ☐[4] Foster child ☐[2] Minor child ☐[5] Adoptive child ☐[3] Grandchild ☐[6] Other (Describe_____)
		☐[1] Adult child ☐[4] Foster child ☐[2] Minor child ☐[5] Adoptive child ☐[3] Grandchild ☐[6] Other (Describe_____)
		☐[1] Adult child ☐[4] Foster child ☐[2] Minor child ☐[5] Adoptive child ☐[3] Grandchild ☐[6] Other (Describe_____)
		☐[1] Adult child ☐[4] Foster child ☐[2] Minor child ☐[5] Adoptive child ☐[3] Grandchild ☐[6] Other (Describe_____)
		☐[1] Adult child ☐[4] Foster child ☐[2] Minor child ☐[5] Adoptive child ☐[3] Grandchild ☐[6] Other (Describe_____)

Have any of the caregiver's children or grandchildren ever been removed from the caregiver's custody because of abuse or neglect?

☐[1] Yes   ☐[2] No   ☐[8] Don't know
⬇

If yes, please briefly describe familial history of abuse and neglect: _____
_____

Will any of the minor children being cared for by the caregiver be participating in the Look Up and Hope program?

☐¹ Yes   ☐² No   ☐⁸ Don't know

Generally speaking, does the caregiver appear to be a mentally and physically competent guardian/caregiver for a minor child?

☐¹ Yes   ☐² No   ☐⁸ Don't know

Does the caregiver receive any assistance or support in caregiving from other family members or friends?

☐¹ Yes   ☐² No   ☐⁸ Don't know
⬇

If yes, who provides regular support or assistance and how are they related to the caregiver? _____
_____

Does the caregiver regularly rely on any local organizations or institutions to assist with caregiving (churches, community drop-in centers, crisis nurseries etc.)?

☐¹ Yes   ☐² No   ☐⁸ Don't know
⬇

If yes, please describe the agencies and the services they provide: _____
_____

Based on the information available to you, how would you characterize the caregiver's emotional relationship with the minor child(ren) in his/her custody?

☐¹ Poor (i.e., there seems to be a lot of conflict in the relationship(s))

☐² Fair (i.e., there is sometimes tension in the relationship(s), but the child and caregiver generally get along)

☐³ Good (i.e., the child and caregiver(s) get along well and have a nurturing and supportive relationship)

☐⁴ Other (Describe: _____)

How frequently does the caregiver have phone or in-person contact with the incarcerated parent who is participating in Look Up and Hope?

☐¹ Weekly

☐² Monthly

☐³ Every 2-3 months

☐⁴ Every 3 to 6 months

☐⁵ Once or twice per year

☐⁶ Less than once a year

Is most contact by phone or in-person?

☐¹ Phone   ☐² In-person   ☐³ Other (Describe: _____)

Based on the information available to you now, how would you characterize the emotional quality of the caregiver's relationship with the incarcerated parent?

☐[1] None/no active relationship (caregiver and parent have no contact)

☐[2] Poor (i.e., there is a lot of conflict in the relationship/caregiver prefers to have limited contact with parent)

☐[3] Fair (i.e., there is tension in the relationship, but the caregiver and parent have regular contact and get along)

☐[4] Good (i.e., caregiver and incarcerated parent have regular contact, are generally supportive of one another, and do the best they can to maintain positive relations among family members)

☐[5] Other (Describe:_____)

In your opinion, how open is this caregiver to the possibility of family reunification post incarceration? (**Please note:** for this study's purposes, family reunification is achieved if the parent and child resume living together—with or without the caregiver)

☐[1] Not at all open (caregiver is unwilling to support reunification efforts)

☐[2] Somewhat open (caregiver is willing to support parent-child reunification efforts, but has serious concerns)

☐[3] Very open (caregiver actively supports parent and child's reunification and will contribute everything possible to reunification efforts

☐[4] Not applicable (i.e., reunification is not an option for this family, because parent represents threat to child's well being/parental rights have been terminated)

☐[5] Other (Describe: _____)

Does the caregiver have a criminal history of their own, which might limit their ability to visit or live with the incarcerated parent?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

Caregiver's educational, employment, and financial history

Caregiver's level of educational attainment: *(Check one)*

☐[1] 8th grade or less   ☐[5] Some vocational training

☐[2] Some high school   ☐[6] Two-year college degree

☐[3] Completed high school or GED   ☐[7] Four-year college degree

☐[4] Some college   ☐[8] Graduate degree (MA, MBA, PhD)

Caregiver's employment history *(Check all that apply)*

☐[1] Unemployed but seeking employment

☐[2] Unemployed, not seeking employment (Describe: _____)

☐[3] Employed part-time (less than 20 hours a week)

☐[4] Employed full-time without benefits

☐[5] Employed full-time with benefits but looking to make a change

If caregiver is employed, what is his/her current wage or salary: _____ Amount

Does the caregiver need assistance with childcare during working hours?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

Which, if any, of the following public benefits is the caregiver currently receiving? **(Check *all* benefits received directly by the caregiver, including any benefits being paid to support the minor children in the caregiver's custody.)**

☐¹ Social security retirement income   ☐⁷ Medicare/Medicaid/State funded health insurance

☐² Social security disability income   ☐⁸ Foster care reimbursement payments

☐³ Social security supplemental income   ☐⁹ Headstart/Early Head Start Services

☐⁴ MFIP   ☐¹⁰ Other (Describe:_____)

☐⁵ Food stamps

☐⁶ WIC

Is the caregiver interested in any help applying for additional public benefits he or she may be eligible for?

☐¹ Yes   ☐² No   ☐⁸ Don't know

⬇

> **If yes,** which benefits would they like help pursuing? _____

What is the total annual household income generated by the caregiver and any other adults residing in the house?

☐¹ Under $15,000

☐² Between $15,000 and $24,999

☐³ Between $25,000 and $49,999

☐⁴ Between $50,000 and $74,999

☐⁵ $75,000 or more

☐⁸ Don't know

Does this amount appear to be adequate to meet all of the basic needs of the caregiver and the children in her/his care?

☐¹ Yes   ☐² No   ☐⁸ Don't know

⬇

> Describe unmet financial needs: _____

Caregiver's basic needs

Does the caregiver have safe and stable housing?

☐¹ Yes   ☐² No   ☐⁸ Don't know

⬇

> Describe unmet housing needs: _____

Does the caregiver appear to be getting enough rest?

☐¹ Yes   ☐² No   ☐⁸ Don't know

⬇

> Describe why or why not: _____

Does the caregiver appear to be getting enough to eat?

☐¹ Yes ☐² No ☐⁸ Don't know

⬇

Describe why or why not: _____

Does the caregiver appear to be well-clothed?

☐¹ Yes ☐² No ☐⁸ Don't know

⬇

Describe why or why not: _____

Does the caregiver have access to childcare when needed?

☐¹ Yes ☐² No ☐⁸ Don't know

⬇

Describe childcare needs: _____

Does the caregiver have access to regular transportation?

☐¹ Yes ☐² No ☐⁸ Don't know

⬇

Describe transportation access: _____

Does the caregiver have access to any legal services he or she may require?

☐¹ Yes ☐² No ☐⁸ Don't know

⬇

Describe legal needs: _____

Are there any other basic needs of the caregiver that are not being met?

☐¹ Yes ☐² No ☐⁸ Don't know

⬇

Describe all other unmet needs: _____

Caregiver's physical and emotional health

Does the caregiver have a history of substance abuse?

☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know

Has the caregiver been a victim of domestic violence, sexual assault, or exploitation?

☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know

Is the caregiver suffering from any of the following mental health conditions? *(Check all that apply.)*

☐ [1] Depression   ☐ [5] Personality disorder (e.g., Borderline personality disorder)

☐ [2] Bipolar disorder   ☐ [6] Schizophrenia/hallucinations

☐ [3] Anxiety disorders   ☐ [7] Eating disorder (e.g., anorexia or bulimia)

☐ [4] Post-traumatic stress disorder   ☐ [8] Other (Describe _____)

Does the caregiver suffer from any other chronic medical conditions (e.g., HIV/AIDS, diabetes, high blood pressure, obesity, etc.)

☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know

⬇

Describe caregiver's medical conditions: _____

Does the caregiver have regular access to medical care for treatment of these conditions?

☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know

Does the caregiver have regular access to friends, family, and other sources of emotional support?

☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know

Does the caregiver have any time to rest and attend to his/her own emotional and physical needs?

☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know

Overall, how would you characterize the caregiver's general health and well-being?

☐ [1] Poor (caregiver appears to have chronic emotional or physical health problems that are not being addressed)

☐ [2] Fair (caregiver appears to have chronic emotional or physical health problems, but they are being treated with some success)

☐ [3] Good (caregiver has no obvious emotional or physical health problems requiring treatment at this time)

☐ [4] Very good (caregiver appears to physically fit and emotionally and cognitively stable)

☐ [5] Other (Describe: _____)

Caregiver's stated goals at program entry

Caregiver's main goals in the area of **family relationships:**

☐ ¹ To improve relations with the incarcerated parent

☐ ² To improve relations with the children in her/his care

☐ ³ To increase family's level of contact with the incarcerated parent

☐ ⁴ To support the successful reentry of the incarcerated parent back into the community

☐ ⁵ To support the reunification of the incarcerated parent and her child(ren)

Caregiver's main goal(s) in the areas of **employment and finances**:

☐ ¹ To obtain a part-time or full-time job

☐ ² To obtain a better paying job

☐ ³ To receive additional public assistance/establish benefits eligibility for unclaimed benefits

☐ ⁴ To receive assistance in meeting family's basic needs (e.g., food, clothing, shelter, and transportation)

☐ ⁵ To receive assistance in paying for children's educational activities and interests

Caregiver's key goals in the area of **emotional and mental health:**

☐ ¹ To get along better with incarcerated parent

☐ ² To get along better with minor children in her care

☐ ³ To receive appropriate treatment for any physical or mental health problems he or she is facing

☐ ⁴ To find new sources of emotional support

Other key goals stated by the caregiver upon program entry: (You may include up to 3 additional goals.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Recommended service plan for caregiver

Please use the checkboxes below to indicate which of the following services the participant is being referred to as part of the Look Up and Hope program. *(Check all services that apply.)*

Please also indicate:
- ■ The frequency of the service (weekly, monthly, etc.);
- ■ The duration of the service duration (1 month, 6 months, 1 time service, etc.); and
- ■ The program, agency or internal program staff member that will be responsible for carrying out the service

Use the "other" category to describe a service not listed here, and complete the same information described above.

Type of service the participant will be receiving *(Please check all that apply)*	Frequency of service	Duration of service	Staff (or partner agency) responsible
☐ 1 Family coaching services			
☐ 2 Kinship navigator services			
☐ 3 Employment/job placement assistance			
☐ 4 One-on-one mental health support/therapy (e.g., individualized treatment for depression)			
☐ 5 Physical health services			
☐ 6 Peer support group (e.g., caregiver or grandparents support group)			
☐ 7 Assistance with transportation			
☐ 8 Assistance with housing			
☐ 9 Assistance determining benefits eligibility			
☐ 10 Legal assistance			
☐ 11 Couples therapy			
☐ 12 Family therapy			
☐ 13 Group therapy			
☐ 14 Family group conferencing			
☐ 13 GED/Educational programming			
☐ 15 Mentoring services (caregiver or family-based) (Describe:_____)			
☐ 16 Barrier busters fund (Describe:_____)			
☐ 17 Other (Describe:_____)			

Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the children and children's caregiver, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.

_____

_____

_____

_____

_____

_____

_____

_____

Look Up and Hope Data Collection Form
Follow-up: Parent

LUH Site: ☐[2] Indianapolis ☐[3] Houston ☐[4] South Dakota ☐[5] Maine

Program staff completing this form: _____

Participant's personal/identifying information

Participant Name: _____

Please use the same numbers assigned on the baseline assessment form!

Family I.D. Number:_____   Individual I.D. Number: _____

Assessment information

Select the type of follow-up assessment:

Interim assessments pertain to clients who have received LUH services for about 6 months, and are still in the program at present.

☐[1] This is an interim assessment. Date completed: ___/___/___

Final assessments are for clients who have exited the program.

☐[2] This is the client's final assessment. Date completed: ___/___/___

Participant's current program status

This participant:

☐[1] is currently receiving services.

☐[2] completed the program.

☐[3] dropped out of the program.

☐[4] is no longer receiving services for some other reason.

Please describe the client's participation in the program: _____

Where is this participant currently living?

☐[1] Homeless

☐[2] Transitional, temporary housing

☐[3] A group residential facility/group home

☐[4] This client has been released and is now living in the community with family and friends.
Date of release: __/__/___

☐[5] This client has been released and is now living in the community alone.
Date of release: __/__/___

☐[6] The living arrangement has not changed since LUH enrollment.

Please describe the client's current living arrangement: _____

> **If released**, is this participant:
>
> ☐ [1] On probation, parole or under DOC supervision
>
> ☐ [2] Living in the community without supervision/no longer on probation or parole

Participant's parenting knowledge and family relationships

Through your program, has the participant received any formal parenting education/parenting training?

☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know

⬇

> **If yes**, has the participant demonstrated an improved knowledge of parenting following this training?
>
> ☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know
>
> ⬇
>
> Participant has *(check all that apply):*
>
> ☐ [1] Demonstrated improved knowledge on pre-and post-test of parenting skills
>
> ☐ [2] Demonstrated improved knowledge in discussions with staff
>
> ☐ [3] Demonstrated improved knowledge during visitation sessions and/or observed interactions with children
>
> ☐ [4] Demonstrated improved knowledge during home visits by staff
>
> ☐ [5] Other
>
> Please describe improved parenting: _____

Since the last assessment, have there been any changes to the participant's marital status?

☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know

⬇

> **If yes,** please indicate the change. The participant is now:
>
> ☐ [1] Married   ☐ [4] Divorced
>
> ☐ [2] Partnered/in a relationship   ☐ [5] Widowed
>
> ☐ [3] Single   ☐ [6] Other (Describe :_____)

Since the last assessment, have there been any changes in the participant's level of contact with her minor children?

☐[1] Yes ☐[2] No ☐[8] Don't know

⬇

> **If yes,** please indicate the change. The participant:
>
> ☐[1] Has *decreased* contact with children or stopped having contact with children
>
> ☐[2] Has *increased* contact with her minor children
>
> ☐[3] Is now living with/reunified her children
>
> ☐[4] Other (Describe: _____)

Since their last assessment, have there been any changes in the participant's level of contact with her children's caregiver?

☐[1] Yes ☐[2] No ☐[8] Don't know

⬇

> **If yes,** please indicate the change. The participant:
>
> ☐[1] Has *decreased* contact with caregiver or stopped having contact with caregiver
>
> ☐[2] Has *increased* contact with her children's caregiver
>
> ☐[3] Is now living with her children's caregiver
>
> ☐[4] Other (Describe: _____)

Since their last assessment, have there been any other significant changes in participant's relationships with other family members?

☐[1] Yes ☐[2] No ☐[8] Don't know

⬇

> Please describe change in relationships with other family members:
> _____

Participant's educational and employment status

Since their last assessment, have there been any changes in the participant's educational status

☐[1] Yes ☐[2] No ☐[8] Don't know

⬇

> **If yes,** please indicate the change. The participant has now:
>
> ☐[1] Enrolled in a literacy or basic ed. program   ☐[2] Enrolled in high school or GED program
>
> ☐[3] Completed high school or their GED   ☐[4] Enrolled in a vocational education program
>
> ☐[5] Enrolled in a 2 or 4-year college degree program   ☐[6] Completed a 2- or 4- year college degree
>
> ☐[7] Started work on a graduate degree   ☐[8] Other (Describe :_____)

Since their last assessment, have there been any changes in the participant's employment status?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

⬇

If yes, please indicate the change. The participant:

☐[1] Was employed, and lost their job.

☐[2] Was unemployed, and secured a new part-time job.
How long have they been employed: _____
What is their current wage: _____

☐[3] Was unemployed, and secured a new full-time job.

How long have they been employed: _____

What is their current wage: _____

☐[4] Was employed, and got an additional part- or full-time job.

How long have they been employed (at new job): _____

What is their current wage (at new job): _____

☐[5] Was employed, and changed their job.

How long have they been employed (at new job): _____

What is their current wage (at new job): _____

☐[6] Other (Please describe other changes in employment status:_____)

If the participant is living in the community, have they been steadily employed for at least 90 days since their release?

☐[1] Yes   ☐[2] No   ☐[7] Does not apply

Participant's healthcare status

Since the last assessment, have there been any changes to participant's healthcare status?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

⬇

If yes, please indicate change. This participant has:

☐[1] Been diagnosed with a new mental or physical health disorder

☐[2] Begun receiving a new treatment for one or more of their conditions

☐[3] Recovered from, or successfully completed treatment for, one or more their conditions

☐[4] Other (Describe: _____)

Participant's legal status

Since their last assessment, has this participant engaged in any new criminal activity?

☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know

⬇

> **If yes**, please indicate new criminal activity. This participant has:
>
> ☐ [1] Violated the terms of their parole/probation/supervision
> Type of violation:_____
>
> Date of violation: ___/___/___
>
> ☐ [2] Been arrested for, or convicted of, a new criminal offense
> Type of re-offense:_____
>
> Date of re-offense: ___/___/___
>
> ☐ [3] Other (Describe: _____)

Participant's progress in attaining personal goals

Please review the goals stated at program entry (on baseline assessment) and indicate the extent to which they have made progress since their last assessment. Use the middle column to specify a new goal (i.e. one not selected at program entry but has since become a focus area of the client).

Family Relationships		
Goal	**Is this a new goal?**	**Please indicate the participant's progress on this goal <u>since the last assessment:</u>**
[1] To improve relations with the children's caregiver	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[2] To improve relations with her minor children	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[3] To improve relations with significant other	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[4] To increase the frequency of her contact with her minor children	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[5] To regain legal custody of her minor children if custody has been transferred to someone else	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[6] To successfully reunify with children after release	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____

Education, employment and housing

Goal	Is this a new goal?	Please indicate the participant's progress on this goal since the last assessment:
[1] To complete a GED or other educational degree	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[2] To obtain part-time or full-time job prior to/upon release	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[3] To maintain employment upon entering the community	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[4] To obtain stable housing upon release	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____

Emotional and mental health

Goal	Is this a new goal?	Please indicate the participant's progress on this goal since the last assessment:
[1] To learn to control anger / receive help with anger management	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[2] To receive appropriate treatment for depression/chronic mental illness	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[3] To improve relations with significant other	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____

	Is this a new goal?	Please indicate the participant's progress on this goal since the last assessment:
[4] To receive appropriate treatment for drug or alcohol addiction	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[5] To remain drug free upon release to the community	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____

Other goals

Goal	Is this a new goal?	Please indicate the participant's progress on this goal since the last assessment:
[1] (Please describe goal from baseline assessment)	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[2] (Please describe goal from baseline assessment)	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[3] (Please describe goal from baseline assessment)	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____

Follow-up service plan for participant

Have there been any changes to the participant's service plan **since their last assessment**?

☐[1] Yes   → Please reflect changes in the table below, in addition to any new services.

☐[2] No, the client is receiving the services described at intake with no changes.

Please use the checkboxes below to indicate which of the following services the participant has received, or is currently receiving, through the Look Up and Hope program. *(Check all services that apply.)*

Please also indicate:

- ▪ The frequency of the service (weekly, monthly, etc.);
- ▪ The duration of the service duration (1 month, 6 months, 1 time service, etc.);
- ▪ The status of the service, i.e. if it was modified, added or dropped from the baseline service plan
- ▪ The program, agency or internal program staff member that will be responsible for carrying out the service

Use the "other" category to describe a service not listed here, and complete the same information described above.

Type of service the participant will be receiving *(Please check all that apply)*	Frequency of service	Duration of service	Status	Staff (or partner agency) responsible
☐[1] GED/educational programming				
☐[2] Employment/vocational training				
☐[3] Job placement services				
☐[4] Lifeskills training				
☐[5] Mental health treatment				
☐[6] Substance abuse treatment				
☐[7] Anger management classes				
☐[8] Parenting classes				
☐[9] Couples therapy				
☐[10] Family therapy				
☐[11] Group therapy				
☐[12] Peer support group (e.g., AA)				
☐[13] Family group conferencing				
☐[14] Enhanced visitation opportunities				
☐[15] Mentoring of prisoners program				
☐[16] Family Coaching				
☐[17] Rapid re-housing grant				
☐[18] Other housing assistance (Describe:_____ _____)				
☐[19] Barrier busters fund (Describe:_____ _____)				
☐[20] *Words Travel*				
☐[21] Other (Describe:_____ _____)				

Reentry planning

If the participant is about to be released into the community, or has already been released, do they have a written reentry (or discharge) plan?

☐[1] Yes ☐[2] No ☐[8] Don't know

⬇

If yes, which of the following areas are addressed in this plan? *(Check all that apply)*

☐[1] Employment

☐[2] Housing

☐[3] Transportation

☐[4] Substance abuse or mental health treatment

☐[5] Other healthcare needs

☐[6] Family relations

☐[7] Community supports

☐[8] Faith relationships

☐[9] Other (Describe: _____)

Was the participant's family or friends involved in any way of the preparation of this plan?

☐[1] Yes

   Please identify who was involved: _____

☐[2] No

☐[8] Don't know

If the participant <u>does not</u> currently have a written reentry plan, have they been involved in any preliminary or informal planning for reentry?

☐[1] Yes ☐[2] No ☐[8] Don't know

⬇

If yes, have their family or friends been involved in this planning?

☐[1] Yes

   Please identify who was involved: _____

☐[2] No

☐[8] Don't know

Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the children and children's caregiver, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.

_____
_____
_____
_____
_____
_____
_____
_____

Look Up and Hope Data Collection Form
Follow-up: Child

LUH Site:　　□² Indianapolis　　□³ Houston　　□⁴ South Dakota　　□⁵　Maine

Program staff completing this form: _____

Participant's personal/identifying information

Participant Name: _____

Please use the same numbers assigned on the baseline assessment form!

Family I.D. Number:_____　　　Individual I.D. Number: _____

Assessment information

Select the type of follow-up assessment:

Interim assessments pertain to clients who have received LUH services for about 6 months, and are still in the program at present.

　　□¹ This is the client's interim assessment. Date completed:　___/___/___

Final assessments are for clients who have exited the program.

　　□² This is the client's final assessment. Date completed:　___/___/___

Child's household information

Since the last assessment, have there been any changes to the child's household/family structure?

　　□¹ Yes　　　□² No　　　□⁸ Don't know
　　　⬇

　　If yes, describe the changes in the household. *(Check all that apply)*

　　□¹ Change in primary caregiver
　　□² Change in children residing in household.
　　□³ Change in adults residing in household.
　　□⁴ Change in place of residence.
　　□⁸ Don't know

　　Please describe the changes in the household: _____

At this point in time, how would you characterize the **current** state of the child's emotional relationship with his/her caregiver(s)?

☐ 1 Poor (i.e., there seems to be a lot of conflict in the relationship)

☐ 2 Fair (i.e., there is sometimes tension in the relationship(s), but the child and caregiver generally get along)

☐ 3 Good (i.e., the child and caregiver(s) get along well and have a nurturing and supportive relationship)

☐ 4 Other (Describe :_____)

Child's relationship with parent participating in Look Up and Hope

Have the child and his/her incarcerated parent been reunited?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know

⬇

If not reunified, what is the likelihood they will be reunified in the future?

☐ 1 None (parent has lost formal custody of the child and is unlikely to have it restored; or parent is uninterested in reunification)

☐ 2 Poor (parent, child, or caregiver is resistant to reunification and/or parent is unlikely to be able to provide a stable environment for child)

☐ 3 Fair (i.e., family members are interested in reunification, but incarcerated parent may not be able to provide housing and other necessities for child)

☐ 4 Good (i.e., all family members are committed to reunification and it seems likely that parent will have access to housing, and resources necessary to meet the child's basic needs)

☐ 5 Other

☐ 8 Don't know

Please describe the likelihood of reunification: _____

How frequently does the child have contact with their incarcerated parent **now**?

☐ 1 The child is currently living with their released mother.

☐ 2 The child currently resides with their released mother on a part-time basis.

☐ 3 Monthly

☐ 4 Every 2-3 months

☐ 5 Every 3 to 6 months

☐ 6 Once or twice per year

☐ 7 Less than once a year

Since the last assessment, would you say the child's relationship with his/her incarcerated mother:

☐ 1 Improved

☐ 2 Deteriorated

☐ 3 Stayed the same

☐ 8 Don't know

At this point in time, how would you characterize the emotional quality of the child's relationship with their incarcerated parent?

☐[1] None (i.e., child and parent have no contact)

☐[2] Poor (i.e., there seems to be a lot of conflict in the relationship/child prefers not to have contact with parent)

☐[3] Fair (i.e., there is some tension in the relationship, but the child and parent have some contact and generally get along)

☐[4] Good (i.e., child and caregiver have regular contact, get along well, and do the best they can to maintain a positive relationship)

☐[5] Other (Describe: _____)

Child's basic needs

At this point in time, are all the child's basic physical needs being met?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

If no, please indicate which of the following basic needs are not being met *(Check all that apply)*:

☐[1] Housing/shelter   ☐[4] Health insurance/access to healthcare

☐[2] Food   ☐[5] Transportation

☐[3] Clothing   ☐[8] Other _____

Is the child provided with adequate adult supervision when not in school?

☐[1] Yes   ☐[2] No   ☐[8] Don't know

Describe why or why not: _____

Child's progress in school – skip to the next section if child is not school-aged

Since the last assessment, would you say the child's attendance has:

☐[1] Improved

☐[2] Deteriorated

☐[3] Stayed the same

☐[8] Don't know

At this point in time, how would you describe the child's school attendance record?

☐[1] Good (child rarely misses school)

☐[2] Fair (child sometimes misses school, but is not regularly truant)

☐[3] Poor (child often misses school, but absences are generally "excused")

☐[4] Extremely poor (child regularly misses school without an excuse and has an ongoing problem with truancy)

☐[5] Child no longer attends school/has dropped out

Since the last assessment, has the child's grade point average:

☐ 1 Improved

☐ 2 Deteriorated

☐ 3 Stayed the same

☐ 8 Don't know

Please list the child's **current** grade point average: _____

Since the last assessment, have there been any other changes or new developments related to the child's school performance?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know

Please describe school performance: _____

Child's emotional, behavioral, and physical health

Since the last assessment, has the child developed any <u>new</u> behavioral problems in school or at home (e.g. regularly acting out, running away, fighting in school, problems with truancy, etc.)?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know
⬇

If yes, please describe these new behavioral issues: _____

Since the last assessment, has the child been arrested for a juvenile offense?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know
⬇

If yes, please describe new criminal activity: _____

Overall, **since the last assessment**, would you say the child's behavior in school and at home has:

☐ 1 Improved

☐ 2 Deteriorated

☐ 3 Stayed the same

☐ 8 Don't know

Child's physical and emotional health

Since the last assessment, have there been any changes to child's physical or emotional health?

☐¹ Yes   ☐² No   ☐⁸ Don't know

⬇

> **If yes**, please indicate the change. The participant has:
>
> ☐¹ Been diagnosed with a new mental or physical health disorder or substance abuse issue
>
> ☐² Begun receiving a new treatment for one or more of their conditions
>
> ☐³ Recovered from, or successfully completed treatment for, one or more of their conditions
>
> ☐⁴ Other
>
> Please describe changes to the child's physical or emotional health: _____

Overall, how would you describe this child's emotional and physical health **at this point in time**?

☐¹ Poor (i.e., child appears to have chronic emotional or physical health problems that are not being treated)

☐² Fair (i.e., child appears to have chronic emotional or physical health problems, which are being treated or managed with some success)

☐³ Good (i.e., child has no obvious emotional or physical health problems requiring treatment at this time)

☐⁴ Very good (i.e., child appears healthy, well-adjusted and happy in current environment)

☐⁵ Other (Describe: _____)

Child's social competencies, interests, and indicators of general well-being

Since the last assessment, has the child's overall level of involvement in the following activities stayed the same, increased, or decreased? *(Circle one rating for each item, below)*

	Increased	Decreased	Stayed the same	Don't Know
Structured activities / Extracurricular activities	1	2	3	8
Educational activities	1	2	3	8
Positive relationships with adults outside the family	1	2	3	8
Positive relationships with other youth outside the family	1	2	3	8
Hobbies	1	2	3	8

Since the last assessment, have there been any other major changes in the child's social life, personal interests, extracurricular activities, or general well-being?

☐¹ Yes   ☐² No   ☐⁸ Don't know

⬇

> **If yes**, please describe changes: _____

Are there any other, previously unspecified special services or programs that the child might benefit from?

☐¹ Yes ☐² No ☐⁸ Don't know

⬇

> **If yes**, please describe changes: _____

Child's Progress on Personal Goals

Has this child identified any specific goals for the future (e.g., goals relating to school, careers, their home life, etc.)?

☐¹ Yes ☐² No ☐⁸ Don't know

⬇

If yes, please identify all of the child's stated goals below and indicate how much progress they have made towards achieving these goals since their last assessment:

Other goals		
Goal	**Is this a new goal?**	**Please indicate the participant's progress on this goal since the last assessment:**
1 (Please describe goal from baseline assessment)	☐¹ Yes ☐² No ☐⁸ Don't know	☐¹ No progress ☐² Some progress ☐³ Goal achieved Comments on progress: _____
2 (Please describe goal from baseline assessment)	☐¹ Yes ☐² No ☐⁸ Don't know	☐¹ No progress ☐² Some progress ☐³ Goal achieved Comments on progress: _____
3 (Please describe goal from baseline assessment)	☐¹ Yes ☐² No ☐⁸ Don't know	☐¹ No progress ☐² Some progress ☐³ Goal achieved Comments on progress: _____

Follow-up service plan for participant

Have there been any changes to the participant's service plan **since their last assessment**?

☐¹ Yes → Please reflect changes in the table below, in addition to any new services.

☐² No, the client is receiving the services described at intake with no changes.

Please use the checkboxes below to indicate which of the following services the participant has received, or is currently receiving, through the Look Up and Hope program. *(Check all services that apply.)*

Please also indicate:

- The frequency of the service (weekly, monthly, etc.);
- The duration of the service duration (1 month, 6 months, 1 time service, etc.);
- The status of the service, i.e. if it was modified, added or dropped from the baseline service plan
- The program, agency or internal program staff member that will be responsible for carrying out the service

Use the "other" category to describe a service not listed here, and complete the same information described above.

Type of service the participant will be receiving *(Please check all that apply)*	Frequency of service	Duration of service	Status	Staff (or partner agency) responsible
☐ [1] Mentoring children-of-prisoners program				
☐ [2] Academic tutoring or enrichment services				
☐ [3] Transportation assistance				
☐ [4] One-on-one mental health support/therapy				
☐ [5] Group therapy				
☐ [6] Peer support group				
☐ [7] Enhanced visitation				
☐ [8] Family therapy				
☐ [9] Family coaching				
☐ [10] Family group conferencing				
☐ [11] Positive youth development programming (e.g., arts, sports, extracurricular, etc.)				
☐ [12] *Words Travel*				
☐ [13] Assistance with basic needs (e.g., food, clothing, shelter)				
☐ [14] Assistance accessing healthcare				
☐ [15] Barrier busters fund (Describe:_____ _____)				
☐ [16] Other (Describe:_____ _____)				

Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the caregiver and incarcerated mother, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.

_____

_____

_____

_____

_____

_____

_____

_____

Look Up and Hope Data Collection Form
Follow-up: Caregiver

LUH Site: ☐² Indianapolis ☐³ Houston ☐⁴ South Dakota ☐⁵ Maine

Program staff completing this form: _____

Participant's personal/identifying information

Participant Name: _____

Please use the same numbers assigned on the baseline assessment form!

Family I.D. Number:_____ Individual I.D. Number: _____

Assessment information

Select the type of follow-up assessment:

Interim assessments pertain to clients who have received LUH services for about 6 months, and are still in the program at present.

☐¹ This is the client's interim assessment. Date completed: ___/___/___

Final assessments are for clients who have exited the program.

☐² This is the client's final assessment. Date completed: ___/___/___

Participant's current program status

This participant:

☐¹ Is currently receiving services through Look Up and Hope

☐² No longer requires services through Look Up and Hope

☐³ Program dropout/non-completer (Describe:_____)

Participant's caregiving role

Since the last assessment, has there been any significant change in the caregiver's caretaking role?

☐¹ Yes ☐² No ☐⁸ Don't know

⬇

If yes, how would you describe their current role in this LUH family?

☐¹ Continues to serve as primary caregiver of the LUH participant's minor children

☐² Now shares significant caregiving responsibilities with the LUH parent

☐³ Has transferred primary caregiving responsibilities to the LUH parent

☐⁴ Has transferred primary caregiving responsibilities to another family member or friend

☐⁵ Has placed LUH participant's child(ren) in institution or out-of-home placement

☐⁶ Other (Describe: _____)

Caregiver's household and family relationships

Since the last assessment, has the caregiver moved?

☐ ¹ Yes   ☐ ² No   ☐ ⁸ Don't know

⬇

If yes, is their new housing situation safe and stable?

☐ ¹ Yes   ☐ ² No   ☐ ⁸ Don't know

Describe new housing situation:_____

Since the last assessment, has anyone moved into or out of the caregiver's household?

☐ ¹ Yes   ☐ ² No   ☐ ⁸ Don't know

⬇

If yes, describe the change in the household. *(Check all that apply)*

☐ ¹ The incarcerated parent has moved in or out of the caregiver's household.

☐ ² One or more adult residents have moved in or out.

☐ ³ One or more minor children have moved in or out.

☐ ⁴ Other

Please describe the changes in the household: _____

Since the last assessment, has there been a change in the caregiver's level of contact with the incarcerated parent?

☐ ¹ Yes   ☐ ² No   ☐ ⁸ Don't know

⬇

If yes, please indicate how the level of contact changed. The caregiver:

☐ ¹ Has *decreased* or stopped having contact with incarcerated parent.

☐ ² Has *increased* contact with the incarcerated parent

☐ ³ Is now living with the incarcerated parent

☐ ⁴ Other

Please comment on any changes in contact: _____

Since their last assessment, has there been any change in the caregiver's level of support for family reunification (i.e., the parent and child(ren) living together, with or without the caregiver)?

☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know

⬇

> **If yes**, please indicate how the support for reunification has changed. The caregiver has:
>
> ☐ [1] Become more open to the idea
>
> ☐ [2] Become less open to the idea
>
> ☐ [3] Not sure
>
> ☐ [4] Other
>
> Please comment on any changes support: _____

At this point in time, how would you characterize the caregiver's relationship with the incarcerated parent?

☐ [1] None/no active relationship (caregiver and parent have no contact)

☐ [2] Poor (i.e., there is a lot of conflict in the relationship/caregiver prefers to have limited contact with parent)

☐ [3] Fair (i.e., there is tension in the relationship, but the caregiver and parent have regular contact and get along)

☐ [4] Good (i.e., caregiver and incarcerated parent have regular contact, are generally supportive of one another, and do the best they can to maintain positive relations among family members)

☐ [5] Other (Describe:_____)

At this point in time, how would you characterize the caregiver's **current** relationship with the minor child(ren) in their care?

☐ [1] Poor (i.e., there seems to be a lot of conflict in the relationship(s)

☐ [2] Fair (i.e., there is sometimes tension in the relationship(s), but the child and caregiver generally get along)

☐ [3] Good (i.e., the child and caregiver(s) get along well and have a nurturing and supportive relationship)

☐ [4] Other (Describe: _____)

Since their last assessment, have there been any other significant changes in the caregiver's family relations?

☐ [1] Yes   ☐ [2] No   ☐ [8] Don't know

⬇

> Please describe change in relationships with other family members:
> _____

Caregiver's educational, employment, and financial history

Since their last assessment, have there been any changes in the caregiver's educational status?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know

⬇

> **If yes**, please describe the change in education status. The caregiver has *(Check all that apply)*:
>
> ☐ 1 Enrolled in a literacy or basic ed. program   ☐ 2 Enrolled in high school or GED program
>
> ☐ 3 Completed high school or their GED   ☐ 4 Enrolled in a vocational education program
>
> ☐ 5 Enrolled in a 2 or 4-year college degree program   ☐ 6 Completed a 2- or 4- year college degree
>
> ☐ 7 Started work on a graduate degree   ☐ 8 Other_____

Since their last assessment, have there been any changes in the caregiver's employment status?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know

⬇

> **If yes**, please describe the change in employment status. The caregiver has *(Check all that apply)*:
>
> ☐ 1 Lost their job   ☐ 4 Begun actively seeking work
>
> ☐ 2 Secured a new part-time job   ☐ 5 Unemployed, but has given up seeking work
>
> ☐ 3 Secured a new full-time job   ☐ 6 Other _____

If the participant is now employed, how long have they been in their current position? _____

What is their hourly wage?_____

Since the last assessment, has the caregiver begun receiving any of the following benefits? (**Check all** benefits received directly by the caregiver, including any benefits being paid to support the minor children in the caregiver's custody.)

☐ 1 Social security retirement income   ☐ 7 Medicare/Medicaid/State funded health insurance

☐ 2 Social security disability income   ☐ 8 Foster care reimbursement payments

☐ 3 Social security supplemental income   ☐ 9 Headstart/Early Head Start Services

☐ 4 MFIP   ☐ 10 Other (Describe:_____)

☐ 5 Food stamps

☐ 6 WIC

Since the last assessment, has caregiver started receiving any other new resources or support from family or friends?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know

⬇

> **If yes**, please describe these new resources or support: _____

Since the last assessment, has caregiver started receiving any other new resources or support from local churches or other philanthropic organizations?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know

⬇

If yes, please describe these new resources or support: _____

Since the last assessment, has the caregiver's total annual household income changed significantly?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know

⬇

If yes, what is the caregivers new annual household income?

☐ 1 Under $15,000

☐ 2 Between $15,000 and $24,999

☐ 3 Between $25,000 and $49,999

☐ 4 Between $50,000 and $74,999

☐ 5 $75,000 or more

☐ 8 Don't know

Does this amount appear to be adequate to meet the basic needs of the caregiver and children in her/his care?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know

Please indicate any basic needs that are still unmet **(Check all that apply)**:

☐ 1 Housing/shelter   ☐ 5 Transportation

☐ 2 Food   ☐ 6 Childcare

☐ 3 Clothing   ☐ 7 Legal needs

☐ 4 Health insurance/access to healthcare   ☐ 8 Other (Describe:_____)

Caregiver's physical and emotional health

Since the last assessment, have there been any changes to caregiver's physical or emotional health?

☐ 1 Yes   ☐ 2 No   ☐ 8 Don't know

⬇

If yes, please indicate the change. The participant has:

☐ 1 Been diagnosed with a new mental or physical health disorder or substance abuse issue

☐ 2 Begun receiving a new treatment for one or more of their conditions

☐ 3 Recovered from, or successfully completed treatment for, one or more of their conditions

☐ 4 Other

Please describe changes to the caregiver's physical or emotional health: _____

At this point in time, how would you characterize the caregiver's health and well-being at this time?

   ☐[1] Poor (caregiver appears to have chronic emotional or physical health problems that are not being addressed)

   ☐[2] Fair (caregiver appears to have chronic emotional or physical health problems, but they are being treated with some success)

   ☐[3] Good (caregiver has no obvious emotional or physical health problems requiring treatment at this time)

   ☐[4] Very good (caregiver appears to physically fit and emotionally and cognitively stable)

   ☐[5] Other (Describe: _____)

Participant's progress in attaining personal goals

Please review the goals stated at program entry (on baseline assessment) and indicate the extent to which they have made progress since their last assessment. Use the middle column to specify a new goal (i.e. one not selected at program entry but has since become a focus area of the client).

Family Relationships		
Goal	**Is this a new goal?**	**Please indicate the participant's progress on this goal since the last assessment:**
[1] To improve relations with the incarcerated parent	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[2] To improve relations with the children in her/his care	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[3] To increase family's level of contact with the incarcerated parents	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[4] To support the successful reentry of the incarcerated parent back into the community	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[5] To support the reunification of the incarcerated parent and her child(ren)	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____

Education, employment and housing

Goal	Is this a new goal?	Please indicate the participant's progress on this goal <u>since the last assessment</u>:
[1] To obtain a part-time or full-time job	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[2] To obtain a better paying job	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[3] To receive additional public assistance/establish benefits eligibility for unclaimed benefits	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[4] To receive assistance in meeting family's basic needs (e.g., food, clothing, shelter, and transportation)	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[5] To receive assistance in paying for children's educational activities and interests	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____

Emotional and mental health

Goal	Is this a new goal?	Please indicate the participant's progress on this goal <u>since the last assessment</u>:
[1] To get along better with incarcerated parent	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[2] To get along better with minor children in her care	☐[1] Yes ☐[2] No ☐[8] Don't know	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____
[3] To receive appropriate treatment for any physical or mental health problems he or she is facing	☐[1] Yes ☐[2] No	☐[1] No progress ☐[2] Some progress ☐[3] Goal achieved Comments on progress: _____

	☐ [8] Don't know	
[4] To find new sources of emotional support	☐ [1] Yes ☐ [2] No ☐ [8] Don't know	☐ [1] No progress ☐ [2] Some progress ☐ [3] Goal achieved Comments on progress: _____

Other goals		
Goal	**Is this a new goal?**	**Please indicate the participant's progress on this goal <u>since the last assessment:</u>**
[1] (Please describe goal from baseline assessment)	☐ [1] Yes ☐ [2] No ☐ [8] Don't know	☐ [1] No progress ☐ [2] Some progress ☐ [3] Goal achieved Comments on progress: _____
[2] (Please describe goal from baseline assessment)	☐ [1] Yes ☐ [2] No ☐ [8] Don't know	☐ [1] No progress ☐ [2] Some progress ☐ [3] Goal achieved Comments on progress: _____
[3] (Please describe goal from baseline assessment)	☐ [1] Yes ☐ [2] No ☐ [8] Don't know	☐ [1] No progress ☐ [2] Some progress ☐ [3] Goal achieved Comments on progress: _____

Follow-up service plan for participant

Have there been any changes to the participant's service plan **<u>since their last assessment</u>**?

☐ [1] Yes → Please reflect changes in the table below, <u>in addition to any new services.</u>

☐ [2] No, the client is receiving the services described at intake with no changes.

Please use the checkboxes below to indicate which of the following services the participant has received, or is currently receiving, through the Look Up and Hope program. *(Check all services that apply.)*

Please also indicate:

- ■ The frequency of the service (weekly, monthly, etc.);
- ■ The duration of the service duration (1 month, 6 months, 1 time service, etc.);
- ■ The status of the service, i.e. if it was modified, added or dropped from the baseline service plan
- ■ The program, agency or internal program staff member that will be responsible for carrying out the service

Use the "other" category to describe a service not listed here, and complete the same information described above.

Type of service the participant will be receiving *(Please check all that apply)*	Frequency of service	Duration of service	Status	Staff (or partner agency) responsible
☐ [1] Family coaching services				
☐ [2] Kinship navigator services				
☐ [3] Employment/job placement assistance				
☐ [4] One-on-one mental health support/therapy (e.g., individualized treatment for depression)				
☐ [5] Physical health services				
☐ [6] Assistance with childcare				
☐ [7] Peer support group (e.g., caregiver or grandparents support group)				
☐ [8] Assistance with transportation				
☐ [9] Assistance with housing				
☐ [10] Assistance determining benefits eligibility				
☐ [11] Legal assistance				
☐ [12] Couples therapy				
☐ [13] Family therapy				
☐ [14] Group therapy				
☐ [15] Family group conferencing				
☐ [16] GED/Educational programming				
☐ [17] Mentoring services (caregiver or family-based) (Describe:_____)				
☐ [18] Barrier busters fund (Describe:_____)				
☐ [19] Other (Describe:_____)				

Case notes on participant

Please use this section to describe anything relevant about the client and their participation in the Look Up and Hope program. This could include potential challenges or areas of strength, their relationships with the children and incarcerated mother, and/or the how they may respond to the recommended services. You may add to these notes between assessments to note any particular areas of progress or concerns.

_____
_____
_____
_____
_____
_____
_____
_____

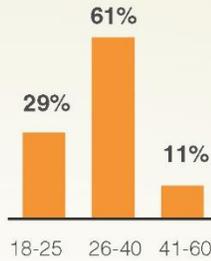## Volunteers of America® Look Up and Hope program

2013: Highlights from the 4th year of data collection

Look Up and Hope (LUH) is Volunteers of America's strategic, multi-site initiative to improve the lives of families impacted by maternal incarceration. Since the program began in 2009, LUH has existed in five states and has served 525 people, including 159 mothers, 238 children, and 128 Caregivers.

This document highlights available outcome data for the families who were actively participating in Look Up and Hope in 2013.

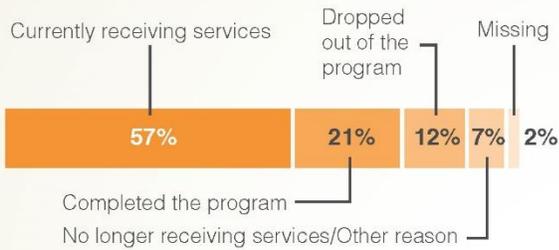### Demographics of new participants: Mothers (N=28)

Mother's Age

- 18-25: 29%
- 26-40: 61%
- 41-60: 11%

Mother's Race/Ethnicity

- 43% African American/Black
- 32% White
- 7% American Indian
- 7% Latino or Hispanic
- 7% Missing
- 3% Other

Outcomes of mothers who were active in the program in year 4 (N=46)

Program status

- Currently receiving services: 57%
- Completed the program: 21%
- Dropped out of the program: 12%
- No longer receiving services/Other reason: 7%
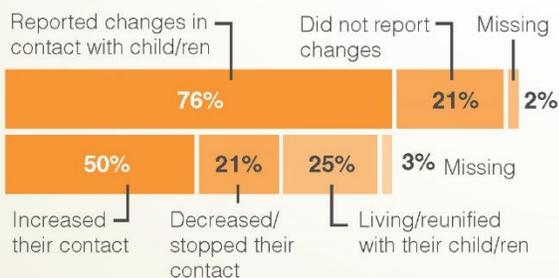- Missing: 2%

New criminal activity

Nearly **3 in 4** did not report engaging in new criminal activity. None of the participants were arrested or convicted on a new crime during the reporting period.

Mother's contact with child/ren

- Reported changes in contact with child/ren: 76%
- Did not report changes: 21%
- Missing: 2%

- Increased their contact: 50%
- Decreased/stopped their contact: 21%
- Living/reunified with their child/ren: 25%
- Missing: 3%

Parent education at follow up

88% have received formal parent education/training

of those who received training . . .

95% of coaches reported improved knowledge

and

41% demonstrated increased knowledge (on post-test)

Employment

- Reported changes in employment: 69%
- Did not report change: 29%
- Missing: 2%

- Were unemployed, but secured a job: 41%
- Were employed/but lost job: 35%
- Got an additional job or changed their job: 21%
- Missing: 3%
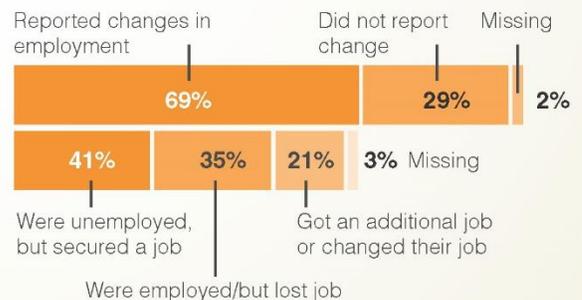
Due to rounding, all charts do not equal 100%

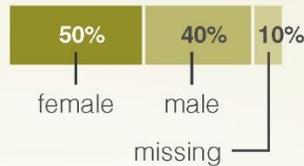# Volunteers of America® Look Up and Hope program

2013: Highlights from the 4th year of data collection

Look Up and Hope (LUH) is Volunteers of America's strategic, multi-site initiative to improve the lives of families impacted by maternal incarceration. Since the program began in 2009, LUH has existed in five states and has served 525 people, including 159 mothers, 238 children, and 128 Caregivers.
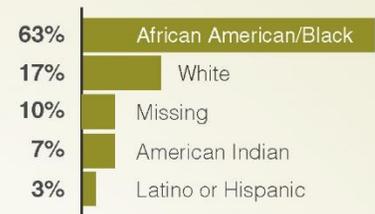
This document highlights available outcome data for the families who were actively participating in Look Up and Hope in 2013.

Demographics of new participants: Child/ren (N=30)

Children's Gender

50%	40%	10%

female   male

missing

Children's Race/Ethnicity

63%	African American/Black
17%	White
10%	Missing
7%	American Indian
3%	Latino or Hispanic

Outcomes of child/ren who were active in the program in year 4 (N=46)

School and behavior

Attendance

70% reported good attendance; 24% fair attendance and only 6% reported poor attendance or that they dropped out.

Of school-aged child/ren,

Grades

Of school-aged child/ren,

48% reported improved grades, 45% reported maintained grades and only 7% reported grades were getting worse.

Involvement

67% reported their extracurricular activities stayed the same.

Behavior

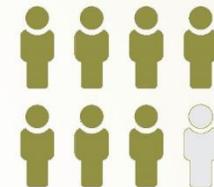**74%** did not report developing a new behavioral problem; 9% reported a new behavioral problem; 7% were missing.
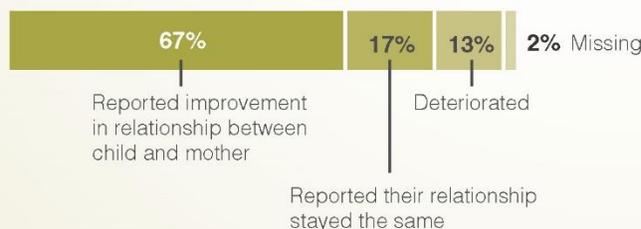
Child/ren's health

Just under **7 in 8**

reported no changes in child's physical or emotional health.

Of those who reported examples, half noted that reunification with mom seemed to have improved emotional health.

Child/ren's contact and relationship with parent and other adults

67%	17%	13%	2% Missing

Reported improvement in relationship between child and mother

Deteriorated

Reported their relationship stayed the same

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Additional outcomes may be analyzed in future reports.