

# Look Up and Hope: Semi-Annual Progress Report

*A multi-site pilot program offered by  
Volunteers of America to support families  
affected by maternal incarceration*

SEPTEMBER 2011

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**Prepared by:**

Krysten Lynn Ryba and Jessica Meyerson

Wilder Research

451 Lexington Parkway North

Saint Paul, Minnesota 55104

651-280-2700

[www.wilderresearch.org](http://www.wilderresearch.org)

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# Context and purpose this report

## *Origins of the Look Up and Hope initiative*

Since 2009, Volunteers of America, with support from the Annie E. Casey Foundation, has been in the planning and early implementation phase of a new strategic initiative to improve the lives of families impacted by maternal incarceration. This multi-site initiative, entitled *Look Up and Hope (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 or their children, the Look Up and Hope program model works with the whole family unit simultaneously – mother, caregiver, and child – in an effort to enhance family functioning, improve the lives of the entire family, and ease the crisis of re-entry. This approach builds on existing social science research suggesting that incarcerated women and their children both achieve better outcomes when their family relationships and community support systems are strengthened.

Since the Look Up and Hope program was conceived in 2009, Wilder Research has provided research and evaluation support to the initiative. This semi-annual progress report is part of an ongoing, multi-year evaluation effort, intended to assess the program’s impact on participating client families. It provides information on the initiative’s status and progress towards achieving its intended outcomes as of June 2011. A more detailed annual progress report, summarizing the initiative’s progress for the entire calendar year 2011 will be issued in early 2012.

## *Current goals, status, and structure of the initiative*

### **Program mission and goals**

The long-term mission of the *Look Up and Hope* program is to keep children of incarcerated mothers out of the child welfare, juvenile justice, and criminal justice systems by promoting the children’s healthy development and strengthening their family systems.

More specifically, the initiative seeks to promote child well-being and family stability in its target families by providing a comprehensive, coordinated array of family-centered services that:

- Build children’s resilience;
- Strengthen their school performance;

- Encourage positive youth development;
- Enhance participating mothers' parenting skills;
- Address participating mothers' substance use and mental health issues;
- Prepare participating mothers for steady and gainful employment;
- Expand and strengthen the system of supports available to children and caregivers;
- Strengthen and improve family relationships; and
- Increase families' economic security and overall stability.

### **Pilot sites, strategies, and levels of implementation**

When the Look Up and Hope program was conceived in 2009, five pilot sites with a strong history of service to incarcerated women and their families—Volunteers of America Dakotas, Volunteers of America Illinois, Volunteers of America Indiana, Volunteers of America Northern New England, and Volunteers of America Texas—were selected to help design and implement the program.

With support from the Annie E. Casey Foundation, Volunteers of America's national office, and a variety of federal, state, and local grants, these sites are attempting to implement the following key family strengthening strategies:

1. Identification and recruitment of appropriate families.
2. Thoroughly mapping each family's needs and strengths.
3. Identifying and responding to any immediate needs of the caregiver and child.
4. Developing individual participant and family treatment plans.
5. Providing intensive individualized services to the child, caregiver, and incarcerated parent. Based on the case management plan, individual family members are enrolled in an appropriate array of carefully customized support services, including:
  - Home visitation and regular case management for the child and caregiver (as necessary);
  - Educational and employment training for the incarcerated parent;
  - Parenting classes for the incarcerated parent;

- Cognitive behavioral therapy, mental health counseling, and substance abuse counseling (as appropriate) for all family members;
  - Support groups for children and caregivers;
  - Positive youth development programming for all children (including after school programming, academic enrichment services, leadership programs, etc.);
  - Appropriate referrals to community-based services for children and caregivers;
  - Mentoring support for all family members;
  - Pastoral care; and
  - Concrete supports (e.g., assistance with rent payments, transportation costs, other "barrier-buster" needs
6. Providing family-centered services, including:
- Enhanced, appropriately graduated opportunities for family visitation;
  - Volunteers of America's Words Travel program (a family-based literacy program co-sponsored by Scholastic);
  - Evidence-based family counseling programs; and
  - Opportunities for facilitated family group conferencing/family group decision-making.
7. Engaging in early pre-release planning—including custody planning—with the incarcerated parent and family members.
8. Helping the transitioning parent to obtain and keep a living wage job.
9. Working with community partners to provide comprehensive, sustained support to formerly incarcerated individuals, their children and their families.

Because each pilot site is largely responsible for raising its own funding, the scope, type, and intensity of Look Up and Hope programming differs slightly from pilot site to pilot site. For example, the Volunteers of America Indiana program, which operates its own women's "halfway house" and has been operating a program for incarcerated mothers for many years, offers extensive opportunities for enhanced visitation, which other pilot sites are not in a position to emulate. Similarly, the pilot sites in the Dakotas and Texas, which have federal Second Chance Mentoring Grants have placed a greater emphasis on

finding mentors for the incarcerated women they serve, while the pilot site in Northern New England has chosen to focus on building the family mediation and family group conferencing components of the Look Up and Hope program. (A complete list of the actual range and type of services provided by pilot sites over the last 18 months is included in the appendices to this report.)

Fluctuating funding and staffing levels have also led to inconsistent or sporadic implementation patterns at the individual pilot sites. The most extreme example of this comes from Volunteers of America Illinois, which was forced to end its formal involvement in the Look Up and Hope program in late 2010 due to a lack of resources at the local level. However, chronic fluctuations in service capacity have characterized all of the Look Up and Hope pilot sites to one degree or another. The Houston site, for instance, appears have offered some fairly modest short-term Look Up and Hope services to a small group of women and their families in 2009 and then begun a second, expanded wave of programming in 2011, after receiving its federal Second Chance Mentoring Grant and additional funding for a family coach from the national office of Volunteers of America.

Such inconsistencies in implementation sometimes make it difficult to aggregate and compare the results of the Look Up and Hope initiative across sites. Nevertheless, all five of the original pilot sites (including Illinois) did provide some core common services between late 2009 and mid-2011 as part of the initiative—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. In addition, all five of the original pilot sites provided Wilder Research with fresh updates and detailed information on the status of their Look Up and Hope client families in late May 2011. (This information was provided using a set of proprietary client-tracking tools designed by Wilder Research and described more fully, below, in the study methods section of this report.)

As a result, this report summarizes the cumulative progress and results of the Look Up and Hope initiative at all five of the original pilot sites, as of May 31, 2011. Future progress reports may, by contrast and of necessity, exclude information on Illinois and focus only on those sites that are fully engaged in implementing the initiative.

# Study methods and tools

The data in this report is drawn from several data collection tools designed by Wilder Research as part of its ongoing evaluation of the Look Up and Hope project. These tools include baseline client tracking forms, client service plans, follow-up client tracking forms, a standardized family assessment tool, and an online relational database used for uploading and reporting client-level data online. (A more detailed discussion of some of these tools is included in the Appendices to this report.)

Staff from the pilot sites are required to update their client-level data to the online data base every six months. Data from the data base is then cleaned, aggregated, and analyzed across sites by the research staff at Wilder Research—providing a semi-annual cross-site portrait of the program’s clients, client characteristics, and outcomes to date.

This particular semi-annual progress report reflects all of the Look Up and Hope client-level data reported to Wilder as of May 31, 2011. It also incorporates some observations and program results shared by pilot site staff who participated in Volunteers of America’s annual affiliate meeting (held in Sioux Falls South Dakota in June 2011).

# Client characteristics

According to the available data, the Look Up and Hope pilot sites enrolled and served a total of 221 individuals between September 2009 and May 2011.

## 1. Look Up and Hope participants by site

	Incarcerated mothers (N=67)	Caregivers (N=60)	Children (N=94)	Total (N=221)
Houston, Texas	23	18	21	62
Indianapolis, Indiana	15	13	27	55
Chicago, Illinois	10	11	14	35
Northern New England, Maine	11	13	18	42
Sioux Falls, South Dakota	8	5	14	27

Wilder Research received intake assessments for 67 incarcerated mothers, 60 caregivers and 94 children. Eighteen percent of these participants began the program in late 2009; almost half (49%) enrolled sometime in 2010; and the remaining 33 percent joined in 2011, including all the participants in South Dakota (N=8). As these enrollment patterns indicate, the Look Up and Hope initiative is still in its early phases at several sites, and outcome data for most sites still limited. For this reason, much of this initial progress report focuses on fully documenting the characteristics of the Look Up and Hope client base and its needs. A more detailed accounting of client outcomes is expected to be included in the next progress report (to be issued at the end of calendar year 2011).

### *Family structures*

The intake assessments ask incarcerated mothers to describe their relationship status and list all of their minor children, their current caregivers, and whether or not their children are also participating in the Look Up and Hope program (see Table 2). Incarcerated mothers are primarily single (49%) and likely to have two or more minor children (72%). One participant was pregnant when she enrolled in the program.

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## 2. Family structures of incarcerated mothers

	Incarcerated Mothers (N=67)
Single/never married	49%
Married or partnered	31%
Divorced/separated or widowed	14%
Did not specify relationship status	6%
One child under 18 years	28%
Two minor children	27%
Three minor children	34%
Four or more minor children	11%
At least one minor child in the program	91%
All minor children in the program (of mothers with two or more children)	36%
Minor children living in different households (of mothers with two or more children)	27%

Because some sites are still developing their services for children, not every incarcerated mother in the program had a child being served by the Look Up and Hope at the time of this progress report. However, ninety percent of incarcerated mothers in the program had at least one child actively participating in the program. The majority of women in the program actually had multiple children under the age of 18, and about a third of these women (36%) successfully enrolled all their children in the program.<sup>1</sup>

About one quarter (27%) of incarcerated mothers with two or more children also had their children with different caregivers, in different households—a finding consistent with prior research on families affected by maternal incarceration. The diversity of family structures and caregiving arrangements can complicate the needs of families, and require a family-focused approach.

### Caregiving arrangements

As of May 2011, 94 children had participated in the Look Up and Hope program. When they began the program, the vast majority (94%) were in the care of a family member, most frequently their grandmother (40%), their father or a step-parent (29%), or another family member such as their aunt/uncle or an adult sibling (19%). Six children (6%) had

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<sup>1</sup> The fact that some sites had not yet rolled out all their services to children, while others were able to serve more than one child in each household explains the overall discrepancy between the number of mothers and children participating in the program.

been reunited with their incarcerated mothers (N=4) at or around the time they joined the program.

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### 3. Caregivers of minor children

	Children (N=94)
Relative/kinship caregiver (besides mother)	92%
Grandmother	44%
Parent or step-parent	29%
Other family member	19%
Non-relative caregiver	2%
(Released) Incarcerated mother	6%

Children with relative or non-relative caregivers (N=88) had been in their care for quite some time in most cases: Over half (62%) had been with their current caregiver for one year or longer, including 29 percent who had been in their care for over three years. Furthermore, based on the child's age and the length of time with their caregiver, the assessments show 42 percent of children have spent the majority of their lives with their caregiver.

## *Demographic and personal characteristics*

### **Incarcerated mothers**

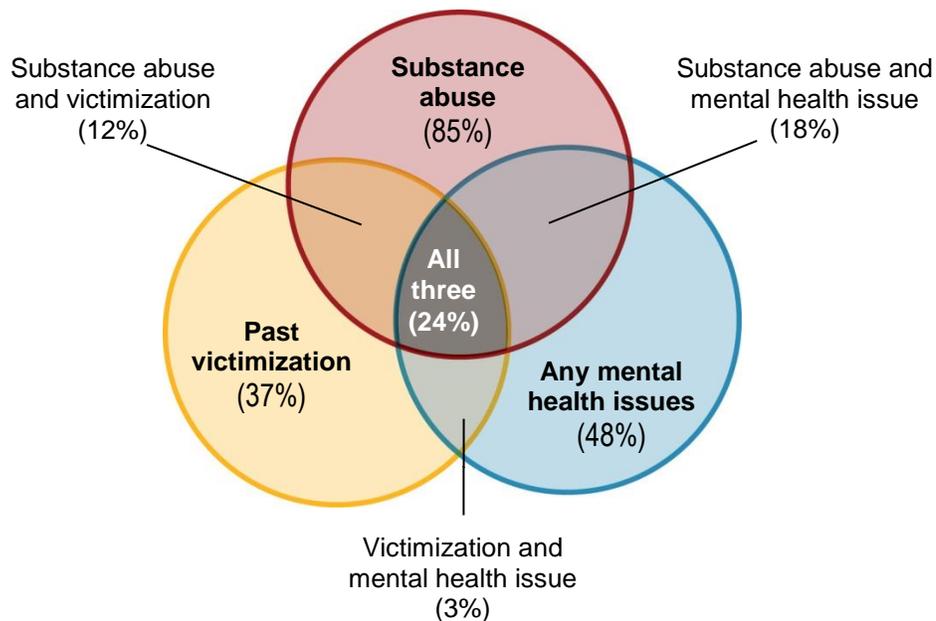
The majority of incarcerated women in the program are relatively young (85% are under the age of 40), and half are non-white (African-American, American-Indian, Latino, or mixed race). Their most common offenses are drug-related crimes (55%), theft or property crimes (31%), and other non-violent offenses such as forgery and counterfeiting (9%). Just over half of the women in the program (54%) also report that they have already been in and out of prison several times. While a few have been to college or completed some sort of vocational training, almost a third (30%) have not yet graduated from high school or obtained a GED.

The vast majority of incarcerated mothers are also victims of chemical dependency, mental illness, or trauma. Eighty-five percent of the mothers in the program report a history of substance abuse, and over one-third (37%) say they have been a victim of domestic violence, sexual assault or exploitation, including six women who specified a history of domestic violence. As the diagram below shows, approximately one quarter of all incarcerated women enrolled in the program (24%) suffer from a combination of

substance abuse issues, mental health issues, and past victimization— a risk profile requiring highly individualized care, complex treatment plans, and responsive, long-term service delivery.

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#### 4. Substance abuse, trauma and mental health of mothers (N=67)



### Caregivers

Client records indicate that many of the caregivers and children enrolled in the program also face a complex array of problems and challenges. Most of the caregivers are relatively young (77% are under age 60) African-American or Latino women caring for a relative’s child. Forty-four percent are the children’s grandmothers (See Table 3), and 49 percent have no adult spouse or partner to help them with caregiving responsibilities.

When asked if their annual income was adequate to meet the needs of their household, one-third of caregivers said “no” or “I don’t know”—not surprising, considering 42 percent of caregivers reported their annual household income as less than \$25,000 and only 10 percent said their income was \$25,000–74,000 (the other 48% did not report their income).

Many of the caregivers also reported that they were suffering from chronic health problems such as cardiovascular disease, cancer, diabetes, or high levels of stress, and about one-quarter (23%) told their Look Up and Hope case managers that they would like help applying for public benefits (most often medical insurance for themselves or the children in their care [N=5] as well as transportation, Food Stamps, and respite care.)

In addition, nearly half (47%) of participating caregivers said they had at least one unmet basic need, including unmet housing needs and insufficient access to legal services, transportation, and child care.

## **Children**

Most of the children participating in the program (59%) are African-American, American-Indian, Latino, or mixed race. Just over half (54%) are male, and most are under 9 years old (63%). The median age of child participants is 8 years old.

In general, Look Up and Hope program staff report, the children are in good physical health, but 25 percent have been diagnosed with a mental health condition, most commonly, ADD or ADHD (17%), anxiety (2%), autism (2%) or other issues (10%). Almost one in three children (31%) have also been reported as behavior problems at home or school: 10 percent of were described as having problems with anger or aggression, 9 percent had problems involving defying authority or difficulty paying attention, and the other 12 percent suffered from unspecified behavior issues. Finally, 16 percent of children had experienced abuse or neglect, according to their caregivers, and in the majority of such cases, their mother was mentioned specifically as one of their abusers.

Not surprisingly, given these conditions, many of the children are somewhat estranged from their incarcerated parents and have not lived with them for some time. As stated previous, the majority (62%) of the children had been with their current caregiver for more than one year, and over 40 percent of children have spent the majority of their lives with their caregiver.

A more detailed description of the characteristics of program clients, including additional data on their incarcerated women's demographic characteristics, offense histories, status in the program, and additional family characteristics, is included in the appendices to this report.

# Program results

As of May 31, 2011, the majority of Look Up and Hope clients had been in the program at least six months and 166 undergone at least one follow-up assessment by a program staff member. The cumulative results of these 166 assessments are presented here. They are based on follow-up assessments for 50 incarcerated mothers (of 67 total), 48 caregivers (of 60 total) and 68 children (of 94 total). Please note:

- Fifteen families (39 individuals) who recently joined the program have not yet completed any follow-up assessments; their progress will be included in subsequent progress reports. Two families were missing follow-up assessments.
- Six intake assessments for caregivers, mothers and children, and fourteen follow-up assessments for child participants were also submitted after the data collection deadline. The goals and outcomes described below do not reflect this information, but will be included in subsequent progress reports.
- Where relevant, the outcomes for clients who have reportedly completed or exited the program (37 families) are distinguished from those who are still receiving services in the program (26 families).

## *Client program status*

As of May 31, 2011, there were 96 participants from 28 families actively receiving services from the Look Up and Hope pilot sites.

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

	Incarcerated Mothers (N=67)	Caregivers (N=60)	Children (N=94)	Total (N=221)
Successful graduate	9	7	10	26
No longer receiving services	16	21	27	64
Program drop-out	12	10	11	33
Currently receiving services	28	22	46	96
Missing follow-up information	2	0	0	2

Another 9 families composed of 26 individual family members have reportedly “successfully completed” the Look Up and Hope program. However, it is important to note that not all pilot sites defined successful program completion the same way—in some cases, a family was considered to have successfully completed (referred to as

“successful graduates” in the table above)the program when the incarcerated mother was released and avoided recidivism, in others only if she successfully reunified with her family; and in still in other cases successful completion was simply defined as actively participating in the program until participants had exhausted all of the pilot site’s available services (e.g., in the cases of Houston, which suspend services for a tie because of funding difficulties). If a final assessment was received for a client, but did not indicate that the participant was a “successful graduate” or program drop-out, they are listed in table above in a catch-all category, “no longer receiving services”. The outcome data in this section discusses the outcomes for all participants who are no longer involved in the program, whether successful graduate, drop-outs or simply no longer receiving services.

Nevertheless, it appears that—for a reentry program working with an extremely high risk target population—the Look Up and Hope program has experienced relatively high rates of program retention and participation. Only 12 incarcerated mothers have dropped out or discontinued the program; of these, five were transferred to another (non-Look Up and Hope facility) or were re-incarcerated upon release (usually for technical violations of their probation, outstanding warrants, or other “technical” noncompliance issues unrelated to program’s core goals). It is also clear that, despite its relatively short life span, the Look Up and Hope initiative has begun to demonstrate positive outcomes in a number of critical outcome areas.

### ***Areas of greatest success***

The outcomes described here are based on the progress and changes noted from client’s intake assessments to the interim or final assessments. Two types of quantitative data were used to compile these results: 1) constructed statistical variables based on program staff’s observations and interviews with clients and 2) program participants’ self-reported progress on the personal goals they identified at program intake. Based on these data sources, it appears that Look Up and Hope clients made significant progress in several goal areas including:

- Improving family relationships
- Improving parenting skills
- Expanding family resource/support networks
- Improving children’s school attendance, academic performance and opportunities for youth development

Incarcerated mothers participating in the program also saw some gains in the areas of employment, job retention, treatment of mental illness and substance use, but these gains were more modest—possibly indicating the need for additional post-release support services and more long-term family-based reentry planning. A summary of the progress made in each of these areas follows.

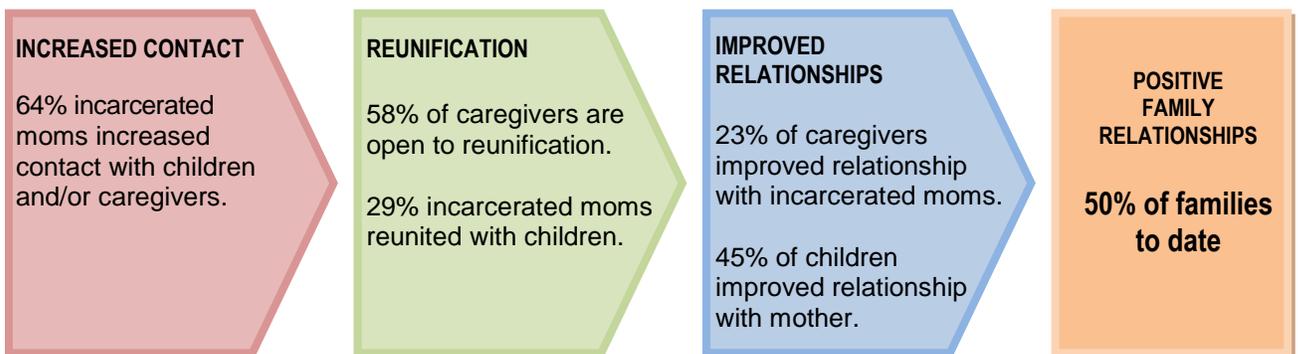
## Improvements in family relationships

### Progress observed by Look Up and Hope staff

According to staff observations, the majority of program participants made at least some progress in strengthening their families as a result of their involvement in the Look Up and Hope program—either by increasing their contact with other family members, successfully reunifying with estranged family members, or simply by improving the quality of their family relationships. For example, 32 incarcerated mothers had reportedly increased their levels of contact with their children at follow-up and 19 successfully reunified with their children post release. Moreover, 25 families (50% of those for whom follow-up information is available) met this evaluation’s criteria for “successfully building positive family relationships”—meaning that they achieved more than one target indicator of family strengthening (see figure below).

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### 6. Indicators of family strengthening

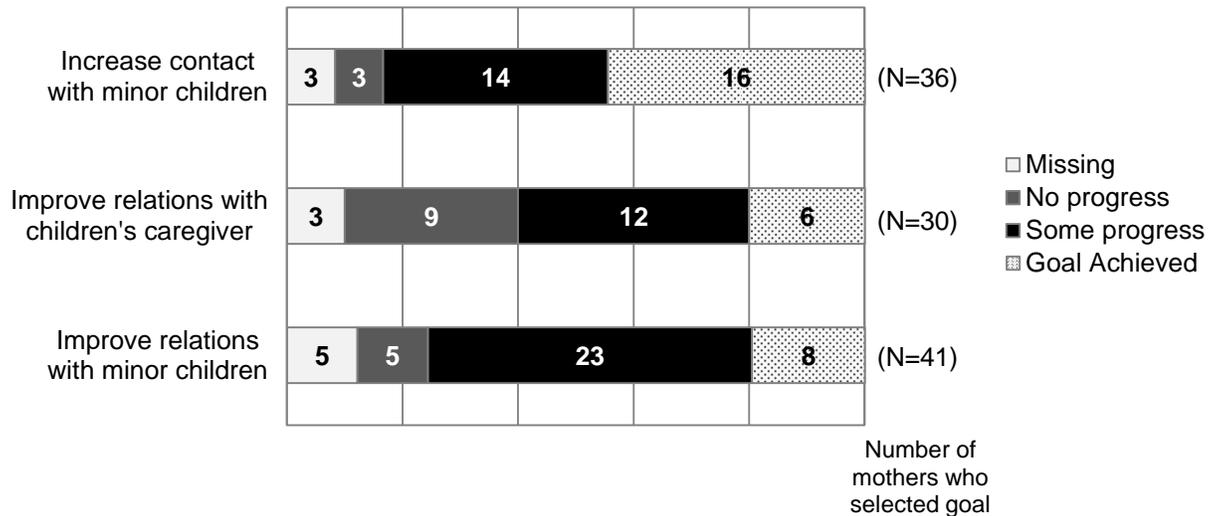


### *Client’s self-reported progress on family relationship goals*

Look Up and Hope clients were also asked to select their own personal goals related to family relationships from a menu of possible family-related goals, and their self-reported progress towards these goals was tracked in follow-up assessments (see following figures). Eighty-three percent of incarcerated mothers chose to “improve relationships with their minor children” as their primary goal in this area, and over half selected increased contact and improving relationships with caregivers as a goal as well (55% and 60%, respectively).

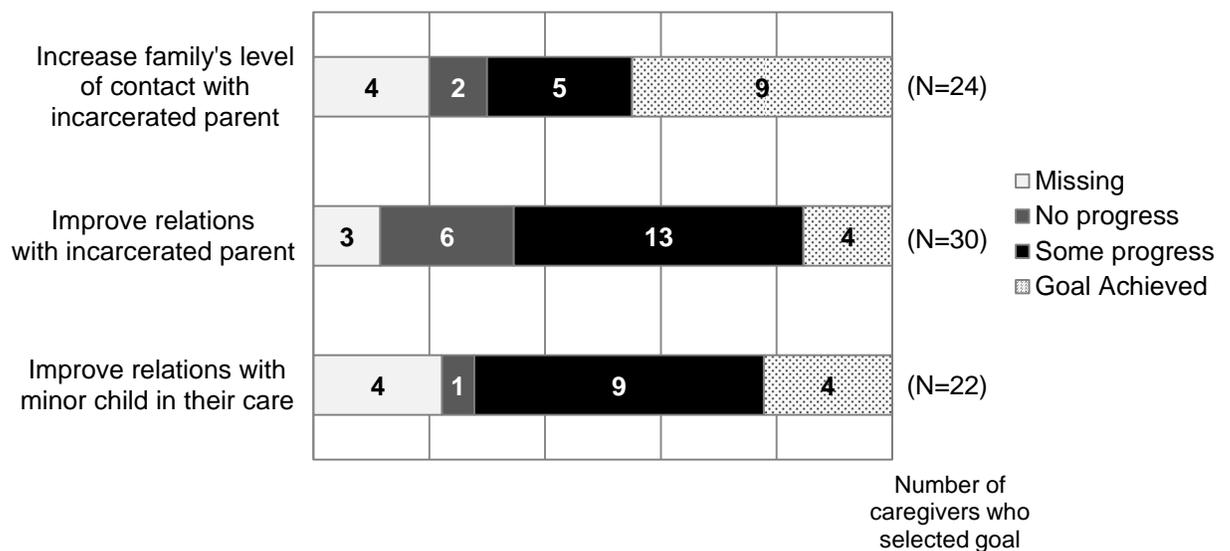
According to the information they provided at follow-up, the vast majority of incarcerated mothers made at least some progress towards these self-selected family goals, especially goals concerning their children. For example, 14 of 36 mothers said they made some progress at increasing contact with their minor children while 16 said they actually achieved their goals in this area (see Figure below).

**7. Progress on family relationship goals—Incarcerated mothers (N=50)**



Compared with incarcerated mothers, few caregivers identified specific family relationship goals, perhaps reflecting their already strong relationships with minor children and the frequent contact with incarcerated mothers reported at intake.

**8. Progress on family relationship goals—Caregivers (N=48)**



That said, over half (52%) of caregivers indicated they wanted to improve their relationship with incarcerated mothers, and 41 percent wanted to focus on increasing contact with said mothers. Thirty-eight percent also said improving the relationships with the children in their care was a goal. Caregivers were most successful at increasing the family’s level of contact with incarcerated mothers (9 achieved this goal), and some progress was made in other goals, as seen in Figure below.

### **Improvements in parenting skills**

Involvement in the Look Up and Hope program also appears to be having a positive impact on participants parenting skills. Almost all (80%) parents in the program received formal parenting education or training while enrolled in the program, and all but two mothers demonstrated an increase in knowledge of parenting-either through their discussions with staff (79%), through staff observation during visits (53%), through test scores (45%) or during home visits (42%).

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#### **9. Formal parent education or training**

	<b>Incarcerated mothers (N=50)</b>
Received formal parenting education or training	80%
Demonstrated improved knowledge of parenting skills (N=38)	95%
... In discussion with program staff	79%
... During visitation or observation interactions	53%
... On pre- and post-tests	45%
... During home visits by program staff	42%
... In other ways	16%

Other ways parents demonstrated better parenting skills included comments by caregivers, and new co-parenting plans discussed with program staff. At the time of their last recorded follow-up, seventeen women with improved parenting skills had been successfully reunited with their minor children.

Most of the women who did not complete parenting education or training through the program (7 out of 10 ) were program dropouts, who left the Look Up and Hope program before they had an opportunity to participate in parenting education.

## **Increased sources of family support**

Forty-eight percent of caregivers reported at least one unmet basic need at intake. To help address these needs, Look Up and Hope provided assistance with basic needs (e.g., rent, food, clothes, utilities) to 35 families, and assistance determining public benefits and program eligibility to 15 families. As a result, at follow-up, the number of caregivers with unmet basic needs was almost halved (to 27 percent). Most commonly needs related food, clothing, and housing were completely met, while needs related to transportation or health care persisted.

In addition, seven caregivers reported a new support from family or friends, and four caregivers accessed a new community-based service with the help of their Look Up and Hope family coach.

## **Improvements in children’s school performance and involvement in extracurricular activities**

Despite the extreme instability of their family situations, most school-aged children in the Look Up and Hope program (67%) continued to regularly attend school and keep up their grades. About a third of participating children also increased their involvement in educational and extracurricular activities (30% and 39%, respectively) —enrolling in new activities such as art classes, summer camp, or organized team sports. (Very often, their enrollment in these activities was directly paid for, or facilitated by the local Look Up and Hope program.) Seventy-six percent of participating children received mentoring or tutoring services through Look Up and Hope as well.

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

	<b>School-aged children (N=46)</b>
School attendance and performance improved or stayed “good”	67%
Received mentoring services or academic tutoring	76%
Child’s involvement in educational activities	
Increased	30%
Stayed the same	61%
Child’s involvement in extracurricular activities	
Increased	39%
Stayed the same	41%

## Changes in children's behavior

Generally speaking, most of the children participating in the Look Up and Hope program also reported good behavioral outcomes. Over one-third (38%) of school-aged children either maintained their historically good behavior or improved their behavior at school or home while enrolled in the program (an especially important outcome given the well-documented prevalence of attention deficit disorder, persistent behavior problems, and episodes of delinquency among children of prisoners).

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### 11. Behavioral and development changes (6 years old or older)

	School-aged children (N=46)
Behavior at school or home improved or stayed "good"	39%
Increased positive relationships with youth (outside the family)	26%
Increased positive relationships with adults (outside the family)	43%

Some of these positive outcomes for children may have been the result of new positive relationships and social influences that emerged while the children were enrolled in the Look Up and Hope program. According to their follow-up assessments, 43 percent of children increased their positive relationships with adults while enrolled in the program. Just over a quarter (26%) reportedly connected with other peers in a positive way.

However, it is important to note that for caregivers who reported serious behavioral issues with the children in their care during intake (N=13), positive changes were more modest: Only two children with defiance and authority issues had improved their behavior at follow-up, while eight children (67% of those for whom follow-up information was available) with chronic or aggression issues continued to exhibit these behaviors. This suggests the need for more intensive, focused interventions with children exhibiting extreme behavior disorders.

### Employment gains for incarcerated mothers.

Although most incarcerated mothers (80%) began the Look Up and Hope program unemployed, some positive gains in employment occurred while women were enrolled in the program: 17 percent of participate women obtained a full- or part-time job, and 11 percent maintained employment while enrolled in the program. Of women employed (N=18), 61 percent had maintained that employment 90 days post-release, a common metric used for employment retention. The average hourly wage reported by employed women participating in the program also increased slightly between intake and follow-up, rising from \$7.62 to \$8.70.

While these gains are more modest than some of the gains reported in other program areas, successful job placement and retention are typically regarded as extremely difficult to achieve outcomes for reentry programs. (For example, the majority of participants in the federal government’s multiyear, multisite Prisoner Reentry Initiative failed to find and keep a job for more than 60 days; and approximately 5 % held their first post-incarceration jobs for only a single day). When compared with such lackluster national outcomes, the Look Up and Hope program’s employment gains actually appear quite robust. Indeed, the initiative’s accomplishments in this area may be especially noteworthy—given that Look Up and Hope has been launched in an extremely unfavorable economic climate, one in which long-term unemployment rates for the general population are approaching their highest levels in 50 years.

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## 12. Changes in employment status of incarcerated mothers

	<b>Incarcerated Mothers (N=65)</b>
<b>Started the program employed...</b>	<b>13 (20%)</b>
and maintained employment	7 (11%)
and lost job	4 (6%)
and change in employment status unknown or does not apply	2 (3%)
<b>Started the program unemployed...</b>	<b>52 (80%)</b>
and became employed	11 (17%)
and stayed unemployed	20 (31%)
and change in employment status unknown or does not apply	21 (32%)

Eight of the incarcerated mothers with positive employment results are still receiving services in the program, four are living with family and friends post-release, two live in transitional housing, and one lives alone; the other 10 were discharged.

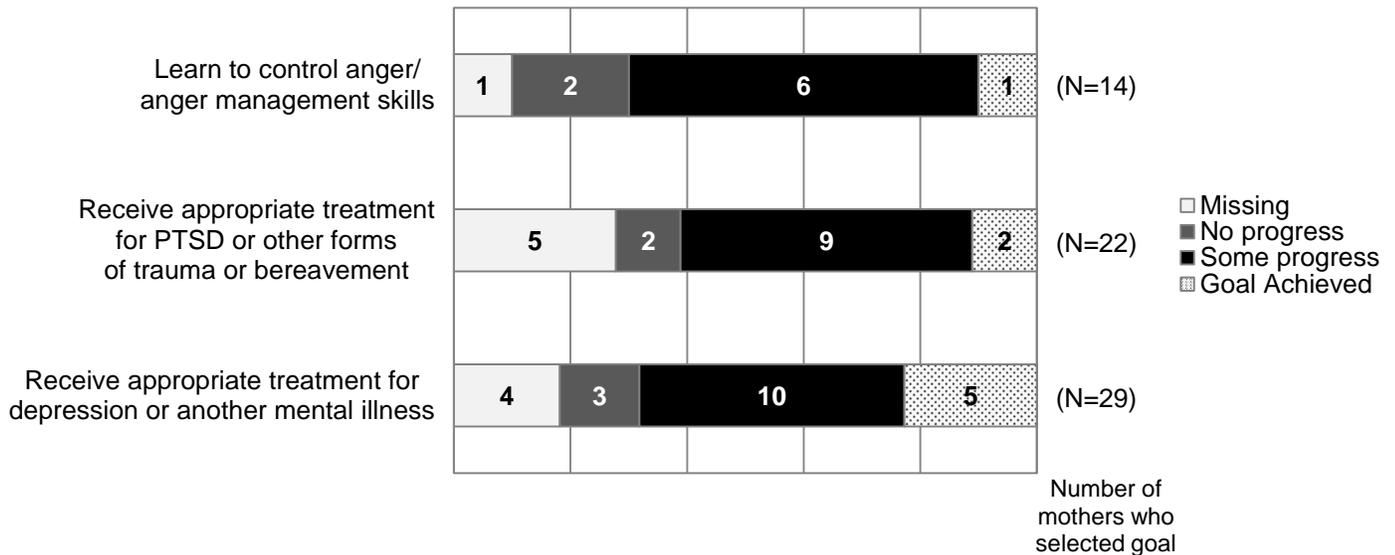
### **Access to mental health and substance abuse treatment for incarcerated mothers**

The available data also suggest that many incarcerated women are making some progress in addressing their mental health and substance abuse issues and are receiving treatment and support in these areas while enrolled in the program.

### Progress on mental health treatment goals

Incarcerated mothers in the program often chose goals related to improving their mental health at intake: 45 percent wanted to receive treatment for depression or another mental illness, 34 percent were interested in treatment for PTSD, trauma or bereavement issues, and 22 percent identified learning to control their anger as a goal. About two-thirds of program participants subsequently made progress or achieved their goals as of their last assessments (68%, 61%, and 70%, respectively).

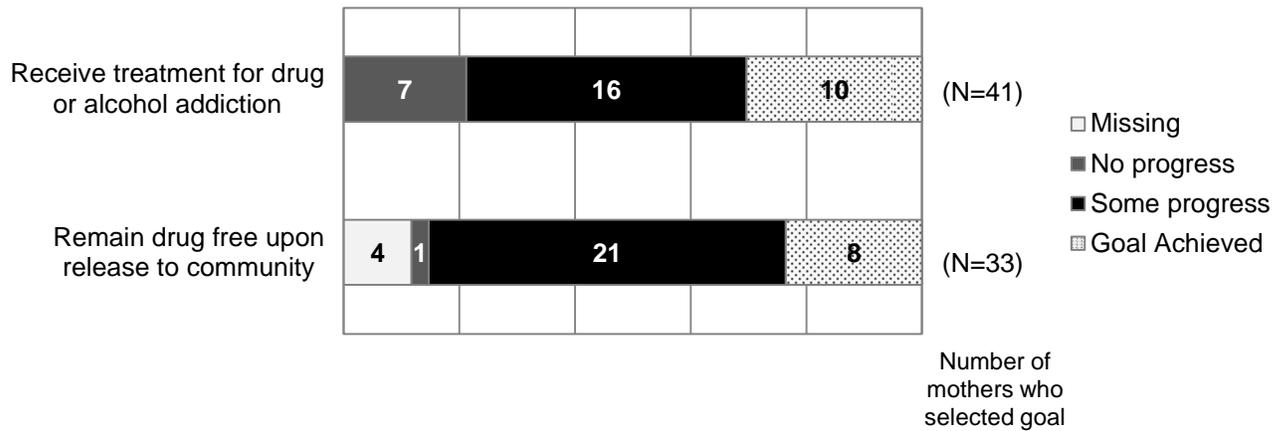
#### 13. Progress on mental health issues—Incarcerated mothers (N=50)



### Progress on substance abuse related goals

Similarly, substance abuse was reported as an issue for 85 percent of women at intake, and goals related to treatment of substance abuse and maintaining sobriety were frequently chosen by incarcerated mothers. Eighty percent of mothers sought to remain drug-free post-release, and 68 percent wanted to receive treatment for drug or alcohol use. Over half (52%) of incarcerated mothers' service plans at intake involved treatment for substance abuse, or a peer support group such as Alcoholics Anonymous. At follow-up, 78 percent of incarcerated mothers felt they had made some progress or achieved the goal of treatment; and 72 percent said they had made progress or achieved remaining drug free upon release to the community.

**14. Progress on substance abuse—Incarcerated mothers (N=50)**



However, it is important to note that the measures being used here “some progress” versus “goal achieved” are highly subjective and require further refinement. In addition, most of the information currently available in these two goal areas (mental health and substance use treatment) relates to women who are still incarcerated and have not yet been released into the community. Indeed, some of the women who reported maintaining sobriety post-release had not yet been formally released into the community according, raising serious questions about the quality and reliability of self-reported data in this area. In contrast, program staff who attended the national Volunteers of America meeting in early 2011 provided anecdotal evidence suggesting that mental health and substance abuse relapses remained one of the biggest challenges for many Look Up and Hope pilot sites. In this sense, the pilot sites are not unique-- many correctional and reentry programs struggle to meet client’s post-release treatment needs in an environment where it is increasingly difficult to find (and pay for) community-based mental health and addiction services.

**The need for more comprehensive reentry planning for incarcerated mothers.**

One of the few critical outcome areas where participants in the Look Up and Hope program achieved notably disappointing results is in the area of reentry planning. 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 model, fewer than half of program participants reported that they had a formal-family based reentry plan at follow-up.

Only forty-six percent of incarcerated mothers discharged from the program or who have received services for six months or longer (N=23) created a formal reentry plan with their

family coach, and only 22 percent had plans where family and friends were also involved in the planning process.

The planning that did occur most commonly included connecting women with community supports (87%), employment and housing (61%), and substance abuse treatment and resources (52%). Fifty-two percent also addressed dealing with family relationships. One quarter of the formal reentry plans covered all of the issues listed in Table 15.

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### 15. Reentry plans of incarcerated mothers (N=23)

Specifies community supports	87%
Employment	61%
Housing	61%
Substance abuse treatment	52%
Addresses family relationships	52%
Transportation	48%
Health care	35%
<b>All of these issues</b>	<b>26%</b>

In addition, six incarcerated mothers who did not have formal reentry plans did participate in informal planning prior to discharge. The relatively low rates of formal planning that did occur may reflect several factors, including the relatively short-term incarceration of many Look Up and Hope participants (which provides only limited window of opportunity for such planning) and the extremely heavy case loads of many of the case managers working with the women and their families. Despite such obvious challenges, it seems clear that this is an area meriting significant efforts at program improvement.

# Conclusion and issues to consider

Overall, the client-level data collected from the Look Up and Hope pilot sites between late 2009 and mid-2011 suggests that the program is having a significant positive impact on its target population.

Since its inception, the program has served 221 clients from 67 families. Most of these clients are extremely high needs, with mothers facing multiple criminogenic risk factors and families struggling to make ends meet.

Despite this, the majority of incarcerated mothers for whom follow-up information is available are experiencing improved family relationships (including increased contact and reunification with their children) and modest employment gains. They are also meeting their substance abuse and mental health treatment goals. At the same time, caregivers are reporting fewer unmet basic needs and children are exhibiting improved outcomes in school and at home.

The limited follow-up data that is available does suggest that some women and their families may need more sustained aftercare and support in the areas of mental health and substance use treatment post release, and there is clearly a need for more formal family-based reentry planning among participants.

However, even with these program challenges, the positive results being reported by Look Up and Hope program participants at the time of this report are significant and impressive for a program targeting such a high-risk, high-needs population.

Future progress reports will continue to explore ongoing impacts of the program and any new or remaining obstacles or barriers to client success that emerge as the program evolves. As more data becomes available, the evaluation will also explore the issue of how participants fare long-term as more incarcerated mothers matriculate back into their families and communities.

# **Appendices**

*A. Site-specific profiles*

*B. Types of services provided to clients*

*C. Detailed description of client characteristics*

*D. Brief overview of study methods*

## *A. Site-specific profiles*

# Site profile: Indiana

### *Overview*

Volunteers of America of Indiana began the Look Up and Hope program in March 2010, referring clients through their residential facility, Theodora House, located in Indianapolis, Indiana. To date, fifteen families—totaling 55 individuals— have participated over a 14-month period.

All Look Up and Hope participants in Indiana received family coaching services. In addition, incarcerated mothers received job placement assistance, assistance with basic needs and a variety of group classes (life skills, anger management and parenting skills). Mothers returning to the community and caregivers received assistance with basic needs, including the use of Barrier Buster funds to help with immediate financial hurdles. Children were offered positive youth development opportunities and academic supports, as well as assistance with basic needs and mental health treatment as needed.

### *Key findings*

#### **Areas of success**

- Four families — totaling 16 individuals—successfully completed the program. On average, program graduates spent about 11 months (296 days) in the program. As described earlier in the report, the definition of success varied across sites; in the case of Indiana, success was largely based on compliance, strengthened family relationships and how children fared after receiving services.
- Relatively few incarcerated mothers dropped out of the program (N=3).
- Eighty-three percent of incarcerated mothers who received parenting training (N=12) demonstrated improvement, according to program staff.
- Half (50%) of incarcerated mothers made progress in terms of employment (becoming employed, maintaining employment, and/or transition to a new position).
- Eighty-seven percent of school-aged children (6 year or older) maintained or improved their attendance and school performance.

**Program challenges**

- Although six incarcerated mothers reunited with their children while enrolled in the program, two incarcerated mothers later moved out of the home and decreased or ceased to have contact with their child’s caregiver and children, suggesting the need for longer-term and intensive family-based therapy.
- Caregiver’s relationships with incarcerated mothers were complex; in two families, incarcerated mothers decreased or ceased contact with caregivers. In three families, caregivers were less open to the idea of reunification at the time of their interim or final assessment.
- Only three of the seven women who have left the program (graduated or dropped out) had reentry plans in place; thus, early, family-based reentry planning is still needed.
- Although caregivers received assistance with basic unmet needs, some needs persist and may require longer-term resources.
- Few clients who identified substance abuse treatment and sobriety in the community as personal goals have made progress—increasing resources in this area while women are still incarcerated, as well as connecting them to community resources through pre-release planning may improve these outcomes going forward.

<b>Number of clients served, assessments received and program status</b>				
	<b>Incarcerated mothers</b>	<b>Caregivers</b>	<b>Children</b>	<b>Total</b>
<b>Total clients served as of 5/31/2011</b>	15	13	27	55
Baseline assessments	14	12	27	53
Follow-up assessments	20	16	37	73
Interim	13	11	27	51
Final	7	5	10	22
<b>Status in program as of 5/31/2011</b>				
Successful graduate	4	3	9	16
No longer receiving services		1	1	2
Program drop-out	3	0	0	3
Currently receiving services	7	7	16	30
Missing	1	1	1	3
<b>Corrections placement at intake</b>				
Halfway house/recovery program	10			10
Released/in the community	4			4
Missing	1			1

**Outcome area: Family relationships**

	<b>Incarcerated mothers</b>	<b>Caregivers</b>	<b>Children</b>	<b>Total</b>
Clients with follow-up information	12	9	23	44
<b>Positive family relationships</b>				
Increased contact between caregiver and incarcerated mother	5	5		10
Improved emotional relationship between caregiver and incarcerated mother		1		1
Increased contact between incarcerated mother and child	8		13	21
Improved emotional relationship between incarcerated mother and child			17	17
Caregivers open to reunification		4		4
Incarcerated mothers reunited with child and/or caregivers	6		11	17

**Outcome area: Improvements in parenting skills**

	<b>Incarcerated mothers</b>
Clients with follow-up information	12
Received formal parenting education or training	12
Demonstrated improvement in parenting	10

**Outcome area: Reentry planning**

	<b>Incarcerated mothers</b>
Clients with follow-up information	12
Formal or informal reentry planning	8
Plan involved family or friends	8

**Outcome area: Employment**

<b>Incarcerated mothers</b>	
Clients with follow-up information	12
Positive gain (maintained employment or became employed)	6
No change	3
Negative result (lost job)	2
Missing follow-up on employment	1

**Outcome area: Mental health and substance abuse (self-reported progress)**

<b>Incarcerated mothers</b>				
Clients with follow-up information	12			
	<b>No progress</b>	<b>Some Progress</b>	<b>Goal achieved</b>	<b>Missing</b>
Learn to control anger/anger management (N=4)	1	2	0	1
Receive treatment for PTSD or other forms of trauma or bereavement (N=4)	1	2	0	1
Receive treatment for depression or another mental illness (N=5)	0	2	1	2
Remain drug-free upon release to community (N=8)	2	3	2	1
Receive treatment for drug or alcohol addiction (N=6)	4	1	0	1

**Outcome area: Increased sources of support**

<b>Caregivers</b>	
Number of caregivers with at least 1 unmet basic need at intake	4
<b>Clients with follow-up information</b>	<b>9</b>
Number of caregivers with at least 1 unmet basic need at follow-up	5

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**Outcome area: Improvements in behavior and school performance**

**Children (6 years old or older)**

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Clients with follow-up information	16
<b>Child's involvement in educational activities</b>	
Increased	6
<b>Child's involvement in extracurricular activities</b>	
Increased	6
Behavior at school or home improved or stayed "good"	14
Increased positive relationships with youth (outside the family)	8
Increased positive relationships with adults (outside the family)	7

# Site profile: Houston

## *Overview*

Volunteers of America of Texas operates an on-site, residential substance abuse treatment center within the Harris County corrections system in Houston, Texas. The Women Helping Ourselves-Atascocita (WHO-A) program is based in peer-driven approach, and offers women up to twelve months of classes, individual and group counseling to support their recovery while incarcerated. The Houston site began their involvement in Look Up and Hope by offering modest, short-term services to 13 families—totaling 43 individuals—in 2009; the average length of time in the program was about 8 months those clients. This year, after receiving a federal Second Chance Mentoring Grant and additional funding for a family coach from the national office of Volunteers of America, Houston has started a second wave of Look Up and Hope clients (10 incarcerated mothers, 3 caregivers and six children). It's important to note the outcome data reported to Wilder Research in May 2011 relates to the first cohort of Look Up and Hope clients, who received an abridged version of the program.

In addition to the family-based services (counseling, coaching or therapy) characteristic of the Look Up and Hope program, participants also received a wide-range of assistance with basic needs, including employment skills and job placement services for incarcerated mothers in the program. Coinciding with the existing services at WHO-A, incarcerated women received a full-range of substance abuse services, including AA and peer support, as well as classes in anger management and life skills. All caregivers received help determining their eligibility for public programs or benefits. Children received positive youth development, academic support and mentoring.

## *Key findings*

### **Areas of success**

- Even in their short time in the program, over half (54%) of the Look Up and Hope families made progress building positive family relationships, including increased contact between family members (facilitated by enhanced visitation opportunities) and improved emotional relationships.
- Caregivers exiting the program (N=15) did not report any unmet needs at follow-up, indicating the assistance with basic needs provided through the program increased family stability.

- Six school-aged children increased their involvement in extracurricular activities.
- The majority of incarcerated mothers involved in Look Up and Hope through the Houston site identified substance abuse treatment and sobriety upon release as program goals; at follow-up the vast majority felt they had made progress in this area (77% and 85%, respectively). This of course, reflects the larger program in which clients are involved, however it does contribute to the Look Up and Hope goal of increased family stability.

### **Program challenges**

- Eight participants dropped out of the program, including two incarcerated mothers, three caregivers and three children. This may reflect the limited scope of service delivery for the initial cohort of clients.
- Although 8 of the 13 incarcerated mothers in the program completed formal or informal reentry planning before exiting the program, the planning did not involve family or friends, a major goal of the program.
- Few incarcerated mothers made positive gains in employment while involved in Look Up and Hope. However, most of them participated in the program prior to March 2011, when this site opened a new Financial Opportunity Center, which is expected to improve employment outcomes.
- Although children increased their involvement in extracurricular activities, few changes were seen in other areas (improved behavior at school or home, positive relationships with peers or adults outside the home, educational activities). Again, this reflects the need for longer-term supportive services.

**Number of clients served, assessments received and program status**

	Incarcerated mothers	Caregivers	Children	Total
<b>Total clients served as of 5/31/2011</b>	23	18	21	62
Baseline assessments	23	18	21	62
Follow-up assessments	13	15	15	43
Interim	9	4	0	13
Final	4	11	15	30
<b>Status in program as of 5/31/2011</b>				
Successful graduate	2	2	2	6
No longer receiving services	9	10	10	29
Program drop-out	2	3	3	8
Currently receiving services	10	3	6	19
Missing	0	0	0	0
<b>Corrections placement at intake</b>				
County/local jail	1			1
Treatment facility/rehab	22			22

**Outcome area: Family relationships**

	Incarcerated mothers	Caregivers	Children	Total
Clients with follow-up information	13	15	15	43
<b>Positive family relationships</b>				
Increased contact between caregiver and incarcerated mother	6	9		15
Improved emotional relationship between caregiver and incarcerated mother		4		4
Increased contact between incarcerated mother and child	8		11	19
Improved emotional relationship between incarcerated mother and child			6	6
Caregivers open to reunification		7		7
Incarcerated mothers reunited with child and/or caregivers	5		8	13

**Outcome area: Improvements in parenting skills**

	<b>Incarcerated mothers</b>
Clients with follow-up information	13
Received formal parenting education or training	7
Demonstrated improvement in parenting	6

**Outcome area: Reentry planning**

	<b>Incarcerated mothers</b>
Clients with follow-up information	13
Formal or informal reentry planning	8
Plan involved family or friends	0

**Outcome area: Employment**

	<b>Incarcerated mothers</b>
Clients with follow-up information	13
Positive gain (maintained employment or became employed)	3
No change	7
Negative result (lost job)	1
Missing follow-up on employment	2

**Outcome area: Mental health and substance abuse (self-reported progress)**

	<b>Incarcerated mothers</b>			
	<b>No progress</b>	<b>Some Progress</b>	<b>Goal achieved</b>	<b>Missing</b>
Clients with follow-up information	13			
Learn to control anger/anger management (N=3)	Clients who selected this goal were those who recently joined the program			
Receive treatment for PTSD or other forms of trauma or bereavement (N=1)	Clients who selected this goal were those who recently joined the program			
Receive treatment for depression or another mental illness (N=4)	Clients who selected this goal were those who recently joined the program			
Remain drug-free upon release to community (N=19)	2	10	0	1
Receive treatment for drug or alcohol addiction (N=20)	1	7	4	1

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**Outcome area: Increased sources of support**

	<b>Caregivers</b>
Number of caregivers with at least 1 unmet basic need at intake	7
<b>Clients with follow-up information</b>	<b>15</b>
Number of caregivers with at least 1 unmet basic need at follow-up	0

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**Outcome area: Improvements in behavior and school performance**

	<b>Children (6 years old or older)</b>
Clients with follow-up information	14
<b>Child's involvement in educational activities</b>	
Increased	3
Stayed the same	9
Missing	2
<b>Child's involvement in extracurricular activities</b>	
Increased	6
Stayed the same	4
Decreased	2
Missing	2
Behavior at school or home improved or stayed "good"	3
Increased positive relationships with youth (outside the family)	3
Increased positive relationships with adults (outside the family)	3

## Site profile: Chicago, Illinois

### *Overview*

Volunteers of America of Illinois partnered with a women's state prison (Dwight Correctional Center) to recruit participants and provide services to families eligible for the Look Up and Hope program. Similar to Houston, this site began their involvement in the program through initial short-term service delivery; participants were in the program for just under 12 months before ending their formal involvement in the program due to lack of resources at the local level.

All of the incarcerated mothers participating in Look Up and Hope at this site were serving time at Dwight Correctional Center at intake, with an average of 9 months left on their sentence. Over the course of the program year, five women returned to the community.

In general, the Chicago site served clients who were very high-risk; as many incarcerated mothers dropped out of the program (N=4) as continued until the program ended, caregivers reported many unmet basic needs and concerns about neighborhood safety, and children from this site were reported having behavioral issues at school or home and engaging in high-risk behaviors (truancy, gang activity) more frequently. Therefore gains made in any of the program areas—especially given the limited resources and duration of services—are of considerable success.

### *Key findings*

#### **Areas of success**

- All of the incarcerated mothers in the program engaged in formal or informal reentry planning, and 80 percent involved family and/or friends of the client.
- Mothers who received parenting training (80%) subsequently demonstrated improvements in parenting observed by program staff.
- Almost all (N=8) of the families made progress in building family relationships; many of these relationships were described as “fair” or “poor” at intake, making this finding especially significant. However, participants were not involved in the program long enough to assess whether this progress was sustained over time.
- The unmet needs of caregivers were drastically reduced.

**Program challenges**

- Almost half of the clients involved in the program dropped out before services ended, one incarcerated mothers was re-incarcerated.
- Children, many whom exhibited behavioral issues, showed only modest improvements in behavior at school or home (even with increased involvement in extracurricular or educational activities).

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**Number of clients served, assessments received and program status**

	Incarcerated mothers	Caregivers	Children	Total
<b>Total clients served as of 5/31/2011</b>	10	11	14	35
Baseline assessments	10	11	14	35
Follow-up assessments	17	22	28	67
Interim	8	11	14	33
Final	9	11	14	34
<b>Status in program as of 5/31/2011</b>				
Successful graduate	1	0	0	1
No longer receiving services	5	8	10	23
Program drop-out	4	3	4	11
Currently receiving services	0	0	0	0
Missing	0	0	0	0
<b>Corrections placement at intake</b>				
State prison	9			9
Missing	1			1

**Outcome area: Family relationships**

	<b>Incarcerated mothers</b>	<b>Caregivers</b>	<b>Children</b>	<b>Total</b>
Clients with follow-up information	10	11	14	35
<b>Positive family relationships</b>				
Increased contact between caregiver and incarcerated mother	8	9		17
Improved emotional relationship between caregiver and incarcerated mother		3		3
Increased contact between incarcerated mother and child	8		12	20
Improved emotional relationship between incarcerated mother and child			6	6
Caregivers open to reunification		6		6
Incarcerated mothers reunited with child and/or caregivers	3		6	9

**Outcome area: Improvements in parenting skills**

	<b>Incarcerated mothers</b>
Clients with follow-up information	10
Received formal parenting education or training	8
Demonstrated improvement in parenting	8

**Outcome area: Reentry planning**

	<b>Incarcerated mothers</b>
Clients with follow-up information	10
Formal or informal reentry planning	10
Plan involved family or friends	8

**Outcome area: Employment**

<b>Incarcerated mothers</b>	
Clients with follow-up information	10
Positive gain (maintained employment or became employed)	3
No change	5
Negative result (lost job)	0
Missing follow-up on employment	2

**Outcome area: Mental health and substance abuse (self-reported progress)**

<b>Incarcerated mothers</b>				
Clients with follow-up information	10			
	<b>No progress</b>	<b>Some Progress</b>	<b>Goal achieved</b>	<b>Missing</b>
Learn to control anger/anger management (N=3)	0	2	1	0
Receive treatment for PTSD or other forms of trauma or bereavement (N=6)	0	4	2	0
Receive treatment for depression or another mental illness (N=8)	0	5	3	0
Remain drug-free upon release to community (N=9)	3	2	4	0
Receive treatment for drug or alcohol addiction (N=8)	1	2	5	0

**Outcome area: Increased sources of support**

<b>Caregivers</b>	
Number of caregivers with at least 1 unmet basic need at intake	8
<b>Clients with follow-up information</b>	<b>11</b>
Number of caregivers with at least 1 unmet basic need at follow-up	3

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**Outcome area: Improvements in behavior and school performance**

**Children (6 years old or older)**

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Clients with follow-up information	14
<b>Child's involvement in educational activities</b>	
Increased	4
Stayed the same	8
Missing	2
<b>Child's involvement in extracurricular activities</b>	
Increased	5
Stayed the same	6
Decreased	1
Missing	2
Behavior at school or home improved or stayed "good"	0
Increased positive relationships with youth (outside the family)	2
Increased positive relationships with adults (outside the family)	4

## Site profile: Maine

### *Overview*

Volunteers of America of Northern New England became involved in the Look Up and Hope initiative in October 2010. Unlike the other pilot sites, all of the incarcerated mothers began the program already released into the community. Unfortunately, this recruitment strategy may have led to a higher attrition rate: Nearly half of those with follow-up assessments (3 of 7) dropped out of the program, and two additional mothers left the program for unspecified or undetermined reasons. Much of the follow-up information on these five cases is incomplete.

### *Key findings*

#### **Areas of success**

- Although Maine experienced a proportionally higher drop-out rate than other sites, incarcerated mothers who stayed in the program (successful graduates or unspecified) did make progress in building positive family relationships by increasing their contact with caregivers and children. This may demonstrate a success of their family mediation/group conferencing approach.
- The program addressed the unmet basic needs of caregivers in the program through a full-range of supportive services including housing assistance, Barrier Buster funds, help accessing medical care or health insurance and offering child care assistance.

#### **Program challenges**

- The most important issue facing this site was keeping incarcerated mothers and caregivers enrolled and engaged in the program. One of the incarcerated mothers who dropped out of the program was re-incarcerated, but the other women simply could not be contacted. Because the Look Up and Hope program model relies on time a mother is still incarcerated to begin offered structured services and time to build better relationships, it may be important to seek participants who are still incarcerated and/or living in an institutional setting.

**Number of clients served, assessments received and program status**

	Incarcerated mothers	Caregivers	Children	Total
<b>Total clients served as of 5/31/2011</b>	11	13	18	42
Baseline assessments	11	13	18	42
Follow-up assessments	7	7	0	14
Interim	0	1	0	1
Final	7	6	0	13
<b>Status in program as of 5/31/2011</b>				
Successful graduate	2	2	2	6
No longer receiving services	2	2	4	8
Program drop-out	3	3	3	9
Currently receiving services	4	6	9	19
Missing	0	0	0	0
<b>Corrections placement at intake</b>				
Released/in the community	11			11

**Outcome area: Family relationships**

	Incarcerated mothers	Caregivers	Children	Total
Clients with follow-up information	7	7	0	14
<b>Positive family relationships</b>				
Increased contact between caregiver and incarcerated mother	4	2		NA
Improved emotional relationship between caregiver and incarcerated mother		No improved relationships		NA
Increased contact between incarcerated mother and child	4		No follow-up data yet	NA
Improved emotional relationship between incarcerated mother and child		No follow-up data yet	No follow-up data yet	NA
Caregivers open to reunification		3		NA
Incarcerated mothers reunited with child and/or caregivers	2	2	No information on how many children affected by reunification	NA

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**Outcome area: Improvements in parenting skills**

<b>Incarcerated mothers</b>	
Clients with follow-up information	<b>7</b>
Received formal parenting education or training	4
Demonstrated improvement in parenting	4

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**Outcome area: Reentry planning**

<b>Incarcerated mothers</b>	
Clients with follow-up information	<b>7</b>
Formal or informal reentry planning	4
Plan involved family or friends	4

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**Outcome area: Employment**

<b>Incarcerated mothers</b>	
Clients with follow-up information	<b>7</b>
Positive gain (maintained employment or became employed)	1
No change	3
Negative result (lost job)	0
Missing follow-up on employment	3

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**Outcome area: Mental health and substance abuse (self-reported progress)**

<b>Incarcerated mothers</b>				
Clients with follow-up information	7			
	No progress	Some Progress	Goal achieved	Missing
Learn to control anger/anger management (N=2)	0	1	0	1
Receive treatment for PTSD or other forms of trauma or bereavement (N=8)	0	1	0	6
Receive treatment for depression or another mental illness (N=8)	0	2	1	4
Remain drug-free upon release to community (N=7)	0	0	1	4
Receive treatment for drug or alcohol addiction (N=3)	0	1	1	1

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**Outcome area: Increased sources of support**

	<b>Caregivers</b>
Number of caregivers with at least 1 unmet basic need at intake	8
<b>Clients with follow-up information</b>	<b>7</b>
Number of caregivers with at least 1 unmet basic need at follow-up	1

---

**Outcome area: Improvements in behavior and school performance**

	<b>Children (6 years old or older)</b>
<b>Clients with follow-up information</b>	<b>0</b>
Child's involvement in educational activities	No follow-up data yet
Increased	
Stayed the same	
Child's involvement in extracurricular activities	
Increased	
Stayed the same	
Behavior at school or home improved or stayed "good"	
Increased positive relationships with youth (outside the family)	
Increased positive relationships with adults (outside the family)	

## Site profile: Sioux Falls, South Dakota

### *Overview*

Volunteers of America of the Dakotas is a relative newcomer to the Look Up and Hope initiative, as all of their Look Up and Hope participants recently enrolled in the program (2011) and are still receiving services. Half of the incarcerated mothers in the program began the program while living in a halfway house; two others were already living in the community and another was incarcerated at a state prison in Sioux Falls. Accordingly, the outcome data only includes interim assessments conducted at the first six month mark, and must be interpreted with caution.

### *Key findings*

#### **Areas of success**

- Nearly all (N=6) of the families in the program have shown progress in building positive family relationships since starting the program about six months ago. Unlike other incarcerated mothers, most of the women from the South Dakota site were partnered or in relationships, and their children were being cared for by those spouses/partners—this finding may show a more solid foundation clients are building on.
- All incarcerated mothers have received formal education training and demonstrated an improvement in their parenting skills as observed by program staff.
- Six incarcerated mothers experienced positive gains in employment—mostly by securing new part-time or full-time employment.
- Children exhibited good behavior at home or school, and increased positive relationships with adults outside the family.

#### **Program challenges**

- Although the program provided assistance with basic unmet needs for caregivers, including housing assistance, determining eligibility for public benefits or programs, and job placement assistance, transportation was a persistent need for caregivers at follow-up.
- Only half of the incarcerated mothers reported a formal reentry plan or informal planning at follow-up; and in only two cases were family and friends involved.

Family-focused reentry planning is a key component of the Look Up and Hope program; increasing efforts in this area is recommended.

**Number of clients served, assessments received and program status**

	Incarcerated mothers	Caregivers	Children	Total
<b>Total clients served as of 5/31/2011</b>	8	5	14	27
Baseline assessments	8	5	14	27
Follow-up assessments	8	5	14	27
Interim	8	5	14	27
Final	0	0	0	0
<b>Status in program as of 5/31/2011</b>				
Successful graduate	0	0	0	0
No longer receiving services	0	0	0	0
Program drop-out	0	0	0	0
Currently receiving services	8	5	14	27
Missing	0	0	0	0
<b>Corrections placement at intake</b>				
Halfway house/recovery program	4			4
Released/in the community	2			2
State prison	1			1
Missing	1			1

**Outcome area: Family relationships**

	Incarcerated mothers	Caregivers	Children	Total
<b>Clients with follow-up information</b>	8	5	14	27
<b>Positive family relationships</b>				
Increased contact between caregiver and incarcerated mother	4	4		8
Improved emotional relationship between caregiver and incarcerated mother		1		1
Increased contact between incarcerated mother and child	7		12	19
Improved emotional relationship between incarcerated mother and child			8	8
Caregivers open to reunification		5		5
Incarcerated mothers reunited with child and/or caregivers	5		8	13

**Outcome area: Improvements in parenting skills**

	<b>Incarcerated mothers</b>
<b>Clients with follow-up information</b>	8
Received formal parenting education or training	8
Demonstrated improvement in parenting	8

**Outcome area: Reentry planning**

	<b>Incarcerated mothers</b>
<b>Clients with follow-up information</b>	8
Formal or informal reentry planning	4
Plan involved family or friends	2

**Outcome area: Employment**

	<b>Incarcerated mothers</b>
<b>Clients with follow-up information</b>	8
Positive gain (maintained employment or became employed)	6
No change	2
Negative result (lost job)	0
Missing follow-up on employment	0

**Outcome area: Mental health and substance abuse (self-reported progress)**

	<b>Incarcerated mothers</b>			
<b>Clients with follow-up information</b>	8			
	<b>No progress</b>	<b>Some Progress</b>	<b>Goal achieved</b>	<b>Missing</b>
Learn to control anger/anger management (N=2)	1	1	0	0
Receive treatment for PTSD or other forms of trauma or bereavement (N=3)	1	2	0	0
Receive treatment for depression or another mental illness (N=4)	2	2	0	0
Remain drug-free upon release to community (N=7)	0	6	1	0
Receive treatment for drug or alcohol addiction (N=7)	1	5	1	0

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**Outcome area: Increased sources of support**

		<b>Caregivers</b>
Number of caregivers with at least 1 unmet basic need at intake		1
<b>Clients with follow-up information</b>		<b>5</b>
Number of caregivers with at least 1 unmet basic need at follow-up	5* All caregivers reported the same unmet need (transportation)	

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**Outcome area: Improvements in behavior and school performance**

		<b>Children (6 years old or older)</b>
<b>Clients with follow-up information</b>		<b>7</b>
Child's involvement in educational activities		
Increased		3
Stayed the same		4
Child's involvement in extracurricular activities		
Increased		3
Stayed the same		4
Behavior at school or home improved or stayed "good"		6
Increased positive relationships with youth (outside the family)		1
Increased positive relationships with adults (outside the family)		7

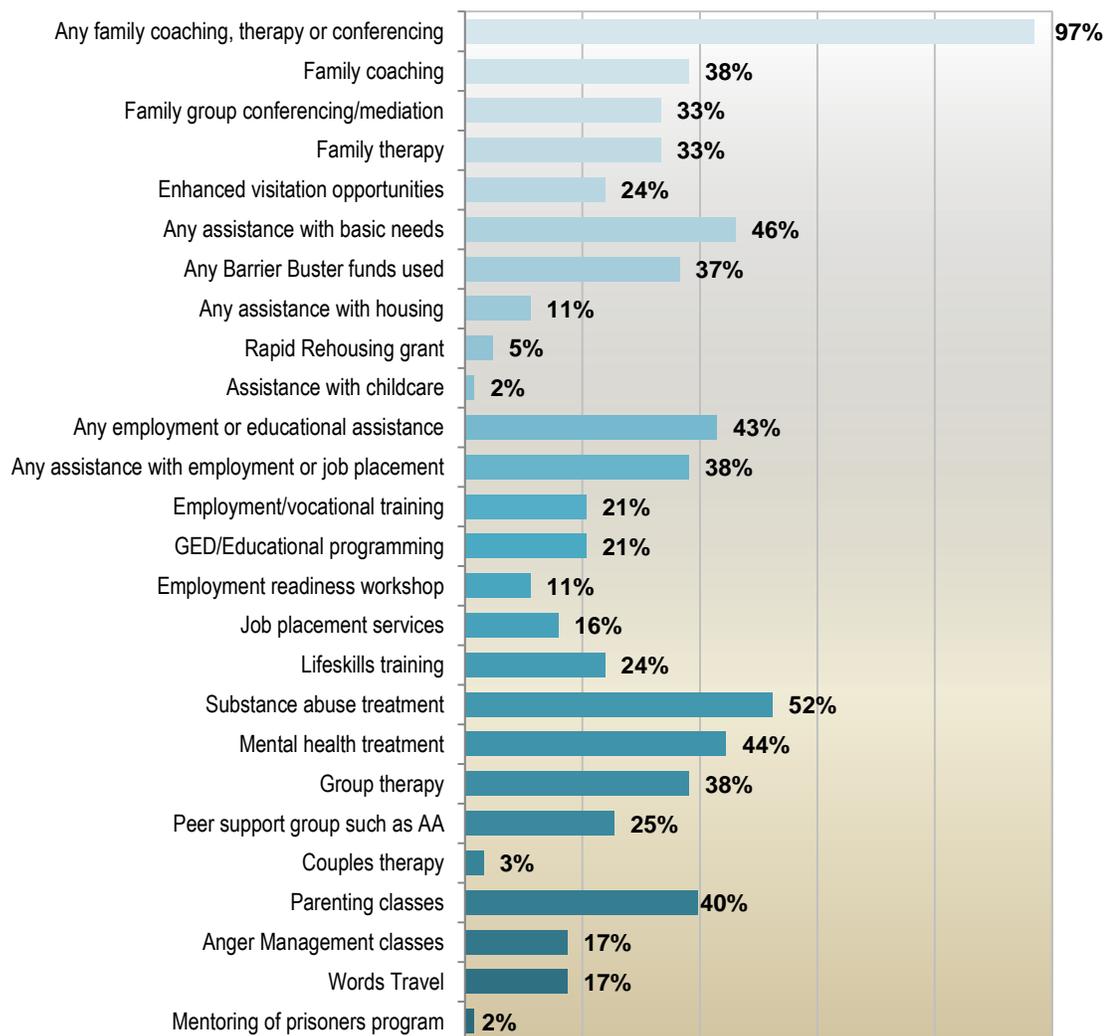
## B. Types of services provided to clients

### Incarcerated mothers

#### Services received by all participants

Sixty-five baseline service plans provided by Look Up and Hope program staff show incarcerated mothers received a range of services consistent with the program model: 97 percent participated in family-based services (coaching, therapy, conferencing), 51 percent received treatment for substance abuse, 45 percent received mental health treatment, and 43 percent received some type of assistance with employment or educational opportunities.

#### A1. Services prescribed to incarcerated mothers at intake (N=65)



**Services received by incarcerated mothers, by pilot site**

Each of the five pilot sites offered the foundational services of the Look Up and Hope program model, i.e. family-based counseling (termed coaching, therapy or mediation), employment assistance, and mental health treatment. Beyond that, however, specific services varied across site. For example, the Mentoring of Prisoners program was an option for incarcerated mothers in Look Up and Hope through Volunteers of America of Indiana and Volunteers of America of the Dakotas, who both had existing programs. In some cases, similar services may just be described differently, such as the various types of employment assistance.

**A2. Intake service plans for incarcerated mothers by site (N=65)**

	Houston (N=22)	Indianapolis (N=14)	Chicago (N=10)	Maine (N=11)	South Dakota (N=8)
<b>Family-based services</b>					
Any family coaching, therapy or conferencing	X	X	X	X	X
Family coaching	X	X		X	
Family therapy	X			X	X
Family group conferencing/mediation			X	X	X
Enhanced visitation opportunities	X		X	X	
<b>Basic needs, education and employment</b>					
Any assistance with basic needs	X	X	X	X	
Barrier Buster funds used		X	X	X	
Assistance with childcare	X				
Assistance with housing	X	X		X	
Any employment or educational assistance	X	X	X	X	X
GED/Educational programming	X		X	X	X
Assistance with employment or job placement	X	X	X	X	X
Employment/vocational training	X			X	X
Job placement services	X	X		X	X
Employment readiness workshop			X		

**A2. Intake service plans for incarcerated mothers by site (N=65) (continued)**

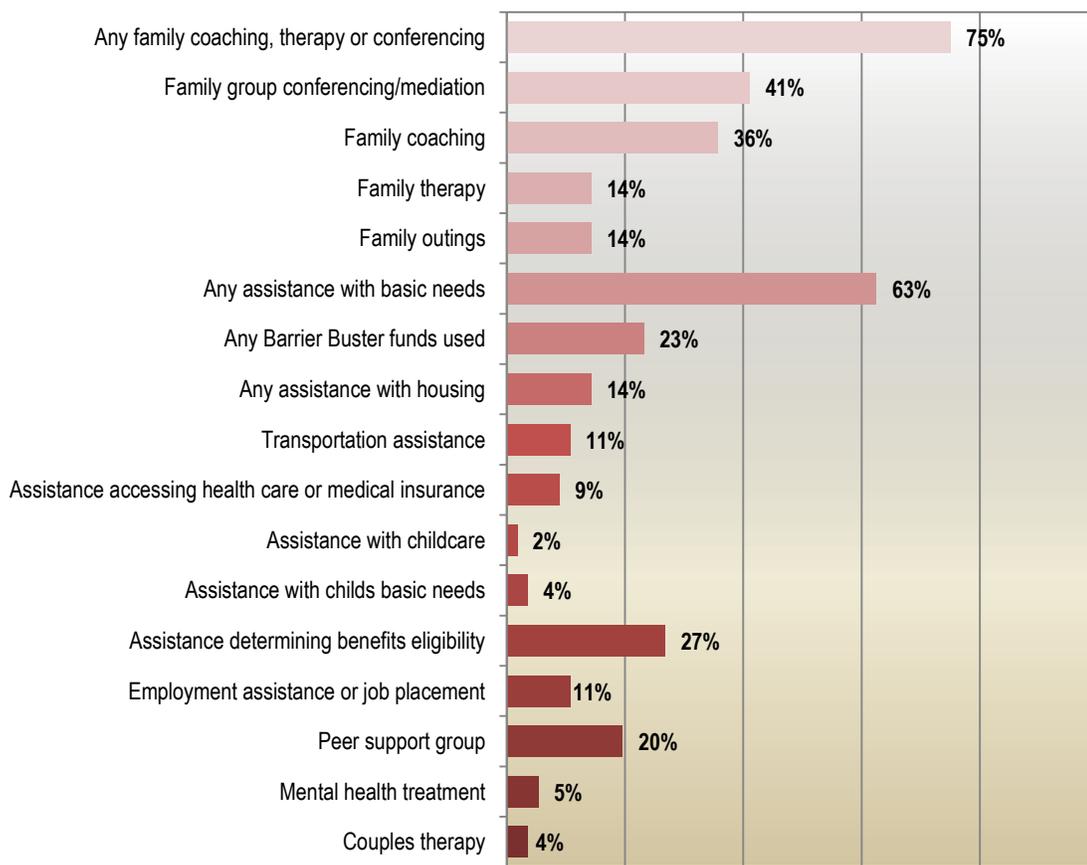
	Houston (N=22)	Indianapolis (N=14)	Chicago (N=10)	Maine (N=11)	South Dakota (N=8)
<b>Mental health and substance abuse treatment</b>					
Mental health treatment	X	X	X	X	X
Substance abuse treatment	X		X	X	X
Peer support group such as AA	X		X	X	X
Group therapy	X		X		
Couples therapy				X	X
<b>Specialty reentry classes or programs</b>					
Mentoring of prisoners program					X
Anger Management classes	X	X	X		
Parenting classes		X	X	X	X
Life skills training	X		X	X	X
Words Travel		X	X	X	

## Caregivers

### Services received by all participants

Initial program service plans (N=56) for caregivers consistent largely of “as needed” or “one time” services to address immediate needs of families with concrete supports. However, family coaching and mentoring services were weekly, ongoing meetings to help client’s identify and reach their goals concerning family relationships, employment and finance and their personal emotional and mental health goals.

#### A3. Services prescribed to caregivers at intake (N=56)



**A4. Services received by caregivers, by pilot site (N=56)**

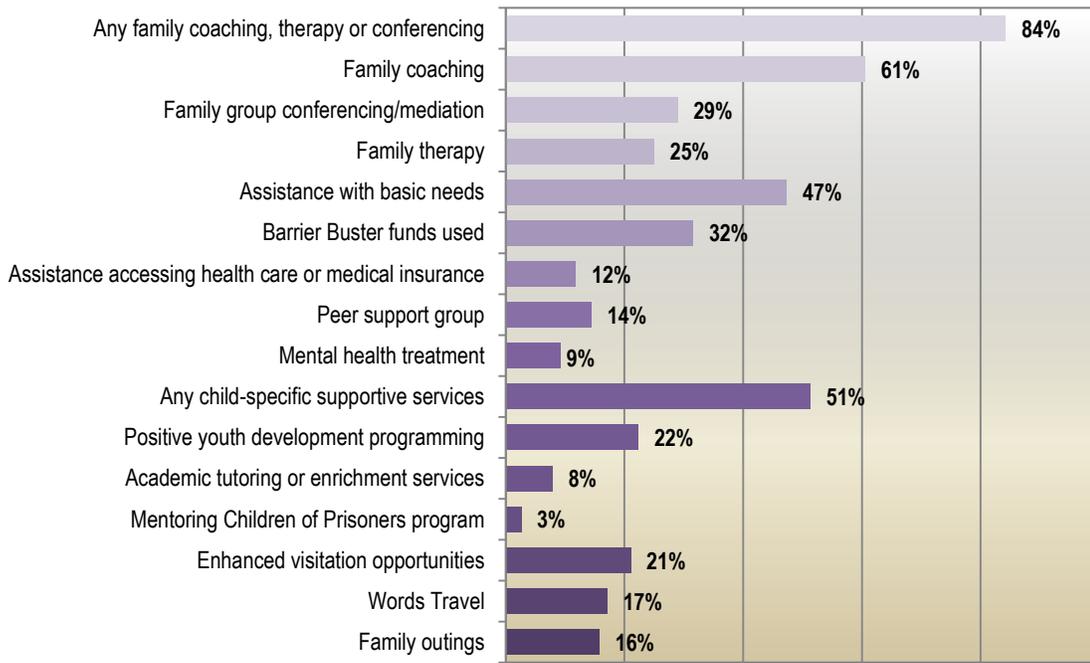
	Houston (N=18)	Indianapolis (N=12)	Chicago (N=11)	Maine (N=10)	South Dakota (N=5)
<b>Family-based services</b>					
Any family coaching, therapy or conferencing	X	X	X	X	X
Family group conferencing/mediation		X	X	X	X
Family coaching	X	X			X
Family therapy	X				X
Family outings			X		
<b>Basic needs, employment, and benefits</b>					
Any assistance with basic needs	X	X	X	X	X
Assistance with housing	X	X	X	X	X
Transportation assistance	X	X	X	X	
Help accessing health care or medical insurance	X	X	X	X	
Barrier Buster funds used		X	X	X	
Assistance with childcare	X				
Assistance with child's basic needs		X	X		
Assistance determining benefits eligibility	X				X
Employment assistance or job placement			X		X
<b>Mental health treatment</b>					
Mental health treatment		X	X		X
Peer support group		X	X		
Mentoring		X			
Couples therapy					X

**Children**

**Services received by all participants**

Service plans for 76 children in the program (81%) were received and analyzed. Similar to their caregivers, children received both “as needed” or “one time” services to meet needs with immediate help, as well as ongoing services like weekly family coaching and mentoring.

**A5. Services prescribed to children at intake (N=76)**



**A6. Services received by children, by pilot site (N=76)**

	Indianapolis (N=26)	Houston (N=18)	Chicago (N=14)	South Dakota (N=14)	Maine (N=4)
<b>Family-based services</b>					
Any family coaching, therapy or conferencing	X	X	X	X	X
Family coaching	X	X	X	X	
Family therapy		X	X	X	
Family group conferencing/mediation			X	X	X
Words Travel	X		X		
Enhanced visitation opportunities		X	X		
Family outings			X		
<b>Basic needs and mental health treatment</b>					
Assistance with basic needs	X	X	X	X	X
Help accessing health care or medical insurance		X	X	X	
Barrier Buster funds used	X		X		X
Mental health treatment			X	X	
Peer support group		X	X		X
<b>Child-specific supportive services</b>					
Any child-specific supportive services	X	X	X	X	X
Mentoring Children of Prisoners program	X	X			
Academic tutoring or enrichment services	X	X			
Positive youth development programming	X	X	X	X	X

## *C. Detailed description of client characteristics*

### **Incarcerated mothers**

To date, 67 incarcerated mothers have enrolled in the Look Up and Hope initiative, and Wilder Research received 66 completed intake assessments from program staff (one assessment contained partial data, please note the totals in each table).

### **Demographics**

Eighty-five percent of the incarcerated mothers in the program were under 40 years old—including 20 percent who were under 26 years old—and predominately Caucasian (50%) or African American (35%).

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#### **A7. Demographics of incarcerated mothers**

	<b>Incarcerated Mothers (N=66)</b>
Female	100%
18–25 years old	20%
26–40 years old	65%
41–60 years old	15%
African American/black	35%
Caucasian/white	50%
Latino or Hispanic	6%
Native American	6%
Two or more races	3%

Nearly one-third (30%) of participating mothers did not graduate high school or obtain their GED, 27 percent earned a high school diploma (or equivalency), 22 percent had some college, vocational training or higher education, including four mothers who had bachelors or graduate degree, and the remaining 21 percent did not disclose their level of education.

### **Client program status**

Most incarcerated mothers (70%) began the Look Up and Hope program while they were still incarcerated in county jail or state prison, finishing their sentence at a halfway house or residential treatment facility, and they averaged 87 days until release. Seventeen

women (25%) had already been released to the community when they enrolled, including one mother completing her sentence through home confinement.

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**A8. Corrections placement at intake**

	<b>Incarcerated mothers (N=67)</b>
Treatment facility/rehab center	33%
Returned to the community	25%
Halfway house/recover program	21%
County jail or state prison	16%
Missing data	5%

**History of incarceration**

Mothers were asked to disclose the crimes for which they were currently incarcerated: over half (56%) said drug-related crimes, 33 percent were incarcerated for theft or property crime, 9 percent for counterfeiting or forgery, followed by violent crimes, prostitution, violating probation or parole or some other crime (see Table 5). Fifteen percent had multiple convictions related to their current incarceration.

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**A9. Crimes that lead to current incarceration**

	<b>Incarcerated mothers (N=67)</b>
Drug-related	55%
Theft or property crime	31%
Counterfeiting or forgery	9%
Violent crime	6%
Prostitution	3%
Parole or probation violation	3%
Other crime	7%
Two crimes	18%

For one in five mothers (22%) in the program, this was their first experience serving time. However, over half (54%) of mothers in the program had a history of incarceration (not including the current episode); 36 percent had been incarcerated once or twice before, and 18 percent said they had been incarcerated three or more times (24% did not disclose this information). Recidivists often served time for the same crimes. For example, 32 percent of participants serving time for drug-related crimes had been previously incarcerated for a drug-related crime.

## Employment

Employment is a fundamental concern for incarcerated mothers soon to be released, and is a key focus of the Look Up and Hope initiative, which includes employment assistance and/or job placement services to help women obtain and keep a living wage job. Eleven women were employed when they began the program—mostly in retail and service jobs, and they were earning an average wage of \$7.62 (for positions paid hourly). Those employed at the start of the program were either living in a halfway house/recover program (N=6) or had returned to the community (N=4). One woman was incarcerated in a state prison and employed through a work release program.

## Physical and mental health

One in five incarcerated mothers reported a chronic medical condition during their intake assessment; high blood pressure (N=4), asthma (N=3), and diabetes (N=2) were the top responses. The participants with these conditions receiving appropriate medical treatment, with the exception of one woman who indicated she did not take her prescribed medication by choice.

Due to high rates of past trauma among female offenders, Look Up and Hope clients were asked about their mental health issues, as well as past victimization (domestic violence, sexual assault or exploitation) and substance abuse (see Figure below). Forty-eight percent of incarcerated mothers reported at least one mental health issue, most commonly depression (34%), an anxiety disorder (30%), bipolar disorder (24%) or post-traumatic stress disorder (19%). Other mental health issues reported by 16 percent of incarcerated mothers included ADHD, schizophrenia or hallucinations, personality and eating disorders.

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### A10. Mental health issues identified by incarcerated mothers

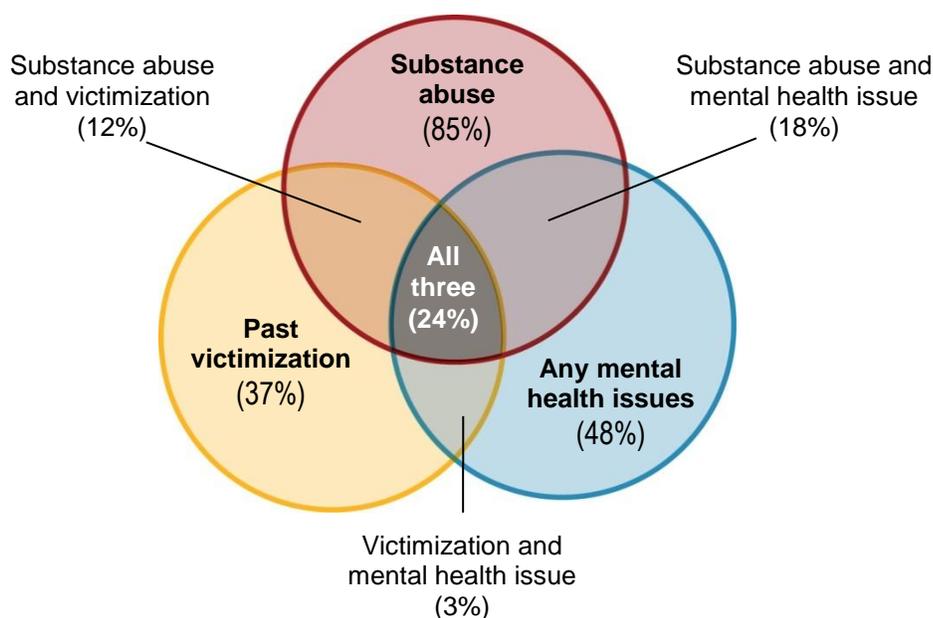
	Incarcerated mothers (N=67)
Depression	34%
Anxiety disorder	30%
Bipolar disorder	24%
Post-traumatic stress disorder (PTSD)	19%
Other	16%
Any mental health issue	48%

**Note:** Figures do not equal 100% because many women suffered from more than one mental health disorder.

Eighty-five percent of incarcerated women in the program report a history of substance abuse, and over one-third (37%) said they had been a victim of domestic violence, sexual assault or exploitation, including five women who specified a history of domestic violence. As the diagram below shows, approximately one quarter of all incarcerated women enrolled in the program (24%) suffered from a combination of substance abuse issues, mental health issues, and past trauma and victimization—a risk profile requiring highly individualized care, complex treatment plans, and responsive, long-term service delivery.

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**A11. Substance abuse, trauma and mental health of mothers (N=67)**



**Caregivers**

A key component of the Look Up and Hope program is to serve the caregivers to children with an incarcerated mother. So far, 60 caregivers have enrolled; including four families who had each had two caregivers participate (three of the four were partnered couples). Thus, 84 percent of families in the program (60 of 67) include a caregiver.

Wilder Research received 59 completed intake assessments from program staff (one assessment contained partial data, please note the totals in each table).

Most of the caregivers receiving services in the Look Up and Hope program are female (71%), and under 60 years old (77%). The race/ethnicity of caregivers is similar to those of incarcerated mothers, that is, predominately African American/black (44%) and Caucasian (42%), with a slightly higher proportion of Latino/Hispanic participants (12%) compared to enrolled mothers.

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**A12. Demographics of caregivers**

	Caregivers (N=59)
Male	29%
Female	71%
18–25 years old	10%
26–40 years old	20%
41–60 years old	47%
61 years old or older	23%
African American/black	44%
Caucasian/white	42%
Latino or Hispanic	12%
Native American	2%
Two or more races	0%

Almost half (49%) of caregivers enrolled were unpartnered—either single, divorced/separated or widowed—and 37 percent were married or in a relationship (12% did not disclose this information). One in five (19%) did not complete high school, 36 percent earned their high school diploma (or equivalency) and 19 percent completed some education beyond high school, including six caregivers who received college degrees.

**Income, benefits and basic needs**

Almost as many caregivers were retired or disabled and therefore no longer part of the labor force as were employed at intake (37%). Twelve percent however, were unemployed and looking for work, and nine caregivers said they would like job assistance or vocational training.

When asked if their annual household income was adequate to meet the needs of their household, one-third said “no” or “I don’t know”—not surprising, considering 42 percent of caregivers reported their annual household income as less than \$25,000. Only 10 percent said their income was \$25,000–74,000 (the other 48% did not report their income).

Three in four caregivers (75%) were receiving at least one public benefit or program; most frequently, Food Stamps (55%), state or federally-funded medical insurance (55%), WIC vouchers (14%), and social security benefits for disability (13%) or retirement (9%), followed by SSI, foster care payments and Headstart or Early Headstart. Other benefits received by caregivers included child support, child-only medical insurance, housing vouchers, and community-based services. When caregivers were asked if they’d like assistance applying for (other) benefits, 23 percent said “yes” and specified interest in

medical insurance for themselves or the children in their care (N=5) as well as transportation, Food Stamps, and respite care.

In addition to asking about their employment, income and what benefits they received, caregivers were also asked to identify any unmet basic needs they need help with as part of the service model of Look Up and Hope is to address these needs directly, or by connecting caregivers to resources in the community. Nearly half (47%) had at least one unmet need; Table A13 shows their responses:

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### **A13. Unmet basic needs identified by caregivers**

	<b>Caregivers (N=60)</b>
Safe, stable housing	15%
Access to child care	15%
Legal services	15%
Transportation	12%
Clothing	8%
Other needs	18%
At least one unmet need	47%

Other basic needs included utility/heating assistance, help obtaining personal identification, and school uniforms for the children in their care. Thirty percent of caregivers identified more than one unmet need, including seven caregivers (12%) who could be considered “high need” with three or more basic needs unmet at intake.

What caregivers may lack in concrete, financial support, they seem to make up for in informal support: Two-thirds (67%) said they relied on friends and family to provide support or assistance, and 23 percent utilized community-based services to help them meet the needs of their household.

### **Physical and mental health**

Fifty-five percent of caregivers in the program were described as having “very good” or “good” general health and well-being by program staff. That said, it’s clear the physical and mental health issues of caregivers differs from that of incarcerated mothers: whereas incarcerated mothers had a high rates of mental health issues, including trauma and substance abuse, health-related issues for caregivers in the program are more likely to be focused on a serious physical condition (much of which can be attributed to older age of caregivers) and stress-related mental health issues, for example:

- Twenty-eight percent of caregivers reported a chronic medical condition—and arguably, many are serious, such as cardiovascular disease/heart-related illness, cancer, brain tumor (in remission), high blood pressure and diabetes. Most were receiving medical care.
- Almost one-third (30%) reported not having adequate time to rest and attend to their own emotional and physical needs, and 25 percent of caregivers were characterized by program staff as not appearing to get enough rest.

That is not to say caregivers do not have significant mental health issues: One in five caregivers reported a mental health issue, most commonly depression (17%) and anxiety (8%). A small number of caregivers (N=9 or 15%) reported a history of substance abuse.

### Family relationships

Most caregivers reported strong relationships between themselves and the child(ren) in their care; 75 percent characterized this relationship as “good” and 17 percent said “fair”. Relationships between incarcerated parents and caregivers were slightly more mixed, however. Less than half (48%) of caregivers described their relationship with incarcerated mothers as “good”, another 23 percent characterized their relationship as “fair” and 25 percent said they had a “poor” relationship or none at all.

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#### A14. Emotional relationships of caregivers at intake (N=60)

	Relationships with children in their care...	Relationships with incarcerated mothers...
Good	75%	48%
Fair	17%	25%
Poor or no relationship	3%	25%
Missing	5%	2%

Over half (57%) of caregivers in the program reported weekly contact with incarcerated mothers, another 18 percent said they were in touch monthly, 25 percent were in contact less frequently—ranging from every few months to once every six months. Thirteen percent were in contact only once or twice a year or less.

When asked how open they were to the idea of the children in their care reunited with their incarcerated parent, 57 percent said they were “very open” to the idea, 35 percent said they were “somewhat open” and 8 percent had less positive feelings about it (“not all open” or specified concerns).

## Children

Ninety-four children have been enrolled in the Look Up and Hope initiative since September 2009. One family had four children participating, 6 families each had three children participating, another 18 families had two children enrolled, and the other 36 families each had one child participating in the program. As noted in the main report, 6 families, or 9% of all participating families, did not have minor children enrolled in the program.

## Demographics

Just over half (54%) of the children in the program are male, and under 9 years old (63%). The median age of child participants is 8 years old. Most children involved in the program were either Caucasian/white (41%) or African American/black (38%) which aligns closely with the racial distribution of incarcerated mothers.

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### A15. Demographics of children

	Children (N=94)
Male	54%
Female	46%
Under 5 yrs old	33%
6–9 years old	30%
10–13 years old	22%
14 years old and older	15%
African American/black	38%
Caucasian/white	41%
Latino or Hispanic	5%
American Indian	7%
Two or more races	9%

Twelve percent of children were enrolled in preschool or kindergarten, 32 percent attended elementary school (grades 1–6), and 12 percent were in middle or high school (grades 7-12).

## Physical, mental and socio-emotional health

The emotional and physical health of children was assessed by program staff, and generally described as “very good” or “good” (53%), 29 percent of children were described as in “fair” health, and 12 percent were in “poor” health. Case notes for several children indicate children in poor health were distressed, and having difficulty coping

with changes at home since their mother became incarcerated. Other concerns involved their home environment and unmet basic needs. Seven children had a serious chronic health issue, including asthma (N=3), diabetes (N=1), problems with their immune system (N=1), developmental delays (N=1) and scleroderma (N=1).

In terms of mental health, 25 percent had been diagnosed with a mental health condition, most commonly, ADD, ADHD or another learning disability (17%), anxiety (2%), autism (2%) or other issues (10%). One-third (31%) were not being treated for their mental health issues at intake. Almost one in three children (31%) were reported as behavior problems at home or school: 10 percent of these issues were described as anger or aggression, 9 percent involved defying authority or difficulty paying attention, and the other 12 percent involved unspecified issues.

Sixteen percent of children had experienced abuse or neglect, according to their caregivers, and in the majority of such cases, their mother was mentioned specifically. In order to understand whether or not these experiences had lasting effects on children in terms of how they relate to peers and adults, several questions about their socio-emotional health were included on the intake assessment (see Table A16). Despite family disruptions and past trauma, overall children seem to be relatively well-adjusted according to these indicators.

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**A16. Socio-emotional health of children at intake**

	<b>Children (N=94)</b>
Child is <u>not</u> unusually shy or withdrawn	75%
Child appears to have healthy adult role models or sources of support	60%
Child has friends and healthy relationships with peers outside of their family	52%

**Family relationships**

As described in previous sections, children’s emotional relationships with their caregiver is mostly favorable—92 percent characterized it as “good” or “fair”. Relationships with incarcerated parents are slightly more mixed, with 79 percent describing the relationship as “good” or “fair”. Six children in four families had already been reunified with their incarcerated mothers; and 86 percent had a “good” or “fair” chance of reunifying in the future. The intake assessments described 12 children as having had no or little chance of reunifying with their incarcerated mother post-release.

## ***D. Brief overview of study methods***

The data in this report is drawn from several data collection tools designed by Wilder Research as part of its ongoing evaluation of the Look Up and Hope project. These tools include:

- Baseline client tracking forms, intended to gather detailed demographic and family history information from all Look Up and Hope clients at program intake
- Client service plans, which provide standardized information on the types and levels of services being offered to participating clients
- Follow-up client tracking forms, intended to document periodic changes in client's status, changes in their service plans, and ongoing assessments of their progress in reaching personal goals
- An online relational data base, intended to allow pilot sites to upload and report the information from their client tracking forms remotely.

Staff from the pilot sites are required to update their client-level data to the online data base every six months. Data from the data base is then cleaned, aggregated, and analyzed across sites by the research staff at Wilder Research—providing a semi-annual cross-site portrait of the program's clients, client characteristics, and outcomes to date.

This particular semi-annual progress report reflects all of the Look Up and Hope client-level data reported to Wilder as of May 31, 2011. It also incorporates some observations and program results shared by pilot site staff who participated in Volunteers of America's annual affiliate meeting (held in Sioux Falls South Dakota in June 2011).

Samples of the client tracking forms used to collect data for the project are available from Wilder Research upon request.