

Look Up and Hope: Annual progress report

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Prepared by:

Stephanie Nelson-Dusek, Krysten Lynn Ryba-Tures, and Julie Atella

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

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Sheryl Barnett, Executive Vice President

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Denise Smith, Family Coach

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Tim Campbell, President and Chief Executive Officer

Shannon Schumacher, Chief Operating Officer

Kimtoiya Sam, Division Director of Clinical Services

Rachel Yates, Family Coach

Karla Taylor-Temple, Family Coach

Terra Ours, Family Coach

Volunteers of America Northern New England

June Koegel, President and Chief Executive Officer

Nancy Ives, Vice President of Program Operations

Mary O'Leary, Family Coach

Volunteers of America Texas

Melody Timinsky, President and Chief Executive Officer

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Introduction

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

To evaluate the impact that LUH has on participating families, VOA contracted with Wilder Research, which has been providing research and evaluation support since the program began in 2009. By describing and analyzing the characteristics, service needs, and progress of clients over time, this study seeks to better understand the needs of those affected by maternal incarceration and to identify potentially promising ways of supporting this vulnerable population in the future.

The third annual progress report provides information on the initiative’s status and progress towards achieving its intended outcomes from January to December 2012. A description of the research methodology used to evaluate LUH can be found in the appendix.

Summary of findings

Based on the data analyzed for this third annual progress report, the Look Up and Hope program continues to make significant **progress** in achieving many of its key outcomes:

- Overall, 86 percent of families (for whom follow-up information was available) experienced improvement in their relationships.¹ (This is slightly higher than the last annual report, in which 80% of families reported improved relationships.)
- Of the caregivers who had an unmet need at intake, and for whom follow-up information was available, nearly all (89%) reported no persistent needs at follow-up.
- Sixty percent of mothers increased contact with both their children and their children’s caregiver.
- One-third (32%) of eligible mothers were successfully reunified with their children.
- Three-quarters (76%) of incarcerated mothers received parent education or training; of those who received formal training, nearly all (96%, up from 90% last year) demonstrated an improved knowledge of parenting skills.
- Nearly four in ten (39%) women with improved parenting skills were successfully reunited with their minor children (90 women improved their parenting skills at follow-up, and 85 were eligible to reunify with their children; therefore the 39% is based on 85 women).
- Nearly half (47%) of mothers had a positive employment outcome (either they maintained their employment or they started the program unemployed and later became employed), and the average reported wage increased between pre-incarceration (\$7.62) and post-incarceration (\$8.43).
- Elementary school-aged children had particularly positive school-related outcomes. Of those who had a “good” school performance at intake, half continued to improve, while one-quarter maintained their good performance. Of those who had “good” attendance at intake, about one-quarter (27%) continued to improve and 58 percent maintained their good attendance.

¹ “Improvement” means there was either increased contact between mothers and children or reunification occurred, or there were positive changes in the emotional relationship between family members (as reported by family coaches).

- In addition, over half (53%) of elementary school-aged children increased their participation in extracurricular activities (up from 33% at the last annual report).
- Of those children who were reported as having “no behavioral issues” at intake, eight in ten (81%) either maintained or improved their good behavior while enrolled in the program.
- Nearly half (46%) of all children increased their positive relationships with adults, and a similar number (44%) reportedly connected with peers in a positive way.

Along with the positive outcomes experienced by LUH participants, there have been some persistent **challenges**:

- Caregivers continue to struggle with stress and relationship challenges. One-third of caregivers showed signs of stress at intake. This was true even of caregivers who had been receiving informal support from family members or friends; two-thirds of those who received informal support (n=73) showed signs of stress.
- Nineteen percent of families reported decreased contact between caregivers and incarcerated mothers over the course of the program, and 16 percent of incarcerated mothers reported complete estrangement from their family members.
- Out of the 35 caregivers (with follow-up information) who said they did not receive assistance from family or friends at intake, only four (11%) reported new sources of informal support at follow-up.
- Seven in ten (71%) incarcerated mothers reported having a formal plan at follow-up, which is relatively low considering that formal, family-based reentry programming is a core tenant of LUH. Another 18 percent had been involved in informal reentry planning. It is important to note, however, that this is an increase from last year, in which only one-third (33%) of mothers were reported as having formal, written plans and 12 percent had informal plans.
- Older children (13-17 years old) had fewer positive school-related outcomes than their younger counterparts. Of those who had “good” school performance at intake, 40 percent improved or maintained their work; however, 20 percent declined. Of those who were reported as “average” at intake, 44 percent remained the same and 11 percent declined.

Program overview

Mission and goals of LUH

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 children's healthy development and strengthening their families. More specifically, the initiative seeks to promote child well-being and family stability by providing an array of comprehensive, 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
- Increase families' economic security and overall stability

Pilot sites

When the program was conceived in 2009, five pilot sites with a strong history of service to incarcerated women and their families were selected to help design, implement, and carry out the mission of LUH. These sites were: Volunteers of America, Dakotas; Volunteers of America of Illinois; Volunteers of America of Indiana; Volunteers of America Northern New England; and Volunteers of America Texas.

Unfortunately, the Illinois affiliate was forced to withdraw in the first year of the project, and the Northern New England affiliate ceased offering services at the end of the third year because of funding challenges. This report includes a description of Northern New England's final program activities and outcomes while participating in the project.

Key strategies

With support from the Annie E. Casey Foundation, Volunteers of America's national office, and a variety of federal, state, and local grants, the four sites participating in the pilot project in 2012 attempted 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 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 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, and leadership programs)
 - Appropriate referrals to community-based services for children and caregivers
 - Mentoring support for all family members
 - Pastoral care
 - Concrete supports (e.g., assistance with rent payments, transportation costs, other "Barrier Buster" needs)

6. Providing family-centered services, including:
 - Enhanced, appropriately graduated opportunities for family visitation
 - Evidence-based family counseling programs
 - 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

Variation in program implementation and data challenges

All four programs provided some common services between 2009 and 2012—most notably home-based case management services for caregivers and children (or “family coaching”), which was funded by the national office of VOA. In addition, all four of the sites provided Wilder Research with updates and detailed information on the status of their Look Up and Hope client families in December 2012. (This information was provided using a set of proprietary client-tracking tools designed by Wilder Research and described more fully in the study methods section of this report.)

However, because each pilot site is largely responsible for raising its own funding, the scope and intensity of programming varies by site. In order to get a sense of how much programming varies, Wilder Research conducted telephone conversations with each site in May of 2012. The goal of these “fidelity interviews” was to create a checklist that outlines the core program components every pilot site is expected to implement as part of the LUH initiative; having guidelines such as these helps to ensure fidelity to the program model and to generate sound data that can be compared across sites.

While it is important that everyone adheres to the fidelity guidelines, the interviews illustrate that each site has its own unique set of circumstances, which makes consistent program implementation difficult. For example:

- The **VOA Dakotas** site takes a team approach to Look Up and Hope, where staff members meet frequently to discuss their progress. They also place a greater emphasis on finding mentors for the incarcerated women they serve because they have a federal Second Chance Mentoring Grant.

At the start of the program until about 6 months ago, we met twice weekly for 2 hours. Now we are doing staff meetings once per week, or shorter meetings more frequently. Cohesiveness between overlapping programs was important, and communication. – VOA staff member

A strong clinical base makes a big difference; a strong team with a case management component. – VOA staff member

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

Also, Indiana is in the process of shifting its focus to more employment-based services, as the result of receiving a Department of Labor grant in 2012.

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

- Like the Dakotas site, **VOA Texas** has a Second Chance Mentoring Grant and places a strong emphasis on finding mentors for the women they serve. However, unlike South Dakota, the Houston site has faced challenges that prevent it from taking the same team approach; ultimately, they had to disrupt or discontinue services to two separate cohorts of LUH clients because of changes in staffing and funding beyond the site’s control.

That being said, Houston has now had the same family coach for over a year; she is the only family coach for that site and is strongly engaged in improving the lives of families. For example, she took it upon herself to create a satisfaction survey for clients who have received LUH services for six months or more.

Staff turnover made it challenging. [The family coach] has been wonderful and we wish we had her forever. – VOA staff member

- **VOA Northern New England** chose to focus on building the family mediation and family group conferencing components of the LUH program. Their site also focused on assisting with basic needs, such as shelter and heating, since their clients are faced with colder climates.

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

Wilder also found that, across all sites, there are differing strategies for client recruitment and discharge from the program. Such inconsistencies make it difficult to meaningfully aggregate and compare the results of the initiative across sites. Other challenges related to Look Up and Hope program data include:

1. **Scope**—Enrollment in the Look Up and Hope initiative is ongoing, and not all family members start services at the same time, i.e., family coaches may start working with mothers first, then enroll caregivers and children several weeks or months later, or vice versa. To some extent, this rolling admission to the program means that the availability of outcome data may vary across individuals within the same family. For example, at the end of the reporting period, follow-up information was available for 94 percent of incarcerated mothers, but only 82 percent of children.
2. **Quality**—Follow-up information for clients who dropped out of the program— or those who experienced implementation issues/service disruptions—may be incomplete or missing and, therefore, does not fully document client progress or program results. For example, 26 percent of incarcerated mothers’ follow-up records were deemed incomplete.
3. **Consistency**—Follow-ups are completed whenever deemed appropriate by family coaches and thus vary in frequency; the time period between assessments ranged from four to six months. Given how quickly the circumstances of the women and their families can change, it is difficult to capture all of the significant changes that occur between those months; therefore, it is important to note that more positive or negative changes may be happening than the data can show.

Site-specific variations in approach and resource levels have led to a situation where not all families participating in LUH have actually received the recommended mix of comprehensive, short- and long-term supportive services, a factor that no doubt accounts for some of the program’s mixed results and differences in the outcomes achieved across sites. As noted above, each site incorporates its own mix of wraparound services; detailed service plans are appended to the back of this report.

Client enrollment

Since 2009, the Look Up and Hope pilot sites have enrolled and served a total of 456 clients—131 incarcerated mothers, 208 of their minor children, and 117 caregivers of those children (Figure 1).

1. Look Up and Hope participants by site

	Incarcerated mothers (N=131)	Caregivers (N=117)	Children (N=208)	Total (N=456)
Houston, Texas	35	28	43	106
Indianapolis, Indiana	38	27	72	137
Northern New England, Maine	23	26	36	85
Sioux Falls, South Dakota	35	36	57	128

Program status

As of December 2012, fewer clients were enrolled in Look Up and Hope than had been discharged from the program (Figures 2a and 2b). At this stage, the current drop-out rate for incarcerated mothers is 24 percent across pilot sites overall (N=30), a noteworthy achievement considering the high-risk population this program serves. Of those who dropped out of the program, eight were re-incarcerated, including three confirmed cases of substance abuse relapse. Others simply stopped engaging with the program post-release.

A similar number of incarcerated mothers (N=31) have “completed” the program. Generally speaking, this means that the family coach working with those clients determined they were compliant with the program, finished trainings or other services available to them, and in most cases made progress toward strengthening family relationships. However, this could vary slightly across sites, and between family coaches, as there is not currently a standardized definition of program completion.

Incarcerated mothers who left the program for “some other reason” were generally transferred to another facility and therefore unable to continue services. (Note: if the transfer was due to a re-offense or compliance-related issue, they are considered a program drop-out.) For others, “some other reason” meant they experienced a disruption in service due to funding or staff turnover at sites, they exhausted the resources of the program available to them, or they were moving out of the service area. In a few cases, family coaches made the decision to close out families who were uncooperative and seemingly unreceptive to receiving assistance.

The current recidivism rate (based on the 29 mothers known to have re-offended after enrolling in LUH) is 24 percent, which is an increase from the 2012 semi-annual report (12%). One possible reason for a rise in recidivism is that the women have now been in the program longer and, therefore, have a greater chance of re-offending. We will be collecting additional data and conducting more focused subset analyses on recidivism patterns in future reports to determine if this hypothesis is correct.

2a. Program status of incarcerated mothers (as of December each year)

	2011 (N=94)	2012 (N=131)
Currently receiving services	48	49
Exited the program	46	82
Completed the program	18	31
Program drop-out	16	30
No longer receiving services for some other reason	12	21

2b. Program status of caregivers and children (as of December each year)

	2011		2012	
	Caregivers (N=75)	Children (N=124)	Caregivers (N=117)	Children (N=208)
Currently receiving services	36	65	41	97
Exited the program	39	59	76	111
Completed the program	19	34	n/a	n/a
Program drop-out	4	5	n/a	n/a
No longer receiving services for some other reason	16	20	n/a	n/a

Note: The program is no longer tracking the type of exit for children or caregivers.

Length of participation

Forty-nine families were enrolled in the program and receiving services at the end of the reporting period. This is consistent with the last annual report (which showed 48 families as current clients). However, as Figures 3 and 4 show, the length of time participants have stayed engaged with the program has increased dramatically over the past year:

- Houston has nearly doubled the number of families involved in the program, and has successfully engaged with them, on average, for about nine months.
- Indiana is serving a similar number of families as last year, and has increased the average length of time families are enrolled.
- South Dakota is also serving a similar number of families as last year, and seems to have retained almost all families who enrolled in 2012.

3. Length of participation for current clients (as of 2011)

	Families currently receiving services (N=48)	Number of days enrolled		
		Minimum	Maximum	Average
Houston, Texas	5	4	14	11
Indianapolis, Indiana	14	15	559	141
Northern New England, Maine	10	5	251	95
Sioux Falls, South Dakota	19	65	332	194

4. Length of participation for current clients (as of 2012)

	Families currently receiving services (N=49)	Number of days enrolled		
		Minimum	Maximum	Average
Houston, Texas	12	147	347	289
Indianapolis, Indiana	17	263	515	348
Northern New England, Maine	0	-	-	-
Sioux Falls, South Dakota	20	45	692	326

Discharged families (N=82) spent, on average, 290 days enrolled in Look Up and Hope. Incarcerated mothers who left the program prematurely (i.e., those who dropped out or who are no longer receiving services for some other reason) were more likely to have spent less time in the program (an average of 240 days) compared to those who had completed it (356 days, on average).

LUH Clients

Demographics and personal characteristics

The Look Up and Hope program seeks to serve an extremely disadvantaged and high needs population of clients. Many of the women, children, and caregivers participating in the program suffer from serious physical and mental health problems. They often have traumatic personal histories shaped by chemical addiction and physical, emotional, and sexual abuse.

This section of the report provides details on the different types of clients served by LUH, including their demographic information and family structure.

Incarcerated mothers

To date, 131 incarcerated mothers have enrolled in the Look Up and Hope initiative. Eighty-nine percent of these mothers were under 40 years old when they enrolled. Women of color represent over half (59%) of the clients served, specifically: African Americans (34%), American Indians (19%), Latinos/Hispanics (4%), and two percent who identified as “two or more races” (Figure 5).

5. Demographics of incarcerated mothers

	Percentage of incarcerated mothers (N=131)
18–25 years old	19%
26–40 years old	70%
41–60 years old	10%
Did not provide age	1%
White	41%
African American/Black	34%
American Indian	19%
Latino or Hispanic	4%
Two or more races	2%

Education, income, and employment

Roughly three in ten (29%) mothers did not graduate high school or obtain their GED; however, more than one-third (34%) earned a high school diploma (or equivalency) and

28 percent had some college, vocational training, or higher education—including six mothers who had bachelors or graduate degrees. The remaining mothers did not disclose their level of education.

Over half (53%) of incarcerated mothers reported that prior to incarceration, their household income was under \$25,000, including 39 percent with incomes less than \$15,000. Only two mothers reported an income above \$25,000. (38% did not provide information, and 8% were unsure of their income.) Nearly six in ten (57%) said they were employed prior to their most recent incarceration, mostly in food service (14%) or retail/customer service (10%). Nine percent said they had worked in skilled labor or management positions. Unsurprisingly, incarcerated mothers were more likely to report prior legal employment if they had obtained their high school diploma and/or education or training beyond high school.

Fifty-seven percent of mothers were employed when they began the program—mostly in retail and service jobs, earning an average reported wage of \$7.62 (for positions paid hourly). Employment is a fundamental concern for incarcerated mothers soon to be released, and a crucial component to stable living post-release. As a key focus of the Look Up and Hope initiative, each site aims to provide employment assistance and/or job placement services to help women obtain and keep a living wage job.

Marital status and children

Most of the incarcerated mothers enrolled in the program were unpartnered (63%) and had more than one child under age 18 (63%) (Figure 6). Six mothers were or became pregnant while enrolled in the program, and one gave birth as of this reporting period.

6. Marital status and children of incarcerated mothers

	Percentage of incarcerated mothers (N=131)
Single/never married	50%
Married or partnered	35%
Divorced/separated or widowed	13%
Did not specify relationship status	3%
One child under 18 years	37%
Two minor children	27%
Three minor children	24%
Four or more minor children	12%

A majority (83%) of mothers in the program had a child being served by LUH at the time of this progress report. Another 12 mothers (9%) were newly enrolled in the program near the end of the reporting period and had not yet connected with family members and completed intake assessments; because the mother becomes involved in LUH before the rest of the family, there is sometimes a delay in acquiring records for the children.

Among incarcerated mothers with more than one minor child (N=62), more than one-third (39%) successfully enrolled all of their children in the program.

Residential placement at intake

A majority of incarcerated mothers (72%) began the Look Up and Hope program while completing their incarceration in residential placement, such as a halfway house/reentry center (44%) or rehabilitation/treatment center (28%). Eleven percent were still serving their sentences in a state prison or county jail, and another 8 percent had already returned to the community when they enrolled in the program.

Overall, the average number of days between enrollment and anticipated release for mothers in the program was 138 days, closely aligning with parameters of the program model.

History of incarceration

Six in ten (62%) mothers enrolled in LUH were serving time for drug-related crimes (Figure 7); most were about five months from their release date when they enrolled in the program.

For 17 percent of mothers, this was their first experience being incarcerated. However, the majority of mothers in the program (71%) had been incarcerated more than once. Roughly half (49%) had one or two prior incidents of incarceration (not including current) and 22 percent had been incarcerated three times or more. Recidivists often served time for the same crimes.

7. Crimes that lead to current incarceration

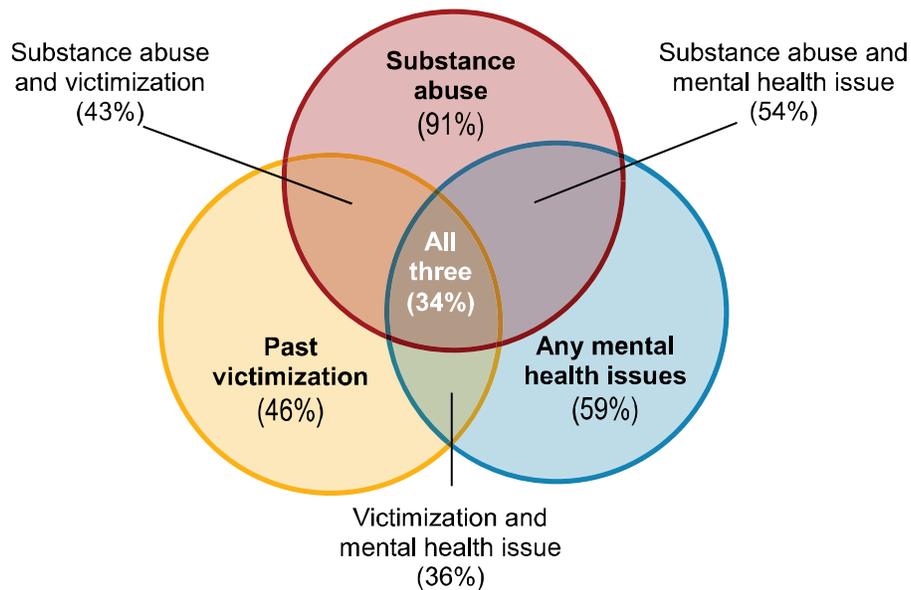
	Percentage of incarcerated mothers (N=131)
Drug-related	62%
Theft or property crime	19%
Parole or probation violation	12%
Counterfeiting or forgery	10%
Violent crime	5%
Prostitution	4%
Embezzlement or fraud	3%
Other crime	6%
Multiple offenses	21%

Physical and mental health

Only 15 percent of mothers reported a chronic medical condition during their intake assessment; the most common conditions included high blood pressure, Hepatitis C, asthma, and diabetes. Ten of the participants with these conditions were receiving appropriate medical treatment.

Although incarcerated mothers generally reported sound physical health, their mental health status, including past victimization and substance abuse issues, was decidedly more fragile. Ninety-one percent of mothers reported substance abuse issues, 59 percent were diagnosed with at least one mental health issue (40% had multiple issues), and 46 percent had a past trauma, such as domestic violence, sexual assault, or exploitation. As Figure 8 indicates, roughly one-third (34%) of mothers in the program presented all three of these issues, a particularly high-risk profile.

8. Substance abuse, trauma and mental health of mothers (N=131)



The most common mental health issues listed among mothers were depression (48%), an anxiety disorder (31%), post-traumatic stress disorder (26%) or bipolar disorder (18%). Other mental health issues reported by 13 percent of incarcerated mothers included personality disorder, ADHD, schizophrenia or hallucinations, and eating disorders (Figure 9).

9. Mental health issues identified by incarcerated mothers

	Percentage of incarcerated mothers (N=131)
Depression	48%
Anxiety disorder	31%
Post-traumatic stress disorder (PTSD)	26%
Bipolar disorder	18%
Other	13%
At least one mental health issue	59%
Multiple mental health issues	40%

Caregivers

A key component of the Look Up and Hope program is to serve those providing care to the minor child(ren) of an incarcerated mother in an effort to increase overall family stability. To date, the program has enrolled 117 caregivers.

Most participating caregivers are female (70%), and under 60 years old (86%). The race and ethnicity of caregivers is similar to those of incarcerated mothers—that is, predominately White (47%) or African American/Black (32%) with a slightly higher proportion of Latino/Hispanic participants compared to enrolled mothers (9% versus 4%) (Figure 10).

About one in five caregivers (19%) did not complete high school, 39 percent earned their high school diploma or equivalency, and 27 percent completed some education beyond high school, including fifteen caregivers who earned a two-year college degree or higher.

Over half (55%) of caregivers enrolled are unpartnered (single, divorced, separated or widowed) and 36 percent are married or in a relationship (the remainder did not disclose this information).

10. Demographics of caregivers

	Percentage of caregivers (N=117)
Male	29%
Female	70%
18–25 years old	5%
26–40 years old	29%
41–60 years old	52%
61 years old or older	13%
White	47%
African American/Black	32%
Latino or Hispanic	9%
Native American	12%

Income, benefits, and basic needs

A significant number of caregivers (45%) are no longer part of the labor force, and a large proportion report that they are not currently looking for work. The most common reasons cited for unemployed caregivers not seeking employment are disability (13%) and retirement (12%). Five caregivers cited their caregiving responsibilities as the reason they were no longer seeking employment, and one cited enrollment in school as the reason.

When asked if their annual household income was adequate to meet the needs of their household, over half (52%) said “no” or “I don’t know.” Considering 53 percent of caregivers reported their annual household income as less than \$25,000, this ambiguity about making ends meet is not surprising. Another 23 percent said their income was between \$25,000–74,999 and 13 percent were unsure (the remaining caregivers did not report their income).

A majority of caregivers (80%) has received at least one public benefit; the most common benefits received are state or federally-funded medical insurance (59%) and food stamps (53%). It is interesting to note, however, that only six percent of caregivers had enrolled their children in a Head Start program at intake; given that this is a free program, based on their income, this is an extremely low number.

When asked if they would like assistance determining eligibility and/or applying for public benefits, 20 caregivers (17%) said “yes,” even if they were already receiving a benefit listed in Figure 11.

A majority of caregivers (62%) also reported that they have received informal assistance from family members or friends.

11. Public benefits received at intake

	Percentage of caregivers (N=117)
State or federally-funded health insurance (including Medicare and Medicaid)	59%
Food stamps	53%
WIC	18%
Foster care reimbursement payments	14%
Social security retirement income	14%
Social security disability income	13%
Head Start or Early Head Start	6%
Supplemental social security income	6%
Other benefits*	18%
At least one public benefit	80%

Note: Other benefits received by caregivers include child-only supports, housing vouchers, and community-based services.

In addition to asking about their employment, income, and what benefits they received, caregivers were also asked to identify any unmet basic needs they had at intake. This information was then used by family coaches to provide assistance—either through direct support or funding available through Look Up and Hope, or by connecting caregivers to

resources in the community or other Volunteers of America programs. Overall, 40 percent of caregivers identified at least one unmet basic need.

Caregivers were most frequently in need of child care resources (15%) and access to regular transportation (10%). Less than ten percent reported that they did not have stable housing, access to legal services, adequate clothing, or enough to eat (Figure 12).

Two in ten (21%) reported “other” unmet basic needs, including utility/heating assistance, financial needs related to health care or dentistry, and school uniforms for the children in their care. Nineteen percent of caregivers identified more than one unmet need, including five caregivers who could be considered “high need” with three or more basic needs unmet at intake.

12. Unmet basic needs identified by caregivers at intake

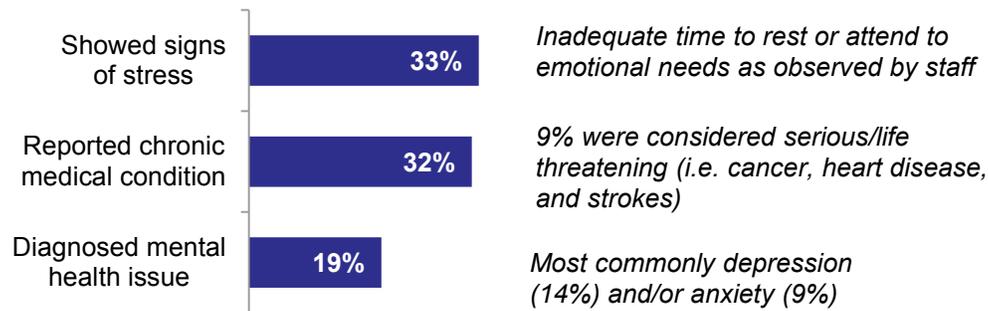
	Percentage of caregivers (N=117)
At least one unmet need	40%
Access to child care	15%
Access to regular transportation	10%
Stable housing	9%
Access to legal services	7%
Clothing	4%
Enough to eat	2%
Other needs	21%
Multiple unmet needs	19%

Physical and mental health

Caregivers could also use help with their physical and mental health; one-third showed signs of stress (33%) or reported a chronic medical condition (32%) at intake; and two in ten (19%) were diagnosed with a mental health issue (Figure 13). “Signs of stress” refers to a lack emotional support, lack of time off or respite, poor health or well-being (as observed by program staff), or some combination of the three. Even among those caregivers who are receiving informal support from family members or friends, two-thirds (67%) showed signs of stress.

Among those caregivers who reported chronic medical conditions, all but one stated that they are currently receiving treatment.

13. Physical and mental health of caregivers (N=117)



Like incarcerated mothers, caregivers were also asked about past experience with substance abuse or past trauma (victimization due to domestic violence, sexual assault, or exploitation). Far fewer caregivers had these experiences than incarcerated mothers: 18 percent had a history of substance abuse, and 17 percent had been victimized.

Children

Since September 2009, 208 children have participated in the Look Up and Hope initiative. Just over half (51%) of the children in the program are female, and most are under 9 years old (68%). The median age of child participants is 8 years old. Most children involved in the program were either African American/Black (40%) or White (30%), which aligns closely with the racial distribution of incarcerated mothers (Figure 14).

14. Demographics of children

	Percentage of children (N=208)
Male	48%
Female	51%
Under 5 years old	38%
6–9 years old	30%
10–13 years old	20%
14 years old and older	13%
African American/Black	40%
White	30%
American Indian	18%
Latino or Hispanic	3%
Two or more races	8%

Physical, mental, and socio-emotional health

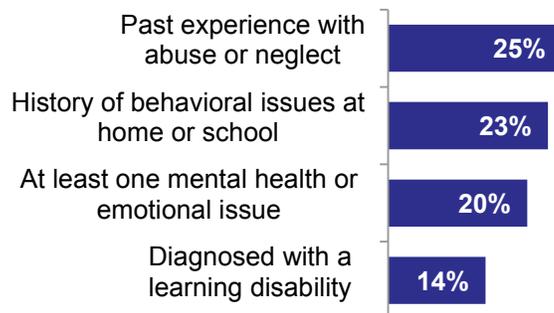
The emotional and physical health of children was assessed by program staff and generally described as “very good” or “good” (69%). Twenty-one percent of children were described as in “fair” health, and 4 percent were in “poor” health.

Like their mothers, a sizeable proportion of children—though generally physically healthy—often contended with a complex array of mental health and emotional issues. Twenty percent had been diagnosed with a mental or emotional health disorder, most commonly anxiety, depression, or autism; 15 percent of those were not receiving treatment at the time of intake. When asked specifically about learning disabilities, 14 percent of children were reported as being diagnosed with ADHD or a different learning disability, and 18 percent of those children were not being treated. Given their families’ limited resources and barriers to healthcare, it seems likely that some children in the program may be suffering from undiagnosed mental or emotional health problems.

Roughly one in five children (23%) were reported as having behavior problems at home or school. Most often the problems were described as aggression or acting out, defying authority, and having difficulty paying attention; in one case, issues with sex and drug use were noted.

That being said, the majority of children did not exhibit these behaviors and, in many cases, their behavior was described as typical for their age and/or very good at home and school.

15. Selected indicators of emotional well-being of children at intake (N=208)



A majority of children lived with their mother prior to her incarceration (81%), and according to their caregivers, 25 percent were subjected to abuse or neglect before they enrolled in the program.

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 (Figure 16). Despite family disruptions and past trauma, overall, children seem to be relatively well-adjusted according to these indicators.

16. Socio-emotional health of children at intake

	Percentage of children (N=208)
Child does <u>not</u> appear to be unusually shy or withdrawn	70%
Child appears to have healthy adult role models or sources of support	68%
Child appears to have friends/healthy peer relationships outside of family	63%

Family characteristics and structure

Family arrangements

When they began the program, the majority of children (78%) were in the care of a family member, most frequently their grandmother (39%), their biological father or stepfather (22%), or another family member, such as an aunt, uncle, or an adult sibling (17%) (Figure 17). Eight percent of children had been reunited with their incarcerated mother at or around the time they joined the program; and 85 percent had a “good” or “fair” chance of reunifying in the future. The intake assessments described 26 children as having little or no chance of reunifying with their incarcerated mother post-release.

17. Type of child-caregiver relationship

	Percentage of children (N=208)
Relative/kinship caregiver (besides mother)	78%
Grandmother	39%
Child’s biological or stepfather	22%
Other family member	17%
Non-relative caregiver	5%
Child welfare system (adopted or in foster system)	6%
Juvenile Detention Center	1%
(Released) Incarcerated mother	9%
Unspecified	1%

About one-quarter (26%) of incarcerated mothers with two or more children had their children with different caregivers, in different households—a finding consistent with prior research on families affected by maternal incarceration. In two cases, the data confirm situations where at least one child was involved in the child welfare system (foster or adoptive home) and the other sibling(s) were living with a relative caregiver. In most situations, however, caregiving arrangements were shared across different relative caregivers, most commonly grandmothers and step- or biological fathers. The diversity of family structures and caregiving arrangements can complicate the needs of families.

Some examples of living arrangements are highlighted in the family coaches' case notes:

[The caregiver] shares custody of his granddaughter with the biological father. He states he has worked on having a good relationship with [his granddaughter] even though he could have done better as a parent with her mother. – Houston family coach

[The caregiver] is currently the caregiver for four of [the mother's] children. [The caregiver] also has two biological children of her own; she has stopped working to watch the younger children in the home...[The caregiver] also admits she did not know the client very well, as the client had only started living with her in the summer and was arrested in November. [The caregiver] states one of the boys stays with his teacher during the week so he can remain at his same school. – Houston family coach

[The caregiver] decided to pursue adoption of the children while working toward having a positive relationship with mom. – Indiana family coach

Contact with incarcerated mother

A majority (61%) of the children in LUH had weekly contact with their incarcerated mother at the time of intake and another 18 percent had monthly contact. Twelve percent of children had contact with their mother every two to six months, and 7 percent saw their mother once a year or less.

Most (81%) children lived with their mother prior to her incarceration (though she may not have been their sole or primary caregiver), and, overall, family coaches characterized children's relationship with their mothers as "good" (45%) or "fair" (41%). Case notes for those with "poor" or "no" relationships indicate that some children simply do not know their mothers due to their age and the duration of her incarceration.

Emotional relationships

Most caregivers reported strong relationships between themselves and the child(ren) in their care (and these findings are confirmed by family coach observations); 78 percent characterized this relationship as “good” and 14 percent as “fair.” Relationships between incarcerated mothers and caregivers were slightly more mixed. Less than half (46%) of caregivers described their relationship with incarcerated mothers as “good,” 34 percent termed it “fair,” and 17 percent said they had a “poor” relationship or none at all (Figure 18).

18. Emotional relationships of caregivers at intake (N=117)

	Relationships with children	Relationships with incarcerated mothers
Good	78%	46%
Fair	14%	34%
Poor or no relationship	2%	17%
Other	5%	2%
Missing	2%	2%

When asked how open they were to the possibility of family reunification, post-incarceration, 55 percent of caregivers said they were “very open” to the idea, 34 percent said they were “somewhat open,” and 8 percent were “not at all open” to the idea (the remainder either reported “other” or “not applicable”).

Program successes

The outcomes described here are based on changes noted from clients' intake assessments to their 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, to a lesser extent, 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:

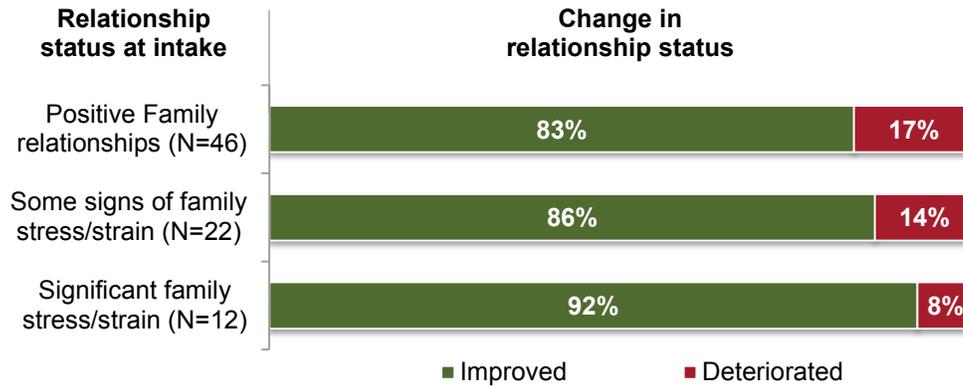
- Strengthening relationships between incarcerated mothers and their minor children
- Improving parenting skills
- Employment gains for incarcerated mothers
- Improving children's school attendance, academic performance (particularly for young children), and opportunities for youth development
- Meeting caregivers' most immediate unmet basic needs

Family relationships

According to staff observations, a sizable portion 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. Overall, 69 out of 80 families with complete follow-up information experienced some type of improvement in their family relations.

The most significant gains in family strengthening were seen in families exhibiting significant signs of family stress and strain at intake (92% of whom reported increased contact, successful reunification, or improved relationships at follow-up), although families that started the program with either positive relationships or with some amount of strain also experienced great improvements (83% and 86% , respectively). See Figure 19 for more information about changes in family relationships.

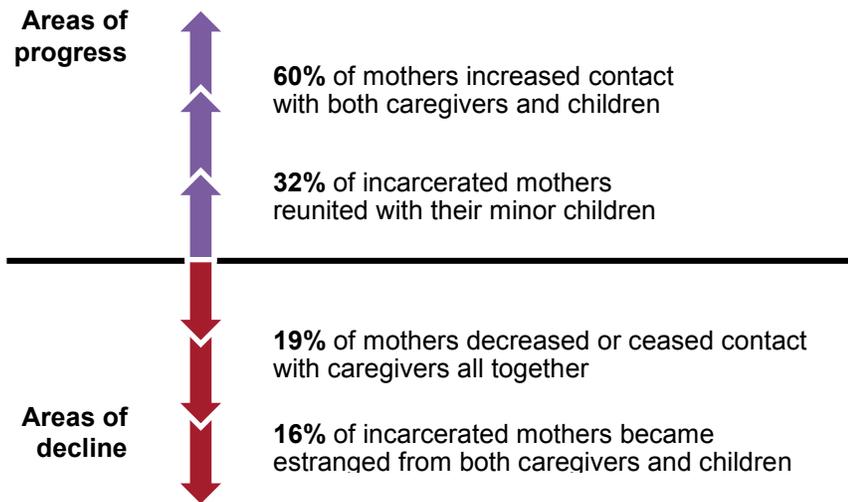
19. Change in family relationships



“Improvement” means there was either increased contact between mothers and children or reunification occurred, or there were positive changes in the emotional relationship between family members (as reported by family coaches). Similarly, “deterioration” means that there was decreased contact between mothers and children, or negative changes in emotional relationships occurred.

Increased contact—which was not contingent upon the release of the incarcerated mother—is the most commonly observed indicator of family strengthening. Sixty percent of mothers increased contact with *both* caregivers and children. In addition, 32 percent of mothers (out of those who were eligible to be reunified, meaning they were not in jail) were reunited with their minor children while participating in the program. However, this indicator showed one notable area of decline: 19 percent of families reported decreased contact between caregivers and incarcerated mothers over the course of the program, and 16 percent of incarcerated mothers reported complete estrangement from family members (Figure 20).

20. Incarcerated mothers' contact with family members (N=102)



In general, the deterioration of relations between caregivers and incarcerated mothers seems to be the result of disagreements between the adult family members about parenting approaches or a product of the stresses and strains created by the process of reentry. For example, some families experienced strained relations because of a mother's relapse into alcoholism or drug use post-release.

A few of the case notes from LUH family coaches are provided here:

Mother is in a disagreement with caregiver and is refusing to communicate with family members at this time. Family coach is investing time focusing on mending family relationships. – Indiana family coach

Client states she is frustrated about living with her caregiver and is waiting to hear back from a housing program...She states the caregiver has been treating her kids differently and wishes she could live on her own. Family coach and client talked about housing options and ways to deescalate the arguing that occurs between her and the caregiver. – Houston family coach

Mediation was completed over the phone and did not go well. [The caregiver] does not trust or respect [the mother] for what she has done to the children; any contact is by phone and no visits...[The caregiver] is tired with caretaking demands...He states he needs a break; he does receive respite services, but sometimes they are not enough for him to attend to his needs. – Maine family coach

These results suggest that family coaches and other program staff need to focus more time, attention, and resources on repairing the relationships between caregivers and mothers and on helping them to develop co-parenting strategies that can be sustained after the mother is released.

Parenting skills

Incarcerated mothers are offered parenting education or training classes that build communication skills and help reestablish bonds with their minor child(ren). The curricula (and length of training) vary by site, and are part of the established services available through each pilot site's treatment centers, reentry facilities, and halfway house programs. Seventy-six percent of incarcerated mothers received this type of education or training, which was largely effective in improving client's knowledge of parenting skills (Figure 21).

21. Formal parent education or training

	Percentage of incarcerated mothers (N=123)
Received formal parenting education or training	76%
Demonstrated improved knowledge of parenting skills (N=90)	96%
In discussion with program staff	84%
During visitation or observed interactions	70%
During home visits by program staff	64%
On pre- and post-tests of parenting skills	32%
In other ways	12%

Among the other ways that parents demonstrated better parenting skills were reports from caregivers and new co-parenting plans discussed with program staff. Thirty-three women with improved parenting skills had been successfully reunited with their minor children. Those who did not complete parenting education or training through the program had usually dropped out (55%).

Family coaches had the following to say (from their case notes) about parenting skills:

Family coach stated how proud she is of [the mother] for working so hard towards her goals. [The mother] is observed to have adjusted really well to life after drug treatment and incarceration. She has also stepped full force into her parenting role with [her child] and reports she is still very involved in [the child's] school work. – Houston family coach

[The caregiver] shared proud feelings of [the mother's] accomplishments, [and is] confident in her parenting. – South Dakota family coach

Employment for incarcerated mothers

Overall, the mothers in LUH experienced positive gains in employment. Twenty-five percent of women began the program unemployed and have since obtained a full or part-time job, with an average length of employment of nearly three months; overall, 20 percent of women have maintained employment 90 days post-release, a common metric used for employment retention.

Not to be overlooked, there were 16 mothers (13%) who enrolled in the program with jobs and then stayed employed and 11 mothers (9%) who experienced some ups and downs in their employment status, but were ultimately employed at follow-up. Therefore, nearly half (47%) of mothers had a positive employment outcome (either they started the program employed and had employment at follow-up, or they started the program unemployed and later became employed) (Figure 22). In addition, women reported that their average wage increased between pre-incarceration (\$7.62) and post-incarceration (\$8.43).

While these gains are more modest than those reported in other program areas, successful job placement and retention are typically regarded as extremely difficult-to-achieve outcomes for reentry programs. Indeed, meta-analyses of some of the country's most ambitious job-training and placement programs for ex-offenders show that most of these programs have no statistically significant effect on participants' long-term employment outcomes or recidivism rates. Viewed in this context, the Look Up and Hope program's employment-related results actually appear quite promising, since they suggest that many of the program's participants are not only finding jobs, but also are retaining them for three months or longer.

22. Changes in employment status for incarcerated mothers

	Number and percentage of incarcerated Mothers (N=122)
Started the program employed...	35 (29%)
and maintained employment	16 (13%)
and experienced volatility, but ultimately employed at follow-up	11 (9%)
and lost job, reported no job at follow-up	7 (6%)
no information at follow-up	1 (1%)
Started the program unemployed...	64 (52%)
and became employed	30 (25%)
and became employed but later lost job	9 (7%)
and stayed unemployed	25 (20%)
No employment information	23 (19%)

School-based outcomes for young children

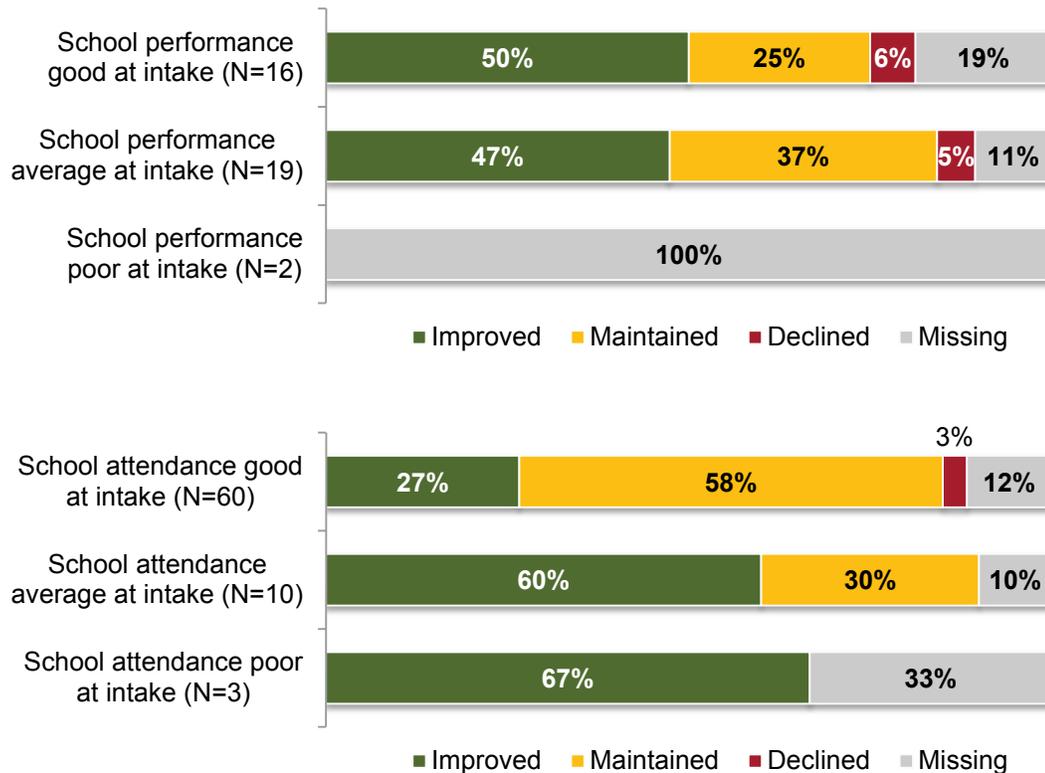
At intake, most school-aged children in the Look Up and Hope initiative had “good” or “fair” school attendance (90%) and just over half (55%) reported having “good” or “average” GPAs.² While these figures suggest that most children participating in the program are doing fairly well in school to begin with, a sizeable proportion of participating students nevertheless reported noteworthy improvements in their attendance and performance at follow-up.

Children between the ages of 6 and 12 have especially positive outcomes. Of those who reported “good” school performance at intake, half continued to improve, while another quarter maintained their good performance; and nearly half (47%) of the 19 children who were reported as having “average” school performance improved. Attendance was also positive for children 6-12 years old; of those who reported “good” attendance at intake, one-quarter (27%) continued to improve and 58 percent maintained their good attendance. Of those who reported “average” attendance at intake, 60 percent improved (Figure 23).

Children ages 13 to 17 were less successful in improving their school performance (see Challenges section).

² However, it is important to interpret the school performance data discussion here with some caution, since it is largely based on self-reported information.

23. School-based outcomes for children 6-12 years old



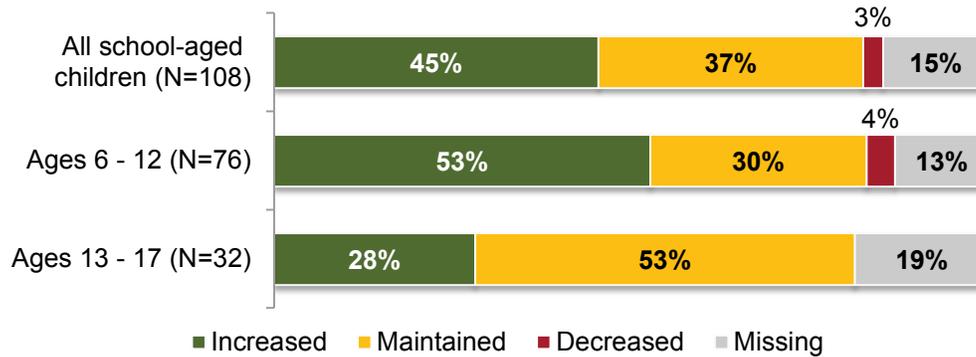
Note: "Good", "fair", and "poor" performance categories were based on the GPA reported on the child's intake assessment. Attendance categories were selected by family coaches based on their conversations with child and child's caregiver.

Extracurricular activities

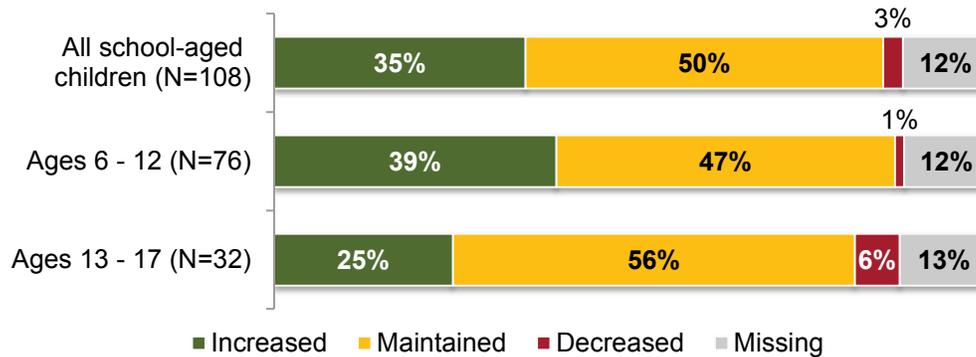
Over a quarter (26%) of children stated at intake that they wanted to engage in sports, afterschool clubs, or other extracurricular activities, but were unable to do so because of financial constraints or other barriers. For example, many children were unable to participate in desired activities because their caregivers could not cover enrollment fees or provide necessary transportation.

Look Up and Hope responded to the needs of these children by providing funds for afterschool activities, including tutoring and other out-of-school educational activities. As a result, over half (53%) of elementary school children increased their participation in extracurricular activities, and 39 percent increased their educational enrichment activities by follow-up. Outcomes for high school students were less dramatic but still positive (Figures 24a and 24b).

24a. Changes in children's involvement in extracurricular activities



24b. Changes in children's involvement in educational enrichment activities



Case notes from family coaches illustrate some of the positive educational outcomes of children:

- [The child] is reported to have very high test scores from school... [She] reports that she likes her art class. – Houston family coach
- [She] is a quiet, reserved child. She has improved her academic performance. Her mother is very involved with school and friends. She has put in place an at-home study and is involved in counseling at [a local mental health center]. – Indiana family coach
- In the summer [the child] is enrolled in organized, summer activities two times a week. – Maine family coach
- [The child] is in a summer program for enrichment; she is reported to be doing fine and likes to swim in the pool when at home. – Houston family coach

Children's behavior

Most of the children participating in the Look Up and Hope program also reported good behavioral outcomes. Of those who were reported as having “no issues” at intake, eight in ten (81%) either maintained or improved their historically good behavior 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).

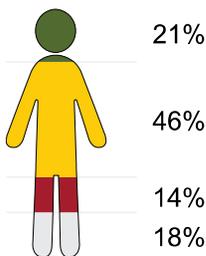
However, for those caregivers who reported serious behavioral issues exhibited by children at intake (28 children total), positive changes were more modest. Only 20 percent showed signs of improvement at follow-up. Mostly, children with behavioral issues showed no change in behavior (61%) (Figure 25). This suggests the need for more intensive, focused interventions with children exhibiting extreme behavior disorders. Some of the behavior issues noted by family coaches are illustrated below:

Caregiver appears overwhelmed with the parenting of teenage kids. The kids are defiant and do not obey the rules and regulations of great-grandmother (caregiver). – Indiana family coach

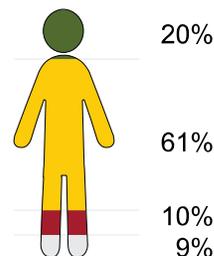
[The child] has been having behavior problems – fighting with peers and siblings as well as threatening to stab his teacher. He is now receiving mental health treatment and taking psychiatric medication which is helping him stabilize. – Indiana family coach

25. Behavioral changes (6 years old and older)

Behavioral issues reported at intake (N=28)



No behavioral issues reported at intake (N=80)



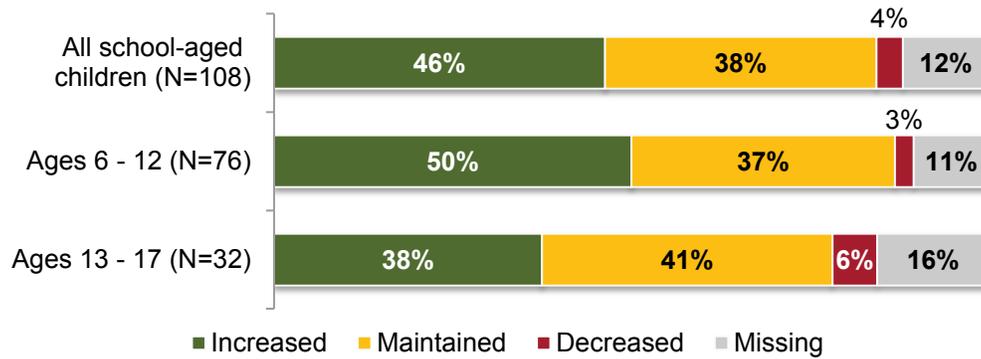
■ Improved
■ Maintained
■ Declined
■ Missing

Note: Figures do not equal 100% due to rounding

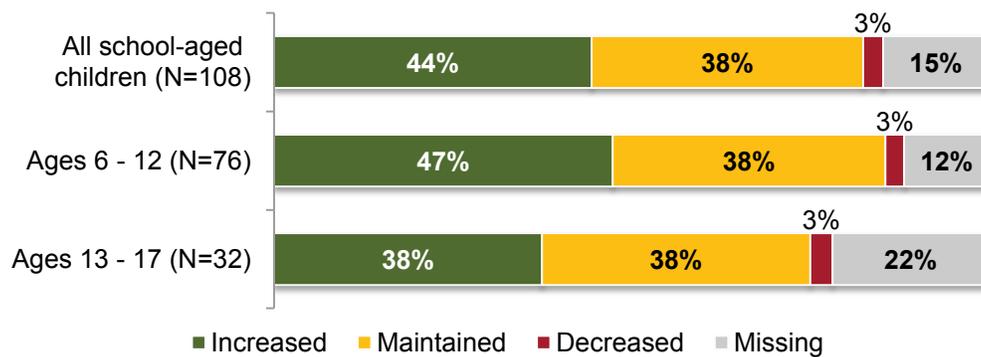
Some of the positive behavioral and school-based outcomes for children in the program may have been the result of new positive relationships and social influences that emerged while the children were enrolled in Look Up and Hope. According to their follow-up assessments, nearly half (46%) of all children increased their positive relationships with

adults outside the family while enrolled in the program (Figure 26). A similar number (44%) reportedly connected with peers in a positive way (Figure 27). The findings in this area are especially strong for younger children, aged 6 to 12 years old.

26. Change in relationships with adults (outside family)



27. Change in relationships with peers (outside family)



Meeting caregivers' basic needs

The Look Up and Hope program has placed a strong focus on working to meet caregivers' immediate, material needs as identified at intake. To help address these needs, the sites have provided assistance with rent, food, clothes, utilities, transportation, and assistance in determining public benefits and program eligibility to caregivers.

Of the caregivers who had an unmet need at intake, and follow-up information available (N=38), nearly all (89%) reported no persistent needs at follow-up. Most needs related to child care, housing, and health care were met. In addition, five caregivers who were

seeking employment at intake had secured a full- or part-time job at follow-up. Only two working caregivers reported a job loss in the reporting period.

However, it is important to note that some caregivers reported new unmet basic needs over the course of their program involvement, which VOA may have had limited capacity to address within the study period. For example, 13 caregivers did not report an unmet need at intake, but in subsequent follow-up records, an unmet need had emerged later.

Examples of ongoing, unmet needs are illustrated in family coaches' case notes:

Caregiver has applied for disability so that she can gain some additional resources. She is living in and maintaining her daughter's home. – Indiana family coach

[The caregiver] struggles with basic needs: heat/oil and electricity/gas for the truck. Barrier Funds will be used to help with electricity and winter clothing for the children in her care. – Maine family coach

This grandmother has a rare disease that she is being treated for...She has raised her granddaughter since birth and is in the process of adopting her. Her needs are not great but could use some help with clothing for granddaughter and gas money to make the trip to Bangor for mediation. – Maine family coach

Family coaches have been modestly successful in connecting caregivers with programs or services through local churches or nonprofit organizations to help meet the ongoing needs of caregivers. At intake, 31 percent of caregivers said they received help from community providers. Of the caregivers who did not have community support at intake, 22 percent reported they did at follow-up. Program staff noted most of this assistance was through local churches and charitable events, such as clothing and holiday drives.

Program challenges

Support systems for caregivers

The Look Up and Hope program appears to be meeting many of the immediate material needs identified by caregivers at intake. However, the data suggest that caregivers in the program continue to struggle with making ends meet and with unresolved stressors and relationship challenges. As previously reported, one-third of caregivers showed signs of stress at intake, meaning they were lacking emotional support or respite, had poor health (as observed by program staff), or some combination of the three. Even among those caregivers who are receiving informal support from family members or friends, two-thirds (67%) still showed signs of stress.

It may be the case that moving beyond as-needed assistance with basic needs is proving to be a challenge for the program, in part because the stressors caregivers face are complex and constantly changing as they struggle to balance their own needs, the needs of the children in their care, and strained relationships with incarcerated mothers. Furthermore, it seems that LUH has had more success in expanding support for caregivers who already have some form of informal support than in building it from the ground-up. For example, out of 35 caregivers (with follow-up information) who said they did not receive assistance from family or friends at intake, only four (11%) reported new sources of informal support at follow-up. Conversely, of caregivers who had some informal support in place upon entering the program, 37 percent increased this support at follow-up.

Since they are used to “coping on their own,” many caregivers may find it difficult to immediately identify any basic unmet needs they have; however, they may still be suffering from isolation, stress, and strain related to their caregiving duties. Here, for example, are several observations from family coaches’ case notes:

Caregiver is very upset with the client due to re-arrest; it created emotional turmoil among the kids. She has become really protective of them. The parent was also evicted from her home; she was released again from work release; situation is unstable at this point. Caregiver wants some consistency in the parent's visitation and interaction. She states missed visits put her household in an uproar. She wants legal documents outlining visitation and visitation guidelines. She is willing to participate in visitation but would like some type of structure. She states that parent appears to do better in this type of arrangement. Caregiver needs to seek legal assistance in reference to her foster mother status.
– Indiana family coach

This caregiver is overwhelmed daily. She is tired and depressed; she can only think one day at a time and is so afraid that she will be caring for these children permanently. She wants to move to a city where this is more offered for children. She feels very isolated. Barrier Buster funds used for Christmas mediation will be scheduled so that she and her daughter can begin to plan realistically what will happen to children in the future; will need more than one mediation. – Maine family coach

[Caregiver] goes into work at 2 AM and works well into the beginning of the day at a physical labor job. She is tired all of the time and does the best she can. She was helping the children with their homework when I arrived. All that she wants is her daughter to come home and be a good mother to the children. She started to cry when talking about the children not having a mom; Barrier funds used for clothes and food for the family. She is looking forward to mediation with her daughter. – Maine family coach

In early 2012, Wilder Research conducted interviews with 15 caregivers to help LUH program staff understand and respond to the strengths, needs, and characteristics of caregivers, so they can more effectively support them in their caregiving role. Most of the caregivers interviewed were grandparents of the children in their care and mentioned a variety of challenges related to their caregiving role. The following conclusions were drawn from the interviews:

- Caregivers have limited financial resources and numerous unmet needs; however, they have become skilled at drawing on informal sources of support to make ends meet.
- Many of the caregivers enjoy strong, stable, and rewarding relationships with the children under their care and continue to act as primary caregivers even after their mothers are released.
- However, many caregivers are also older and feel ill-equipped to parent young children; they frequently find caregiving to be stressful and physically draining.
- For many, the most difficult time in the caregiving experience is when the incarcerated mother is released, because it can create new sources of conflict and stress.

The interviews also illustrated that caregivers would benefit from a variety of longer-term services designed to expand and stabilize their personal and family support systems, such as:

- Connections to ongoing sources of financial assistance and support
- Access to respite, counseling, and support group opportunities
- Parenting and co-parenting classes

- More opportunities for family-centered reentry planning and post-release family conferencing
- Access to ongoing recreational opportunities and positive family bonding activities.

These types of support and services are crucial for those who so diligently care for others, because a caregiver's ability to carry out his or her responsibilities, and flourish while doing so, may well be the critical factor in determining whether the children of Look Up and Hope succeed.

Comprehensive reentry planning for incarcerated mothers

Despite the fact that beginning formal, family-based reentry programming as early as possible is a core tenet of the Look Up and Hope program, only 71 percent of incarcerated mothers reported that they had a formal plan at follow-up. Another 18 percent had been involved in informal reentry planning.

It is important to note, however, that this is an increase from last year, in which only one-third (33%) of mothers had formal, written plans and 12 percent had informal plans. It is difficult to say exactly how significant this increase is, as some women may be receiving reentry planning from non-VOA reentry facilities. (Note: After an initial analysis of the data, Wilder found that only 50 percent of mothers had formal reentry plans, so staff contacted the VOA family coaches and found that there were completed reentry plans that had gone unreported; the number increased from 50 to 71 percent. Therefore, the lower number of reentry plans may be due partly to underreporting.)

While there are fewer reentry plans than desired, they do tend to be fairly comprehensive, including employment (76%, 64% previously) and housing (76%, 64% previously), addressing family relationships (74%, 50% previously), connecting women with community supports (68%, 64% previously), and substance abuse treatment and resources (68%, 41% previously). When compared to the second annual report, we find that more women are including these items in their plans, particularly addressing family relationships (as evidenced in the Program Successes section of this report) and substance abuse treatment and resources.

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

28. Reentry plans of incarcerated mothers (N=63)

Total clients with formal, written reentry plans	71%*
Family or friends involved in formal planning	33%
Plan addressed...	
Employment	76%
Housing	76%
Family relationships	74%
Substance abuse treatment or mental health care	68%
Community supports	68%
Transportation	31%
Other health needs	13%
Faith/spiritual needs	11%
Other	11%

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

The relatively low rates of formal planning that did occur may reflect several factors, including the extremely heavy case loads of many of the case managers working with the women and their families. In the fidelity interviews, staff members also noted that many of the incarcerated women experienced unanticipated changes in their release dates, which may have prevented thorough reentry planning. In addition, and partly because of the uncertainty around release dates, reentry plans are not always recorded in the database.

Despite these challenges, it seems clear that this is an area meriting significant efforts at program improvement.

Substance abuse-related goals

Substance abuse was reported as an issue for 91 percent of women at intake, and the goals related to both the treatment of substance abuse and maintaining sobriety were frequently chosen by incarcerated mothers. Certainly, addressing substance abuse issues is a cornerstone to increasing client—and therefore family—stability.

Receive treatment for substance abuse

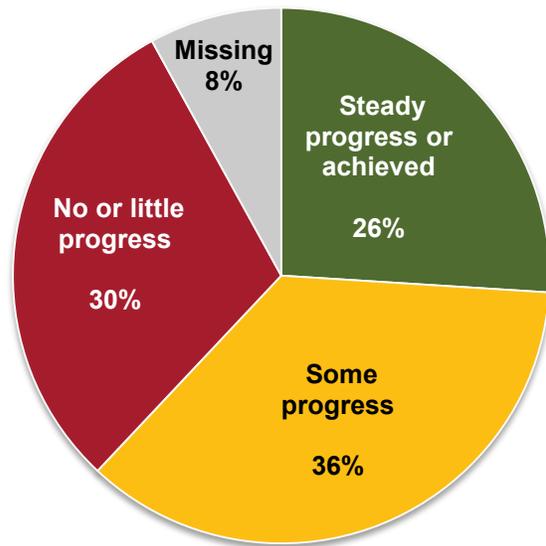
Sixty percent of incarcerated mothers identified treatment for substance abuse as a goal at intake. While that is over half of the mothers who enrolled in the program, it only represents 65 percent of clients who reported a history of substance abuse, leaving a sizeable portion (35%) of women who may need treatment but chose not to focus on it as part of their involvement in this program.

There appear to be two possible explanations as to why incarcerated mothers with past substance abuse issues may not have selected treatment as a goal in this program:

1. The majority of incarcerated mothers who did not select treatment as a goal but had reported past substance abuse issues (N=42) were residing in facilities such as a reentry facility, halfway house/work release program (N=21) and a treatment/rehabilitation center (N=8) at intake. It may be that these structured settings are providing residents with independent resources and treatment plans addressing this issue, and therefore women did not chose to focus on this as part of their involvement in Look Up and Hope specifically.
2. Half (50%) of incarcerated women who reported substance abuse issues at intake, but did not select treatment as a goal (N=42), were not currently serving time because of a drug-related crime. These women may not view – or could be more reluctant to see – how substance abuse is a factor in their current circumstances.

Ninety-four percent of incarcerated mothers in the program have at least one follow-up record; these records show that 62 percent of mothers have demonstrated progress in the area of substance abuse treatment: 36 percent indicated “some progress” and 26 percent either reported “steady progress” or having “achieved their goal” (Figure 29). Notably, however, 30 percent made “little or no progress.” Twelve incarcerated mothers with little or no progress were currently receiving services in the program, and presumably will have access to treatment going forward.

29. Progress on substance abuse treatment—Incarcerated mothers (N=73)

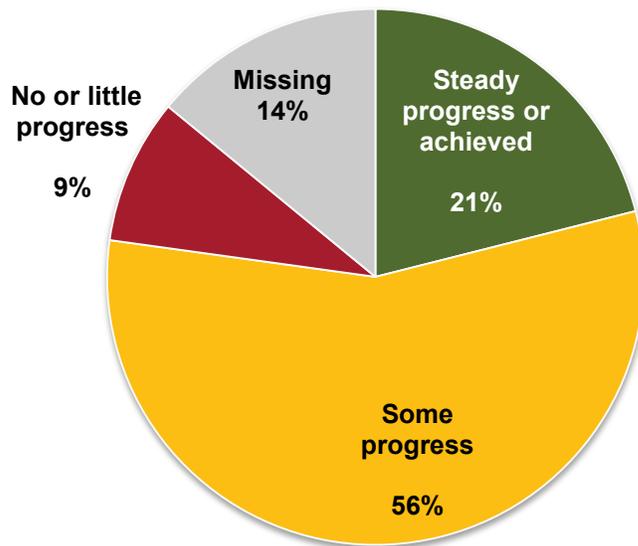


Remain drug free upon release to community

Another self-selected program goal reported by incarcerated mothers was “remaining drug free upon release to the community.” Seventy percent of incarcerated mothers with past substance abuse issues identified this as a goal while enrolled in the program—a notably higher proportion than those who had identified treatment specifically. Overall, 75 percent of clients with past substance abuse issues (N=119) selected sobriety as an area of focus through Look Up and Hope.

Because this particular outcome is contingent on release, only clients who both selected this goal (sobriety) and who returned to the community—a total of 57 clients—were included in Figure 30. As seen below, 21 percent achieved this goal or had made steady progress, and over half (56%) reported “some progress” (presumably indicating that they were still struggling to control their addiction). Roughly one in ten released mothers had made little or no progress.

30. Remain drug free upon release into the community (N=57)



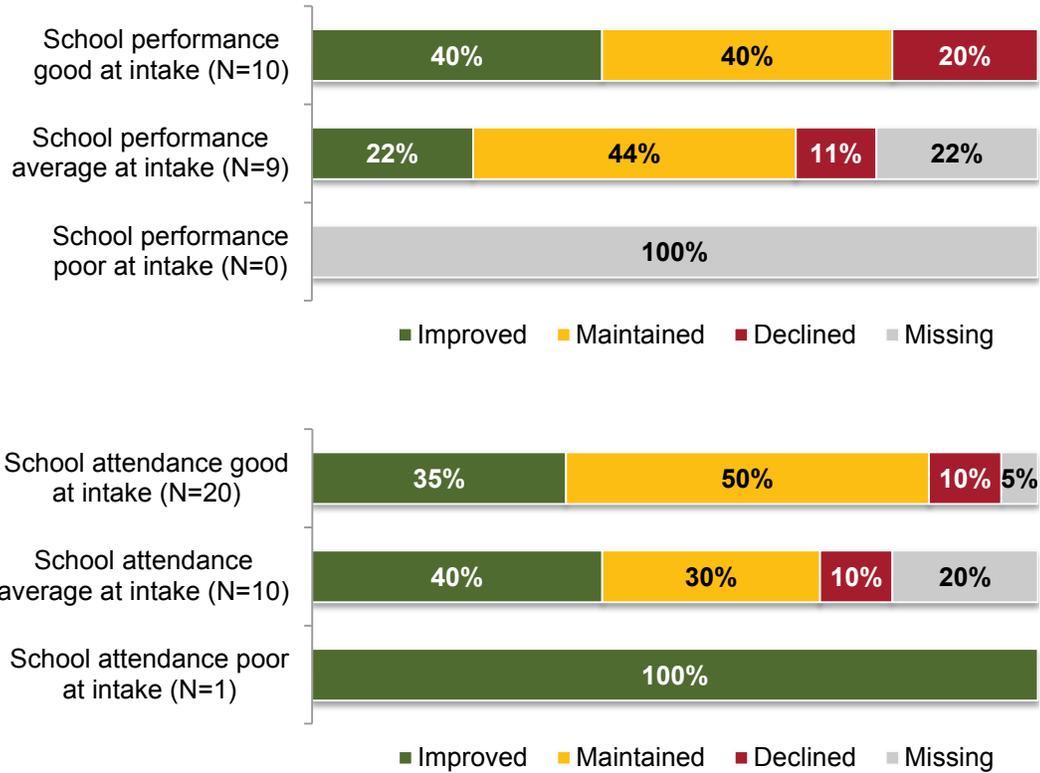
School-based outcomes for older children

Older children (13-17 years old) had fewer positive outcomes in school performance and attendance than their younger counterparts. Of those who had “good” school performance at intake, 80 percent improved or maintained their work; however, 20 percent declined. Of those who were reported as “average” at intake, 44 percent remained “average” and 11 percent declined.

Attendance outcomes were more positive, with 85 percent either improving or maintaining their historically good attendance; 40 percent improved their “average” attendance. While these positive outcomes are a significant achievement, especially considering the instability of most participants’ lives, there is certainly room for improvement.

As mentioned in the summary of this report, Wilder Research is in the beginning stages of collecting school performance data on children participating in LUH. Efforts are in the preliminary stages, so no data are currently available. However, we hope to more accurately assess how LUH children are progressing in their school performance (including grades and attendance), rather than relying solely on self-reported information.

31. School-based outcomes for children 13-17 years old



Note: “Good”, “fair”, and “poor” performance categories were based on the GPA reported on the child’s intake assessment. Attendance categories were selected by family coaches based on their conversations with child and child’s caregiver.

Conclusion and issues to consider

The positive results of LUH clearly indicate that the program is succeeding in achieving its short-term goals of strengthening families, stabilizing caregiver households, and increasing the “protective factors” that contribute to children’s resilience.

However, as the Look Up and Hope program has continued to evolve and more incarcerated mothers have started to “complete” the program and reenter their communities, a number of ongoing challenges and potential barriers to program success have also begun to emerge. In addition, the program still faces some implementation challenges, which are outlined below.

Program implementation

During the program’s first two years, the Look and Up Hope pilot sites have struggled continually to raise funds and retain the staff necessary to implement the comprehensive, wraparound service model originally envisioned when the program was created. To date, no site has been able to deliver all of the comprehensive, long-term services recommended in the original program “blueprint,” and several sites have been forced to “drop clients” or interrupt or scale back on the services they have been offering because of budgetary constraints or staffing issues.

In fact, an analysis of client service plans (featured in Appendix B) shows that, overall, 64 percent of the families who have been served to date have received an intensive mix of services that addressed every family member’s needs through both short-term service and ongoing supports. The remaining families have received family coaching and one-time, short-term assistance (such as rental assistance) with no ongoing services designed to promote long-term family stability.

These inconsistencies in program implementation have produced a high degree of variation in outcomes across sites, and they make it extremely difficult to accurately assess the full impact of the Look Up and Hope program model. To address these concerns, it will be necessary to secure additional resources for programming and to improve program fidelity across all sites in the coming years. Sites can begin by using the fidelity checklist developed by Wilder Research after the 2012 fidelity interviews.

Specific program recommendations

Wilder also recommends the following specific program improvements and expansions, which should help strengthen the program's long-term outcomes:

- Provide more emotional supports for caregivers, many of whom suffer from exhaustion or stress-related issues that they find more difficult to handle than their family's unmet basic needs. Sites should continue to link caregivers to faith-based and community-based organizations (which may help to combat isolation) and provide them with respite care, caregiver support groups, and caregiver appreciation events. It is especially important for sites to focus efforts on caregivers who do not report any informal assistance at intake, as they are less likely to find new sources of informal support at follow-up. VOA may want to begin looking at measures of social isolation and target services towards the most isolated of caregivers.
- Focus specifically on rebuilding the relationship between parents and caregivers, which is often a great source of stress among families. VOA staff may be able to develop co-parenting strategies that can be sustained after the mother is released.
- Continue to put resources and energy into reentry planning and supporting incarcerated mothers and their families post-release. Sites are beginning to see progress in terms of the overall number of plans made, as well as key areas discussed in reentry planning. In particular, more plans have given thought to addressing family relationships, substance abuse treatment, employment, and housing. However, there are still fewer reentry plans than desired, so sites must continue their hard work and look towards longer-term interventions.
- At the moment, substance-abuse related outcomes are tracked largely through the self-reported progress of mothers at follow-up. Looking towards the future, VOA should consider collecting more concrete data, such as drug test results and reports of usage within the last 30 days, which would be more helpful in determining actual progress in the area of substance abuse.
- Provide more targeted, age-appropriate services to participating children. Since the beginning of the program, the data have shown that older children lag behind elementary school students in terms of increasing their connections to adults and peers outside the family and involvement in educational and extracurricular activities. Having actual school performance data available (which we are beginning to collect) will be helpful in determining exactly how children are progressing and in identifying possible steps to improve academic performance.

- Also, point caregivers towards Head Start services, since they are free to families. As mentioned earlier, very few caregivers are currently taking advantage of Head Start.
- Begin thinking about interventions for children who exhibit extreme behavioral issues. Even though children with serious behavioral problems are in the minority, they tend to show very little improvement throughout the program. This suggests that more or different services are needed for these children.

With these recommended program improvements and expansions, the Look Up and Hope program will continue to build upon the impressive short-term results it has already achieved with many clients, making it possible for incarcerated women, their children, and their families to flourish and succeed not just for a few months or years, but for generations to come.

Appendices

A. Study methods and tools

B. Detailed service plans

C. Selected outcomes by race/ethnicity of participants

A. Study methods and tools

The data in this report are 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, and an online relational database used for uploading and reporting client-level data. (Copies of all the data collection tools used by sites are available from Wilder Research upon request.)

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

This progress report reflects all of the Look Up and Hope client-level data reported to Wilder as of December 2012. It also incorporates observations and program results shared by pilot site staff and information from client case notes.

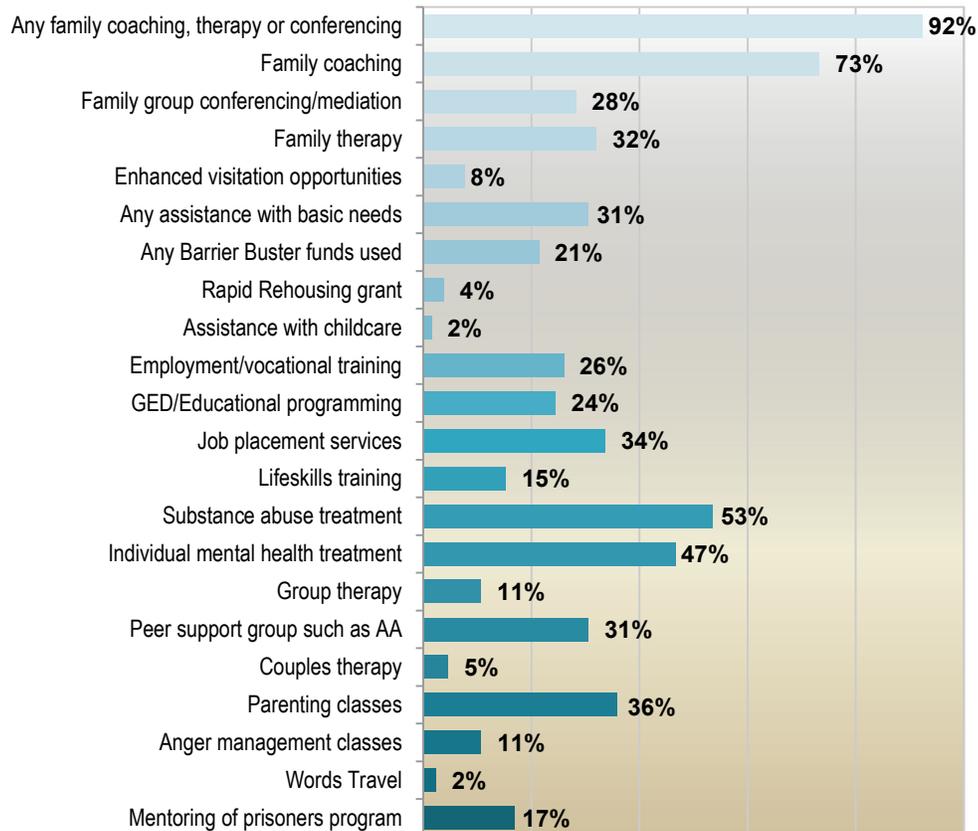
B. Detailed Service Plans

Incarcerated mothers

Services received by all incarcerated mothers

Nearly all incarcerated mothers received family-based therapy, mediation/conference, or coaching services that focused on family relationships and reentry issues. Over half (53%) were involved in substance abuse treatment, 47 percent received mental health treatment, and over one-third engaged in parenting classes and received job placement assistance (36% and 34%, respectively).

A1. Services received by incarcerated mothers (N=131)



Services received by incarcerated mothers, by pilot site

All pilot sites are providing some family-based services, help with basic needs, and mental health treatment.

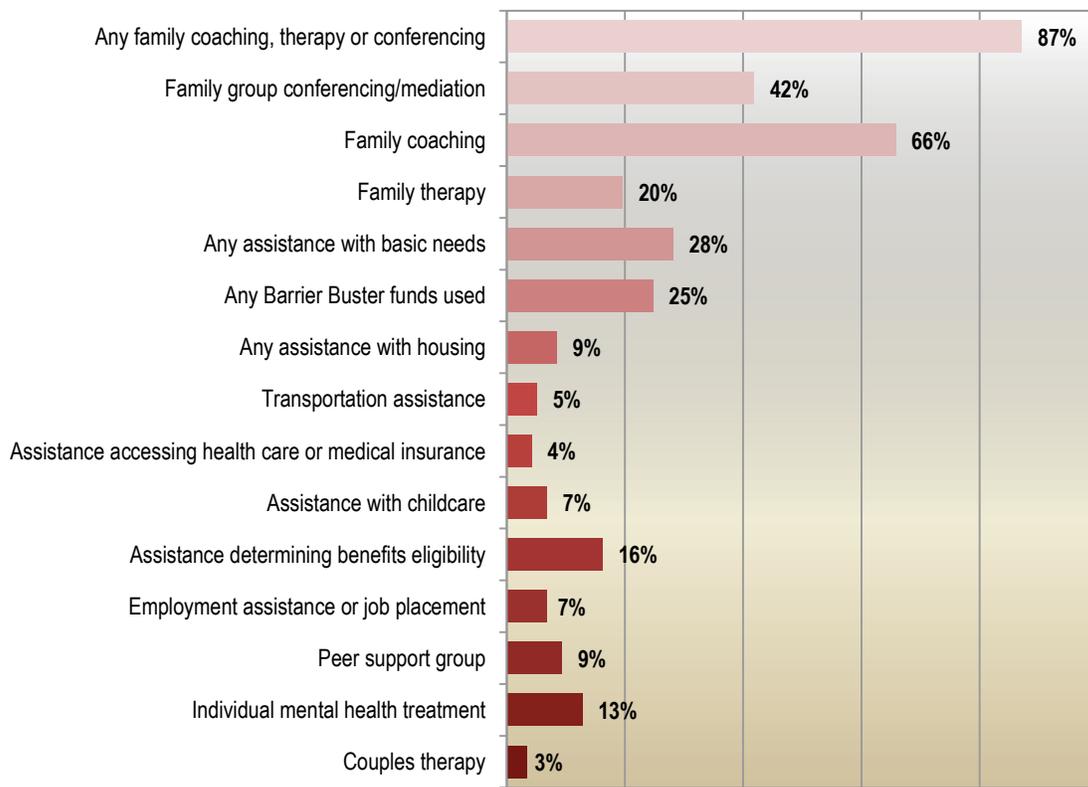
	Houston (N=35)	Indianapolis (N=38)	Maine (N=23)	South Dakota (N=20)
Family-based services				
Any family coaching, therapy or conferencing	X	X	X	X
Family coaching	X	X	X	X
Family therapy	X	X	X	X
Family group conferencing/mediation	X	X	X	X
Enhanced visitation opportunities	X	X	X	X
Basic Needs, education and employment				
Any assistance with basic needs	X	X	X	X
Barrier Buster funds used		X	X	
Assistance with childcare	X	X		
Assistance with housing	X	X	X	X
GED/Educational programming	X	X	X	X
Employment/vocational training	X	X	X	X
Job placement services	X	X	X	X
Mental health and substance abuse treatment				
Individual mental health treatment	X	X	X	X
Substance abuse treatment	X	X	X	X
Peer support group (such as AA)	X	X	X	X
Group therapy	X			
Couples therapy	X	X	X	X
Specialty reentry classes or programs				
Mentoring of prisoners program	X	X		X
Anger Management classes	X	X	X	X
Parenting classes	X	X	X	X
Lifeskills training	X	X	X	X
Words Travel		X	X	

Caregivers

Services received by all participants

Similar to the service plans of incarcerated mothers, most caregivers (82%) received family-based counseling. Additionally, 25 percent of caregivers received Barrier Buster funds to assist with short-term basic needs, one-quarter (16%) received assistance determining the eligibility for public benefits, and 13 percent received mental health treatment.

A2. Services received by caregivers (N=117)



Services received by caregivers, by pilot site

Services provided to caregivers across pilot sites were relatively more consistent than those offered to incarcerated mothers – assistance with basic needs, benefits, and family counseling was available at all pilot sites.

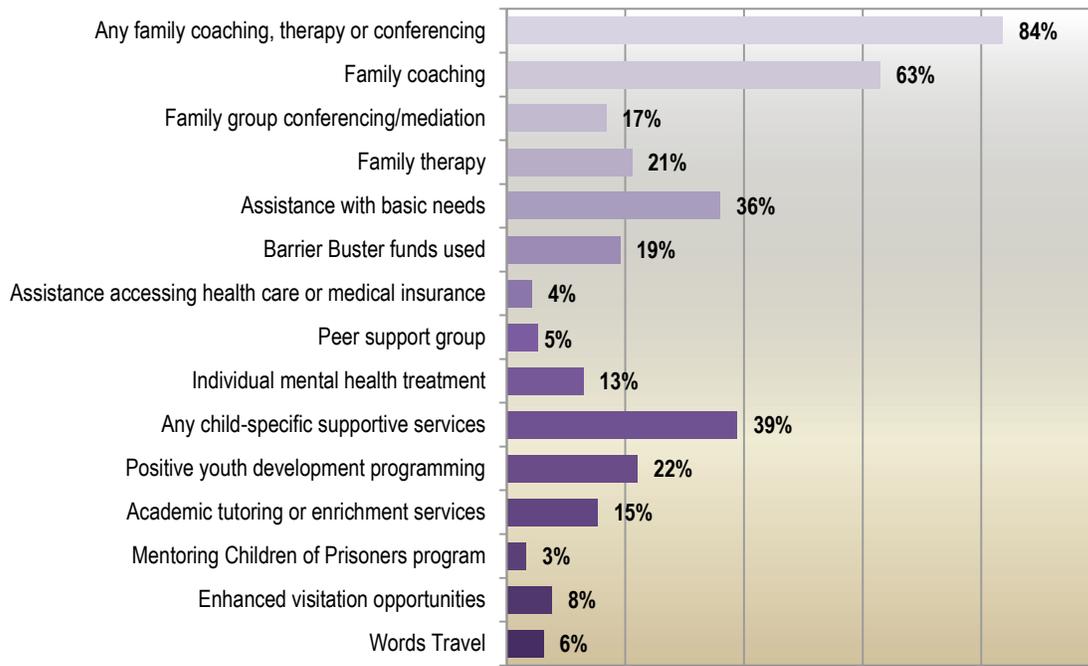
Family-based services	Houston (N=28)	Indianapolis (N=27)	Maine (N=26)	South Dakota (N=36)
Any family coaching, therapy or conferencing	X	X	X	X
Family group conferencing/mediation	X	X	X	X
Family coaching	X	X	X	X
Family therapy	X	X		X
Basic Needs, employment, and benefits				
Any assistance with basic needs	X	X	X	X
Assistance with housing	X	X	X	X
Transportation assistance	X	X	X	
Assistance accessing health care or medical insurance	X	X	X	
Barrier Buster funds used		X	X	
Assistance with childcare	X		X	X
Assistance with child's basic needs	X	X	X	
Assistance determining benefits eligibility	X	X	X	X
Employment assistance or job placement	X	X	X	X
Mental health treatment				
Individual mental health treatment	X	X	X	X
Peer support group	X	X	X	
Mentoring	X	X		X
Couples therapy		X		X

Children

Services received by all participants

Children participating in Look Up and Hope received a wide-array of services, including family-based counseling (coaching, therapy, and group conferencing), and assistance with their basic needs (36%). Almost one in every five children (19%) benefitted from Barrier Buster funds used to help them with basic needs, afterschool programming or summer camps. Thirteen percent received mental health treatment, 22 percent received positive youth development programming, and 15 percent received academic tutoring/enrichment services.

A3. Services received by children (N=208)



Services received by children, by pilot site

Pilot sites were consistent in providing support to children, whether it was mentoring, academic, or other positive youth development opportunities.

	Houston (N=43)	Indianapolis (N=72)	South Dakota (N=57)	Maine (N=36)
Family-based services				
Any family coaching, therapy or conferencing	X	X	X	X
Family coaching	X	X	X	X
Family therapy	X	X	X	X
Family group conferencing/mediation	X	X	X	X
Words Travel		X		
Enhanced visitation opportunities	X	X	X	
Basic needs and mental health treatment				
Assistance with basic needs	X	X	X	X
Assistance accessing health care or medical insurance	X	X	X	
Barrier Buster funds used		X		X
Individual mental health treatment	X	X	X	X
Peer support group	X			X
Child-specific supportive services				
Any child-specific supportive services	X	X	X	X
Mentoring	X	X	X	
Academic tutoring or enrichment services	X	X	X	X
Positive youth development programming	X	X	X	X

C. Selected outcomes by race/ethnicity of participants

Incarcerated mothers

- Eighty-nine percent of these mothers were under 40 years old when they enrolled. Women of color represent over half (59%) of the clients served - specifically, African Americans (34%), American Indians (19%), Latinos/Hispanics (4%), and two percent who identified as “two or more races.”

Figure A4 presents the key outcomes for incarcerated mothers discussed throughout this report by the mother’s race.

A4. Key outcomes for incarcerated mothers by race

	Women of color (N=74)	White women (N=49)
Positive gains in employment ^a	53%	37%
Received parenting training <u>and</u> demonstrated improvement	77%	67%
Any formal reentry planning	55%	43%
Progress on treatment for drug or alcohol addiction ^b	64%	58%
Progress on staying sober in community post-release ^c	72%	52%
Increased contact between caregivers and mothers	65%	47%
Number of mothers who reunited with children	25	13

^(a) “Positive gains” refers to incarcerated mothers who became employed or maintained their employment.

^(b) Includes clients who selected this as a goal and reported “some progress” or “goal achieved” at follow-up.

^(c) Includes clients who selected this as a goal and who have returned to the community, and reported “some progress” or “goal achieved” at follow-up.

Caregivers

- Most participating caregivers are female (70%), and under 60 years old (86%). The race and ethnicity of caregivers is similar to those of incarcerated mothers—that is, predominately White (47%) or African American/Black (32%) with a slightly higher proportion of Latino/Hispanic participants compared to enrolled mothers (9% versus 4%). Seventy-eight percent of caregivers are relatives, most commonly the child(ren)’s grandmother (39%).

Figure A5 presents the key outcomes for caregivers discussed throughout this report by the caregiver’s race.

A5. Key outcomes for caregivers by race

	Caregivers of color (N=53)	White caregivers (N=50)
At least one unmet basic need at intake ¹	33%	42%
At least one basic need at follow-up	17%	16%
New support from family or friends	32%	24%
New support from local organizations or churches	32%	34%

⁽¹⁾ Of all caregivers (N=117)

Child participants

- Just over half (51%) of the children in the program are female, and most are under 9 years old (68%). The median age of child participants is 8 years old. Seventy percent of children in the program were children of color, mostly African American/Black (40%).
- White children were more likely to be at-risk than their nonwhite counterparts: they were more likely to be diagnosed with a mental health condition (27% versus 17%), exhibit behavioral problems at school or at home (27% versus 21%), and be victims of abuse or neglect (35% and 20% respectively).

Figures A6 and A7 provide detailed information on key outcomes for school-aged children (6 years old and older) by race.

A6. Key school-based outcomes for children over 6 years old by race

	Children of color (N=73)	White children (N=35)
School attendance...		
Improved	38%	20%
Remained “good or fair”	47%	46%
Declined	4%	8%
Missing information	8%	20%
School performance...		
Improved	33%	26%
Remained “good or fair”	19%	14%
Declined	7%	8%
Missing information	41%	52%
Child’s involvement in educational activities increased	40%	26%
Child’s involvement in extracurricular activities increased	46%	43%

A7. Key behavioral outcomes for children over 6 years old by race

	Children of color (N=73)	White children (N=35)
Behavior at school or home improved or stayed “good”	70%	57%
Increased positive relationships with youth (outside the family)	53%	26%
Increased positive relationships with adults (outside the family)	49%	40%