



Oregon

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16 February 2023

Dear Co-Chair Evans, Co-Chair Sollman, and Members of the Joint Committee on Ways and Means on Public Safety:

During the work session that occurred on 14 February 2023 related to a report submitted by the Oregon Criminal Justice Commission (CJC) examining the Family Preservation Project (FPP), questions were posed to me regarding the existence of outcomes data that could be used to determine the efficacy of the FPP. While the CJC, in its report dated 1 January 2023, provided information on current participants who were served by the FPP during the course of its 2021-2023 grant with the CJC, it was suggested that the CJC could or should have examined data from the FPP prior to 2021. In this letter, I will outline additional information I have gathered since the hearing and I will provide information on the feasibility of examining FPP performance retrospectively before the start of our grantor-grantee relationship in 2021.

The FPP program has existed in some form since 2003. Despite this long history, recent data regarding the FPP is limited due to funding constraints, shifts in funding sources, and the difficulty in providing services during the COVID-19 pandemic. A brief history of the FPP demonstrates these challenges.

The FPP currently provides three tiers of services. The first tier, the *Intensive Family Reunification Program*, started in 2010 and at that time it represented the entire programmatic offering of the FPP. This effort was funded between 2010 and 2014 by the Oregon Department of Corrections (DOC) and the program was administered by Portland Community College (PCC). In late 2014, DOC funding ceased and the FPP was able to offer no services in 2015. From 2016 to 2019, the FPP was supported by funds provided by the Oregon Legislature during the 2015 and 2017 legislative sessions. The administration of the program was transferred to the YWCA of Greater Portland to reduce the

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administrative costs associated with working with PCC and to allow the program to better leverage private funds to serve children and caregivers. At the same time, the FPP expanded its offerings to include the *Family Resource Center*, which provides services to an additional, larger group of incarcerated women. Unfortunately, the FPP again had to curtail its services between 2019 and 2021, as further state funding was not provided during this time. The FPP was able to offer minimal services via its Intensive Family Reunification Program during this period by utilizing privately raised funding and focusing on incarcerated mothers and children with the most acute needs. Further, this period of reduced service offerings was also impacted by the COVID-19 pandemic, which eliminated physical access to Coffee Creek Correctional Institution and had a significant impact on the ability of FPP to operate, as well as on access to services for the participating incarcerated mothers, their children, and their children's caregivers. In 2021, the FPP was again provided state funding via a CJC pass-through grant in HB 5006, which provided financial support from July 1, 2021 to the present day. This allowed FPP to revive past service levels for the Intensive Family Reunification Program and to reestablish the Family Resource Center. The third tier of services, which includes a speaker series, is slated to begin before the close of the biennium. As noted previously, however, these efforts supported by CJC funding were also impacted by COVID-19 pandemic restrictions for a significant portion of the biennium.

Over the history of the FPP program, research has been conducted on its services to assess the impact the program's offerings have on mothers, children, and caregivers. In 2014, the FPP contracted with KM Research & Consulting for a program evaluation. The evaluation, which is attached to this letter, reported a positive impact on a range of indicators for both the participating women and their children. Following several years of inconsistent funding and a curtailed ability to provide its core services, the FPP is currently working to conduct additional and more rigorous research into the efficacy of its program. First, since receiving CJC funds in mid-2021, CJC and FPP have partnered to collect data on program participants so that the CJC can examine participant outcomes using traditional criminal justice system measures, like recidivism. The reach of the FPP program, however, extends beyond the criminal justice system and the outcomes of interest extend beyond what the CJC can evaluate with its administrative data sources, as they include information on participants' children and their children's caregivers. To remedy this, FPP has contracted with the Trauma Informed Oregon program evaluation staff at the Portland State University School of Social Work's Regional Research Institute for Human Services using non-CJC funds to conduct another evaluation of the program focusing on program metrics (e.g., # of participants, # of resource referrals, # of therapeutic support meetings), intermediate outcomes (e.g., changes in mothers' involvement in children's activities, changes in parenting skills and self-efficacy), and long-term impacts (e.g., housing stability, employment stability). The evaluation plan is attached to this letter to provide additional detail.

In sum, while past research was conducted examining the efficacy of the FPP program in 2014, recent service disruptions due to funding and the COVID-19 pandemic have made it difficult for additional, more recent evaluative work. Upon the resumption of full program services, however, the

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FPP immediately contracted with Portland State University to study participants moving forward. In addition, the FPP has support from the Criminal Justice Commission via its research capacity as data accumulates that can be analyzed for more traditional criminal justice system outcomes.

It is my hope that this letter provides the clarification and additional information desired by the members of the Joint Committee on Ways and Means on Public Safety. If you require additional information, please do not hesitate to contact me directly.

Sincerely,

A handwritten signature in black ink that reads "Kenneth Sanchagrin" with a stylized flourish at the end.

Kenneth Sanchagrin

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971-719-6000

Family Preservation Project (FPP) Program Evaluation Plan

Prepared for FPP by Trauma Informed Oregon program evaluation staff at the Portland State University School of Social Work's Regional Research Institute for Human Services

Purpose and Background

The Family Preservation Project (FPP), operating through the YMCA of Greater Portland, is funded by the Oregon legislature through the Criminal Justice Commission to provide a continuum of family preservation services to women incarcerated at the Coffee Creek Correctional Facility (CCCF, located in Wilsonville, OR), along with their children and families.

FPP, and its Family Resource Center (FRC) component, promote individual and system-level change to reduce the collateral consequences of parental incarceration on children, families, and the community. FPP achieves this through direct service programs operating inside CCCF (except during pandemic-related restrictions). FPP is a multi-layered model for strengthening families and communities, assisting mothers as they take back ownership of their lives, promoting the rights of children of incarcerated parents, and providing trauma-informed services designed specifically for the unique needs of families experiencing incarceration.

This plan for evaluation of FPP direct services was spearheaded by FPP and developed in partnership with the Trauma Informed Oregon statewide collaborative operated through Portland State University School of Social Work's Regional Research Institute. This plan reflects the first phase of a multi-phase evaluation effort and reflects information gathering and planning to develop a feasible and detailed evaluation approach that can then be implemented by FPP with the support of additional funding for evaluation. The purpose of this initial effort was to develop a long-term plan to evaluate the multigenerational impact of FPP programming on individual- and family-level outcomes in ways that help quantify and clarify the importance of FPP from the perspective of participants, program administrators, and the legislature.

- Note that this evaluation plan assumes a return to on-site delivery of FPP upon the lifting of Covid-related protocols that prevented on-site activities; that said, there are some new and/or remote activities that were developed due to Covid restrictions which will be maintained by FPP.
- Note also that this evaluation plan does not account for all possible FPP program activities or potential impacts of those activities. Rather, this evaluation plan focuses on assessing program components that have been consistently and fully implemented over the years, with associated measurement of expected impacts on outcomes. (All program activities are discussed in other program reporting, e.g., the annual report to CJC.)

Primary Program Activities

FPP provides an extensive array of responsive services covering a wide range of needs, such as intensive case-management and therapeutic engagement for mothers, support for children and caregivers, family meetings and therapeutic visitation, and re-entry and transition planning. These are shown as activities in the logic model as delivered through two primary components.

The **Family Resource Center** was created to provide as-needed information and assistance to incarcerated mothers at CCCF, as well as their children, the children's caregivers, and other family members supporting the mother and child. FRC services cover a spectrum and are provided in-person, by phone and by email. This includes examples like the following:

- **Assisting a mother in communicating with external contacts** related to her case or the custody of her children (e.g., finding a number for her lawyer, communicating with DHS caseworkers, emailing her child's teacher, etc.).
- **Assisting a caregiver in accessing available child development resources**, or providing concrete support (e.g., bus passes, financial assistance during the holidays).
- **Direct support of children and youth** of an incarcerated mother, including support and resource referrals, and discretionary concrete support (e.g., to buy school supplies).
- **Facilitating communication** between mother and children or caregivers, including depositing funds into phone accounts or providing tablets to children/caregivers to communicate with mothers.
- **Intensive case management** for mothers, children, and caregivers. This can include re-entry planning and skill-building with moms, therapeutic support to strengthen ties between mothers and caregivers/others, and providing regular support and resource referrals to caregivers or children/youth directly. A recent example is case management to help two teenage children of an incarcerated mother to find stable housing and mental health services.

The **Parent Support Program** is the most intensive program component and has uniform dosage for all participants, including two 2-hour parent support and skill-building groups each week, one 1-hour individual case management meeting, and two 3-hour therapeutic visits with their kids each month (as well as two facilitated phone calls). Upon acceptance into the parent support program, participants engage in a bio-psychosocial assessment to identify short- and long-term goals to work on. In addition to facilitating meaningful enriched visits with their children, the program focuses on providing mothers with education and support to implement positive parenting skills, engagement in their children's education and caregiving, and facilitating external support for successful re-entry (e.g., therapeutic visits with family members to heal conflicts, transition service planning) and resumption of parenting post-incarceration.

Additional **ongoing family support activities** include events, the Youth Advisory Council, and a peer support group for returning moms. (These are not the focus of this evaluation.)

Program Theory of Change and Logic Model

These core program components and activities align with similar examples developed in the past two decades across the country, where such programming has often been independently built “from the ground up” in local communities, based on the observed needs of children and families experiencing parental incarceration.

- Specifically, the most emergent needs were related to the well-being of children of incarcerated parents (COIP), with the most significant mechanism of risk being the deterioration of the **emotional bond between parents and children during incarceration**, when children are also likely experiencing changes in school placement and living situation, as well as the trauma of separation from their parent.¹ The most commonly observed impacts of this deterioration are children’s emotional well-being, behavior, and academic performance.
- Additionally, **maintenance of a meaningful parenting role** during incarceration, for example through enhanced visitation with children, is associated with parental well-being, as well as more successful re-entry and reduced recidivism.² Relatedly, families benefit from reduced barriers for parents to interact with children’s caregivers and teachers, other family members, and important stakeholders influencing the longer-term parent-child relationship and custody status (e.g., child welfare systems, if child is in foster placement).

Thus, this type of programming benefits from clear relationships between the known risk factors impacting the well-being of parents, children, and families during incarceration, and the programming components—such as facilitated mother-child visits and direct support to caregivers—designed to address these risks and prevent longer-term impacts of child and parent separation due to incarceration.^{3,4,5,6} Additionally, FPP is regularly asked to share a replicable model for what programming it delivers and how it is assumed to impact families; this evaluation will help specify that program model and the associated outcomes.

¹ Kids Count (2016). *A Shared Sentence: The devastating toll of parental incarceration on kids, families and communities*. Policy report from the Annie E. Casey Foundation; Murphey, D., & Cooper, P. (2015). *Parents behind Bars: What Happens to Their Children?* Washington, DC: Child Trends.

² De Claire, K., & Dixon, L. (2017). The effects of prison visits from family members on prisoners’ well-being, prison rule breaking, and recidivism: A review of research since 1991. *Trauma, Violence, & Abuse* 18 (2), 185–199.

³ Peterson, B., Fontaine, J., Cramer, L., et al. (2019). *Model Practices for Parents in Prisons and Jails: Reducing Barriers for Families while Maximizing Safety and Security*, Washington, DC: Bureau of Justice Assistance (BJA) and the National Institute of Corrections (NIC).

⁴ Johnston, D. (2012). Services for children of incarcerated parents. *Family Court Review*, 50(1), 91-105.

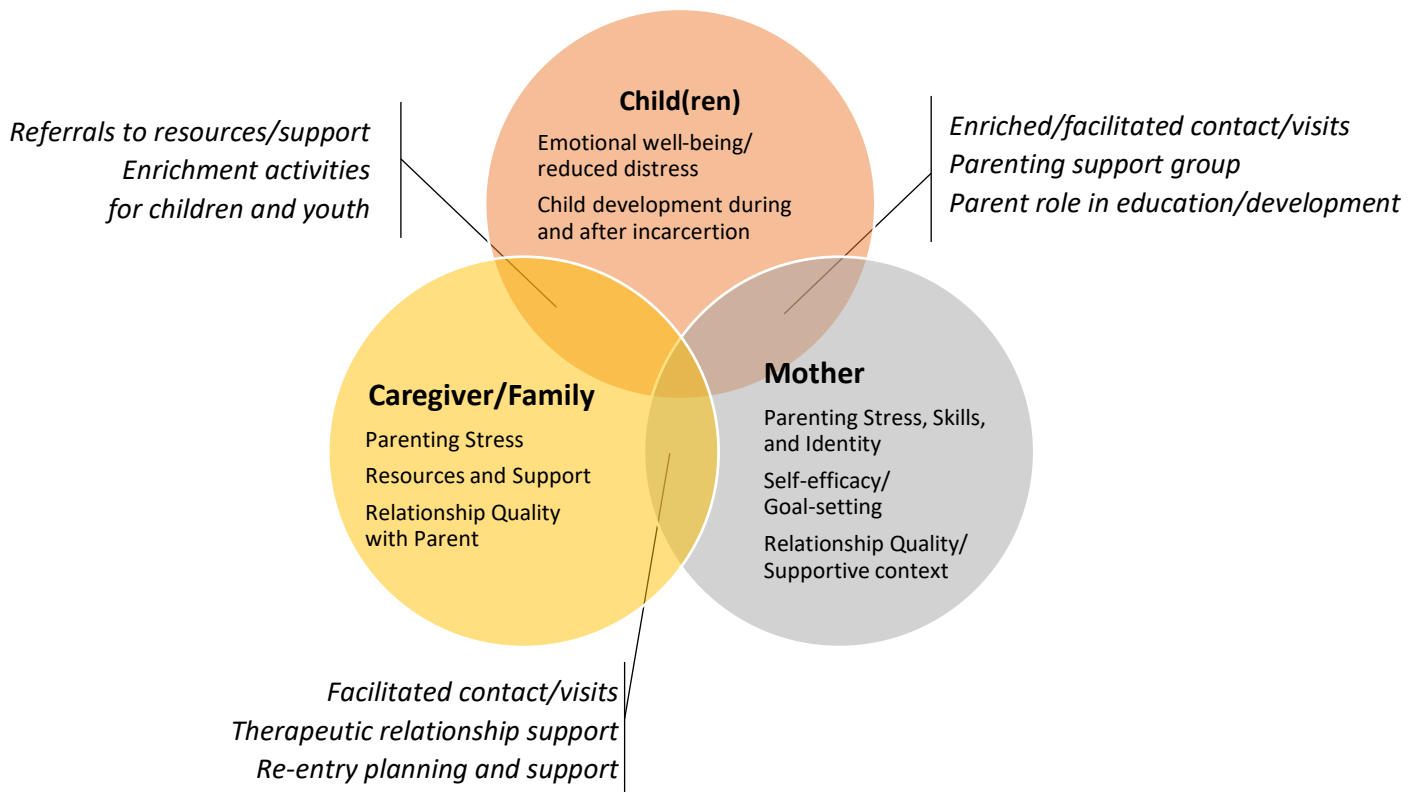
⁵ The National Resource Center on Children and Families of the Incarcerated (nd). Program evaluation and intervention effectiveness research listing. Available here: <https://nrccfi.camden.rutgers.edu/research-review/published-research/program-evaluation/>

⁶ Kremer, K. P., Christensen, K. M., Stump, K. N., Stelter, R. L., Kupersmidt, J. B., & Rhodes, J. E. (2022). The role of visits and parent-child relationship quality in promoting positive outcomes for children of incarcerated parents. *Child & Family Social Work*, 27(2), 206-216.

Program Theory of Change

Broadly, the theory of change for FPP is that multi-dimensional facilitation of mother-child bonds will support child well-being, enhance mother's parental skills and identity, and alleviate the negative impact of incarceration. Additionally, direct support of caregivers, healing strained bonds between mothers and family members, and support for other aspects of mother and child development further alleviate the negative impact of incarceration and prepare the family for successful re-entry. Thus, the primary FPP programming components are designed to do the following while the mother is incarcerated:

- **Preserve or strengthen mother-child bond(s)**
 - Facilitate contact and visits to preserve children's emotional well-being
 - Preserve or increase mother's involvement in child's education and development
 - Preserve mother's sense of parental identity and affiliation while incarcerated
- **Preserve or strengthen bonds between mothers and caregivers/community**
 - Provide therapeutic support to resolve relational disruptions
 - Facilitate mother's meaningful involvement in parenting
 - Increase mother's access to resources and social support upon re-entry
- **Support caregiving of children during incarceration**
 - Directly provide, or facilitate access to, resources and support for children/family
 - Provide enrichment activities and direct support to children and youth
 - Prepare caregivers for mother's re-entry and reunification



The above short-term impacts are expected to influence longer-term post-incarceration outcomes, such as housing stability and child well-being. Note that this evaluation plan assumes that these outcomes are impacted along a continuum of service intensity. For example, a mother may access the Family Resource Center (FRC) and simply need assistance contacting their lawyer; the degree of service intensity is included in the evaluation (“dosage”), with the expectation that such brief assistance may still influence short-term outcomes.

Importantly, the success of programs like FPP relies on **contextual and environmental factors** that are included in a theory of change, but are often beyond a program’s direct influence:

- For example, the intake process for mothers incarcerated at CCCF includes assessment of need for additional services (e.g., drug and alcohol treatment, education programs) based on need and recidivism risk – some mothers in FPP have access to such programming, while many do not, and this is likely a factor in the success of FPP participants. For example, recidivism is a critical measure related to the impact of incarceration, but it is more likely to be influenced by other needs and services in the short and long-term, versus FPP. Therefore, this evaluation plan includes recidivism as a long-term outcome, and measures the potential influence of receiving services identified at intake, and expects that the impact of FPP on recidivism will be reduced in the context of identified service needs that were not addressed during incarceration.
- Similarly, the developmental context for children is expected to be impacted in a number of ways by factors directly and indirectly related to incarceration (e.g., poverty, addiction, intergenerational trauma), and it may not be reasonable to consider educational outcomes (for example) of the children and youth involved in FPP as evidence of program success, versus such longer-term outcomes being influenced by many factors, including parental engagement in FPP. Therefore, this evaluation plan measures short-term outcomes like perceptions of parent’s involvement in education, but does not specifically measure children’s academic skills or status. Similarly, this evaluation measures short-term perceptions of children’s strengths and needs but does not explicitly posit that FPP can directly impact child well-being.

Additionally, the theory of change requires the following resources for program delivery:

- Staff time to work with mothers and families and document progress, and supervisor time to train staff, plan program delivery, and monitor program activities
- Intake assessment (ACRS) and other reporting systems
- Access to other services for mothers (e.g., substance treatment, parenting class, GED) and for caregivers and children (housing, financial supports, child development, etc.)
- Outreach to mothers at CCCF, with a focus on recruiting BIPOC mothers
- Physical facilities, equipment, etc.

The following logic model links the FPP program components with measurable outcomes.

PROGRAM ACTIVITIES	PROGRAM OUTPUTS	INTERMEDIATE OUTCOMES	LONGER-TERM IMPACTS
<ul style="list-style-type: none"> ● Family Resource Center for as-needed info/assistance to: <ul style="list-style-type: none"> ○ Mothers ○ Children ○ Caregivers ○ Family ● Facilitation of contact/visits between mothers and: <ul style="list-style-type: none"> ○ Children ○ Child caregivers ○ Child teachers ○ Family/community ● FPP parent support program: <ul style="list-style-type: none"> ○ Twice-weekly parent skill-building and support groups ○ Facilitation of enriched mother-child visits ● Case management: <ul style="list-style-type: none"> ○ Transition planning and re-entry support and skill building with moms ○ Therapeutic support to strengthen relationship between moms and caregivers/others ○ Provide caregivers with support and resource referrals (financial, child development, etc.) ● Ongoing family support: <ul style="list-style-type: none"> ○ Activities/events for families ○ Youth Advisory Council ○ Peer support group for returning moms 	<ul style="list-style-type: none"> ● # of times FRC provides info or assistance (in person, phone, email) to mothers, caregivers, or external contacts related to case (resource referrals, contacting lawyers or DHS, etc.) ● # of facilitated contacts between mother and: <ul style="list-style-type: none"> ○ Children (including recordings) ○ Caregivers ○ Teachers (including parent-teacher contact and conferences) ○ Other family/community contacts ● # of FPP participants (moms/children) ● # of FPP parent groups held ● # of FPP enriched parent-child visits ● # of case management meetings with moms/caregivers ● # of therapeutic support meetings ● # of caregiver resource referrals ● # of activities/events held ● # of Youth Advisory Council meetings ● # of moms accessing peer support after leaving CCCF ● # of moms, children, and caregivers served by any of the above activities 	<ul style="list-style-type: none"> ● Mothers and children preserve emotional bond during incarceration ● Mothers maintain or increase: <ul style="list-style-type: none"> ○ Involvement in their child(ren)'s services and supports (e.g., educational progress, DHS case, emotional or behavioral needs) ○ Parenting skills and self- efficacy ○ Sense of maternal identity/affinity ○ Perceived readiness for re-entry ● Mothers maintain or strengthen relationships with caregivers and other support network members ● Mothers identify long-term goals for housing, employment, and education ● Children maintain or increase well-being during incarceration of mother ● Caregivers access resources and support for children while mother is incarcerated 	<ul style="list-style-type: none"> ● Mothers do not recidivate* ● Mothers and children have stable housing ● Mothers have stable employment ● Mothers maintain bonds with children ● Children maintain or improve well-being <p style="text-align: right;"><i>* Factoring in ACRS score and service need/receipt during incarceration</i></p>
INDICATORS			
<ul style="list-style-type: none"> ● <i>FPP Parent Survey</i> (self-efficacy, identity, relationships, re-entry readiness, etc.) ● <i>FPP Caregiver Survey</i> (child needs and well-being, relationship w/ parent, etc.) ● <i>FPP Staff Survey</i> (program goals met, engagement, re-entry readiness, etc.) ● Recidivism data collected through DOC ● <i>FPP Parent Follow-up Survey</i> (additional survey with items about child well-being) 			

Evaluation Protocol

The following evaluation protocol is dependent on funding for evaluation, access to key data sources, and long-term program delivery of in-person services at CCCF.

Research Questions and Hypotheses

The primary research questions for this evaluation are:

1. *What programming is FPP providing, how much, and to whom?*
2. *Does FPP help mothers maintain bonds with children during incarceration?*
 - a. Mothers will report maintenance or improvement of bonds with children during incarceration.
 - b. Mothers will maintain or increase involvement in children's services and supports (e.g., educational progress, DHS case, emotional or behavioral needs).
 - c. Mothers will increase parenting skills, support, and identity.
3. *Does FPP help mothers prepare for successful re-entry and resumption of parenting roles?*
 - a. Mothers will increase self-efficacy and goal accomplishment while incarcerated.
 - b. Mothers will increase preparedness for re-entry.
 - c. Mothers will improve their social support context for re-entry.
4. *Does FPP maintain support and resources for child/youth development?*
 - a. Caregivers will strengthen relationships with mothers during incarceration.
 - b. Caregivers will access support and resources through FPP programming.
 - c. Children will maintain well-being during mother's incarceration.
5. *How do other factors moderate the impact of FPP programming?*
 - a. Mothers who participate in FPP programming more intensively and/or for longer periods will have improved outcomes related to FPP.
 - b. Mothers who received specific services (e.g., mental health stabilization, substance abuse treatment, education) identified in their ACRS intake assessment will have improved outcomes related to FPP.
 - c. Mothers who have improved social context for re-entry (e.g., family involvement in FPP programming, availability of social support and community-based services upon re-entry) will have improved outcomes related to FPP.

Evaluation Measures

See Appendix A for a copy of the surveys referenced below. We have created an *FPP Parent Survey*, *Caregiver Survey*, and *Staff Survey* to capture multiple perspectives on the impact of FPP programming on important mechanisms associated with parent and child well-being.

Where possible, we are using validated survey measures, most of which have been used with this population, and some of which were used in prior evaluation of FPP. We have enhanced these with program-specific items that capture multiple perspectives on program outcomes.

	Measure	Parent Survey	Caregiver Survey	Staff Survey
Parenting Stress and Skills	<i>Parental Stress Scale</i> (Berry & Jones, 1995) measures positive and negative aspects of parental stress, which is linked to sensitivity to children’s needs, children’s behavior, and parent-child relationship quality.	x	x	
	<i>Co-Parenting Relationship Scale</i> (Feinberg, Brown, & Kan, 2012) measures coparenting agreement and support, which is associated with parenting stress and quality.	x	x	
	Created for FPP for a previous evaluation, includes 18 examples of demonstrated parenting skills	x		x
Self-Efficacy/ Goal-setting	<i>Coping Self-Efficacy Scale</i> (Chesney et al., 2007) broadly measures confidence in managing challenges, and the <i>Coping Attitudes Scale</i> (DeJong & Overholser, 2007) includes additional subscales related to self-efficacy.	x		
	Created for this evaluation, includes 10 goal-setting areas perceived success	x		x
Social Support/ Relationship Quality	<i>Parenting Support Survey</i> (citation unknown) is a widely-used measure of family/friend support for parenting	x		
	Created for this evaluation, measures quality of five relationships and nine areas of support for re-entry goals	x		
Sense of Community/ Program Satisfaction	<i>Brief Sense of Community Scale</i> (BSCS) (Peterson, Speer, & McMillan, 2008), includes subscales for need fulfillment, membership, influence, and emotional connection*	x	x	
	Created for this evaluation, has five items about satisfaction with FPP services*	x	x	
Child Well-being	The <i>Strengths and Difficulties Questionnaire</i> (SDQ) is a brief measurement tool for children ages 4-17 to assess their behavioral and emotional attributes**	x	x	
	Items reflect impact of incarceration on children and whether FPP increased capacity to support well-being	x	x	

* Can be used to evaluate other FPP programming, such as family events or the Youth Advisory Group.

**Requires longer-term follow-up and data collection. Included here as a potential measure if funded for multi-year program administration and evaluation.

Additional measures include recidivism data accessed through DOC, which will be included if funding is available for longer-term programming and evaluation. Additionally, the child well-being measures shown above require longer-term data collection,

Data Collection Protocol

Because data are being collected solely for the purpose of program evaluation and improvement (rather than publication in an academic journal, for example), Institutional Review Board (IRB) approval of this evaluation protocol is not expected to be required. However, participant confidentiality protections will be followed using standard IRB guidelines for data collection, storage, and analysis. For example, paper and online surveys will be collected using an assigned evaluation ID number (instead of name) to protect confidentiality.

- Data will primarily be collected from FPP participants using printed surveys that can be completed independently at the FRC or elsewhere. These will be distributed by FPP staff following a schedule outlined below. Incarcerated participants will not receive a direct incentive to complete surveys, but gift cards (e.g., \$20 at Target) will be provided to children and/or caregivers to thank parents for completing a survey.
- Caregivers will complete electronic surveys (created in a secure online survey program like Qualtrics or Google Forms) that can be distributed by email or text link, with paper surveys available as needed (mailed or given to caregivers in person). Caregivers will be sent a gift card to thank them for completing the surveys.
- Staff will complete online surveys, with paper back-ups as needed. Staff will also collect system-embedded data used in this evaluation. This includes records of program outputs shown in the logic model, as well as ACRS scores, and recidivism data.

Data Collection Schedule

The data collection schedule will primarily be determined by dosage. Given the range of levels of program involvement, where many only request brief assistance, there needs to be a predetermined point at which dosage reaches a level that warrants enrolling participants in the evaluation. The current expectation is that FPP staff will be able to track, for example, when a participant accessing the FRC has received 5 hours of services, in terms of staff time; at this point, we would request that participants enroll in the evaluation and complete the baseline parent survey. At that point, the caregiver and staff would be asked to complete the surveys from their perspective, and that would be considered the participant's evaluation start date.

From that point, participants will be tracked for additional data collection in terms of time, with follow-up data surveys being collected every six months to track progress over time. Further, there will be a 3-month completion window for the surveys, to allow for additional engagement and incentivization around data collection as needed. One of the benefits of having data from multiple perspectives is that it allows for data collection even when not all designated parties complete surveys – for example, a parent and staff member, or a caregiver and staff members, may complete surveys and provide valuable perspective in the absence of the third survey. Additionally, we recognize that child caregivers may be most overburdened and we expect more difficulty in successfully collecting those surveys.

Analysis Plan

The analysis plan will primarily examine increases in mean scores over time within the outcome categories shown in the data collection table above, as well as prevalence of improvement within a group on these outcomes:

- For example, if 50 incarcerated mothers enroll in the evaluation and complete the *Parenting Support Scale*, analysis would examine whether the average score for this measure increased for this group between baseline and follow-up assessment. (See Appendix A for the specific survey questions and how they are scored for each included measure.)
- Additionally, individual participant scores can be tracked over time to determine, for example, the percentage of mothers within a group who show, for example, an individual increase in demonstrated parenting skills over time, as self-rated by the parent and/or as rated by FPP staff.
- Lastly, either of the above approaches could be used to look at particular groups of interest (e.g., those who specifically participated in the intensive *Parent Support Program* versus those that do not), or by moderating factors like overall dosage, receipt of other needed services while incarcerated, and degree of caregiver or family involvement in programming the mother was engaged in.

The above findings can be assessed annually (i.e., a brief evaluation progress report each year), but full program evaluation findings will not be available in the short-term. Ideally, this evaluation plan would include participant data collected over about four years, which would allow for assessment of longer-term outcomes like parent recidivism and child well-being (as shown in the logic model).

The overarching aim of analysis is to evaluate the impact of FPP programming over time. Evaluation analysis will not necessarily involve testing of statistical significance or use of statistical software. Data will be collected in a manner that can be evaluated using a program like Microsoft Excel or Google Sheets. Depending on how this evaluation is staffed, analysis can be conducted wholly by an evaluation consultant or conducted by FPP staff with some evaluation consultation. Some activities will require an evaluator, as described in the staffing table below.

Staffing and Cost

As noted above, this evaluation plan was developed by PSU-based program evaluation staff in partnership with FPP managers and staff. An outside evaluator/consultant will be needed at some stages, but there is flexibility in how much of the evaluation effort that FPP Staff will be able to conduct internally. The anticipated effort to conduct the activities described here can be estimated as follows:

Evaluation Activity	Estimated Time	Personnel
Initial creation of survey measures (building online and paper versions) and survey distribution plan	20 hours	<i>Evaluator and/or Program Staff</i>
Tracking data collection (who needs to be surveyed and when?) and distributing incentives for survey completion	8-10 hours/month to start, and less over time as procedures are fully implemented (e.g., 4 hours/month ongoing)	<i>Program Staff</i>
Monitoring incoming data for completion and resolving challenges impacting evaluation	1-2 hours/month	<i>Program Staff and Evaluator</i>
Annual evaluation progress reporting of data trends, evaluation challenges, and lessons learned	15-20 hours/year	<i>Evaluator (with assistance of Program Staff)</i>
Full evaluation analysis and reporting (e.g., after four years of data collection)	40-50 hours	<i>Evaluator (with assistance of Program Staff)</i>

Although evaluator costs depend on the consultant, a reasonable estimate for non-profit program evaluation is about \$100/hour for contracted evaluator time. Additional evaluation-specific costs include:

- *Program Staff time for evaluation activities.* Note that the activities designated as completed by the Program Staff in the table above can be conducted by a contracted evaluator if that is a preferable staffing approach. This evaluator-driven approach would generally only require about 2 hours per month of Program Staff time, and about 15 hours/month of evaluator time.
- *Incentives for survey completion.* As noted above, these can be as little as \$10/survey, but given the length of the surveys and the extra burden on respondents like caregivers, it is recommended that these be as generous as possible to thank participants for their time. \$20 is recommended per survey, with up to \$40 for completion of follow-up surveys by parents and caregivers. (Program Staff would not generally receive an incentive for completing staff surveys.)

Strategic Recommendations for Initial and Ongoing Evaluation Implementation

The following recommendations reflect both the specific details of this evaluation plan, and more general program evaluation strategies.

1. Focus FPP evaluation efforts on short-term outcomes directly impacted by programming and assess whether these change over time as expected.

At least two evaluation efforts of FPP programming have been undertaken in the past, and resulting reports were helpful in developing this evaluation plan. However, previous efforts have focused on either one-time data collection with incarcerated mothers, or one-time data collection focusing on rigorous measures of child-well-being. Without collecting data over time, conclusions cannot be drawn about whether outcomes are changing due to the program. Further, without longer-term follow-up data collection, it is difficult to assess a program's impact on outcomes like child-well-being. It is therefore recommended that future evaluation collect intermediate measures of program impact in the shorter-term (i.e., maintenance of the mother-child bond, as measured by changes in relationship quality), as well as selected measures of longer-term impacts (e.g., child well-being and recidivism) measured about a year following participant re-entry into the community.

2. Account for other essential services that FPP mothers may or may not receive while incarcerated and/or after transitioning back to the community.

One of the primary reasons program evaluation efforts are unsuccessful is the lack of information about other services that participants may or may not receive. This evaluation would benefit from access to intake documentation of recommended services that would likely influence the success of FPP programming in making a difference for mothers and children, which can then be considered in terms of whether the incarcerated mother did or did not receive these other needed services and how this may have affected the evaluation of FPP impact.

3. Link evaluation efforts to stable funding for program delivery. Evaluation relies on consistent program delivery and associated data collection. The degree to which long-term evaluation plans can be linked to long-term program delivery plans would benefit both, in terms of demonstrating program impact over time.

4. Invest in ongoing evaluation consultation. Although evaluation activities like data collection can be conducted in-house after an evaluation is designed, this can place additional burden on staff delivering programming. Evaluation plans such as this benefit from ongoing guidance, data analysis, and reporting by an evaluator. The strongest possible evaluation approach includes ongoing, regular consultation between evaluators and staff, reliance on program staff only for evaluation activities that fit within their usual work (and ensuring that evaluation protocols align with this work), and relying on evaluators for activities like survey creation, data analysis, and reporting.

APPENDIX A: Evaluation Measures

As noted above, the evaluation will include an *FPP Parent Survey*, an *FPP Caregiver Survey*, and an *FPP Staff Survey*. The specific items for each of the surveys are shown below, organized by the outcome being measured:

- Parenting Stress and Skills
- Self-Efficacy/Goal Setting
- Social Support/Relationship Quality
- Sense of Community/Program Satisfaction

PARENTING STRESS AND SKILLS

Parental Stress

The *Parental Stress Scale* ([Berry and Jones, 1995](#)) is a widely-used measure of positive and negative aspects of parental stress, which is linked to sensitivity to children’s needs, children’s behavior, and parent-child relationship quality. The scale assesses change in levels of parental stress and parenting capacity following the provision of targeted parental and family support, and has been used in similar evaluation efforts. This evaluation uses the standard Parent items, as well as adapted language reflecting the Caregiver perspective (and referring to the child(ren) of the incarcerated mother).

Parent Survey	Caregiver Survey
<p><i>The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.</i></p> <p style="text-align: center;">1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree</p>	
<ol style="list-style-type: none"> 1. I am happy in my role as a parent. 2. There is little or nothing I wouldn't do for my child(ren) if it was necessary. 3. Caring for my child(ren) sometimes takes more time and energy than I have to give. 4. I sometimes worry whether I am doing enough for my child(ren). 5. I feel close to my child(ren). 6. I enjoy spending time with my child(ren). 7. My child(ren) is an important source of affection for me. 8. Having child(ren) gives me a more certain and optimistic view for the future. 9. The major source of stress in my life is my child(ren). 10. Having child(ren) leaves little time and flexibility in my life. 11. Having child(ren) has been a financial burden. 12. It is difficult to balance different responsibilities because of my child(ren). 13. The behavior of my child(ren) is often embarrassing or stressful to me. 14. If I had it to do over again, I might decide not to have child(ren). 15. I feel overwhelmed by the responsibility of being a parent. 16. Having child(ren) has meant having too few choices and too little control over my life. 17. I am satisfied as a parent. 18. I find my child(ren) enjoyable. 	<ol style="list-style-type: none"> 1. I am happy in my role as a caregiver. 2. There is little or nothing I wouldn't do for the child(ren) if it was necessary. 3. Caregiving sometimes takes more time and energy than I have to give. 4. I sometimes worry whether I am doing enough for the child(ren) I'm taking care of. 5. I feel close to the child(ren) I'm taking care of. 6. I enjoy spending time with the child(ren). 7. The child(ren) is an important source of affection for me. 8. Caregiving for the child(ren) gives me a more certain and optimistic view for the future. 9. The major source of stress in my life is the child(ren). 10. Caregiving for the child(ren) leaves little time and flexibility in my life. 11. Caregiving for the child(ren) has been a financial burden. 12. It is difficult to balance different responsibilities because of the child(ren). 13. The behavior of the child(ren) is often embarrassing or stressful to me. 14. If I had it to do over again, I might decide not to provide caregiving for the child(ren). 15. I feel overwhelmed by the responsibility of being a caregiver. 16. Caregiving for the child(ren) has meant having too few choices and too little control over my life. 17. I am satisfied as a caregiver. 18. I find the child(ren) enjoyable

Note: Scores are summed on a scale from 15-90, with higher scores indicating greater stress. Items 1, 2, 5, 6, 7, 8, 17, and 18 are reverse-scored (1=5, 2=4, 3=3, 4=2, 5=1) before summing all items. Individual scores can be compared over time, or mean scores compared between groups (e.g., FPP participants compared to current child(ren) caregivers).

Parent-Caregiver Relationship

The *Co-Parenting Relationship Scale* (CRS) ([Feinberg, Brown, & Kan, 2012](#)) is a widely-used measure linking coparenting relationships with parenting quality. Items from the CRS are used here given the potential that positive co-parenting relationships between incarcerated mothers and their child’s caregiver reduces the mother’s stress and improves parenting and caregiving quality. The CRS has multiple subscales, many of which are not relevant to a coparenting relationship between an incarcerated mother and multiple kinds of caregivers (i.e., the child(ren)’s other parent, a family member of the mother, a non-relative foster parent). Therefore, this evaluation measures uses only the *Coparenting Agreement* and *Coparenting Support* subscales, and adapts language to refer to the child’s current caregiver (instead of “partner”).

<p style="text-align: center;">Parent Survey (where caregiver/CG refers to the current caregiver of your child or children)</p>	<p style="text-align: center;">Caregiver Survey (where “child(ren)” refers to those of the mother whose child(ren) you are currently caring for)</p>					
<p><i>For each item, select the response that best describes the way you and the other caregiver work together as parents:</i></p>						
<p>0 (Not true of us)</p>	<p>1</p>	<p>2 (A little bit true)</p>	<p>3</p>	<p>4 (Somewhat true)</p>	<p>5</p>	<p>6 (Very true of us)</p>
<ol style="list-style-type: none"> 1. My child’s CG asks my opinion on issues related to parenting. 2. My child’s CG and I have the same goals for the child 3. My child’s CG and I have different ideas about how to raise my child 4. My child’s CG tells me I am doing a good job or otherwise lets me know I am being a good parent. 5. My child’s CG and I have different ideas around my child’s routines (eating, sleeping, etc.). [R] 6. My child’s CG and I have different standards for my child’s behavior [R] 7. My child’s CG and I often discuss the best way to meet my child’s needs 8. My child’s CG appreciates how hard I work at being a good parent 9. When I’m at my wits end as a parent, my child’s CG gives me extra support I need. 10. My child’s CG makes me feel like I’m best possible parent for my child. 	<ol style="list-style-type: none"> 1. The child’s parent asks my opinion on issues related to parenting. 2. The child’s parent and I have the same goals for their child. 3. The child’s parent and I have different ideas about how to raise their child. 4. The child’s parent tells me I am doing a good job or otherwise lets me know I’m being a good parent. 5. The child’s parent and I have different ideas around their child’s routines (eating, sleeping, etc.) [R] 6. The child’s parent and I have different standards for their child’s behavior [R] 7. The child’s parent and I often discuss the best way to meet their child’s needs 8. The child’s parent appreciates how hard I work at being a good CG 9. When I’m at my wits end as a parent, the child’s parent gives me extra support I need. 10. The child’s parent makes me feel like I’m best possible CG for their child right now. 					

Note: Scores are summed on a scale of 0-60. Agreement subscale includes items 2, 3, 5, and 6; Coparenting Support subscale includes items 1, 4, and 7-10. Items 5 and 6 are reverse-scored (e.g., 0=6 and 6=0). Individual scores can be compared over time, or mean scores compared between groups (e.g., FPP participants compared to current child(ren) caregivers).

Demonstrated Parenting Skills

As described elsewhere in this plan, the *Parent Support Program* is the most intensive FPP component, including uniform dosage of two 2-hour groups each week, one 1-hour individual meeting, plus two 3-hour therapeutic visits and two phone calls with their kids each month. For participants in their program, there is an additional staff observational measure of demonstrated positive parenting skills during the mother-child enriched visits.

Parent Survey	Staff Survey
<i>Please rate the degree to which you feel that you/the FPP participant demonstrates the following parenting skills with your/their child(ren)</i>	
1 = Not demonstrated 2 = Mostly not demonstrated 3 = Mostly demonstrated 4 = Consistently demonstrated N/A = not applicable	
<ol style="list-style-type: none"> 1. Maintain a consistent bond with their child 2. Provide my child with emotional support, nurturance, and encouragement 3. Be flexible and allow my child to take the lead 4. Play with my child and have fun together by setting up activities that my child is interested in 5. Provide equal attention to more than one child (if applicable) 6. Listen sensitively to my child 7. Answer my child's questions in an age-appropriate manner 8. Help my child learn to identify and express feelings of grief and loss 9. Communicate clear and age-appropriate expectations 10. Express love toward my child 11. Be attuned to my child's needs 12. Assert myself as a parent who cares deeply for the well-being of my child 13. Use "I" statements when talking about my feelings with the child 14. Remain calm when my child shares upsetting information, including how they are being parented by caregivers 15. Avoid engaging in power struggles with my child 16. Patiently set limits when my child does not follow directions 17. Model respectful and responsible behavior for my child 18. Be actively involved in my child's education and social services 	<ol style="list-style-type: none"> 1. Maintains a consistent bond with their child 2. Provides their child with emotional support, nurturance, and encouragement 3. Is flexible and allows the child to take the lead 4. Plays with child and has fun together by setting up activities that the child is interested in 5. Provides equal attention to more than one child (if applicable) 6. Listens sensitively to the child 7. Answers the child's questions in an age-appropriate manner 8. Helps the child learn to identify and express feelings of grief and loss 9. Communicates clear and age-appropriate expectations 10. Expresses love toward their child 11. Is attuned to their child's needs 12. Asserts herself as a parent who cares deeply for the well-being for her child 13. Uses "I" statements when talking about feelings with the child 14. Remains calm when the child shares upsetting information, including how they are being parented by caregivers 15. Avoids engaging in power struggles with the child 16. Patiently sets limits when the child does not follow directions 17. Models respectful and responsible behavior for the child 18. Demonstrates active involvement in the child's education and social services

Note: Scores are averaged for all applicable items. Individual mean scores can be compared over time or between groups.

SELF-EFFICACY/GOAL-SETTING

Self-Efficacy

Self-efficacy reflects the degree to which participants felt that they were capable of achieving their goals and dealing with problems in their lives (Wright et al., 2007) and has been theorized to prevent recidivism by helping women form new identities (as mothers, for example; Rungay, 2004) and patterns of behavior. Higher self-efficacy in formerly incarcerated women is associated with lower rates of recidivism (Van Voorhis, Wright, Salisbury, & Bauman, 2010).

The *Coping Attitudes Scale* (DeJong & Overholser, 2007) can be used to measure a broad set of attitudes related to self-efficacy and coping, including subscales for life perspective, personal accomplishment, positive future, self-worth, and coping with problems.

<i>Parent Survey</i>				
<i>Right now, how strongly do you believe these statements?</i>				
<i>0 = Not at all</i>	<i>1 = A little bit</i>	<i>2 = Somewhat</i>	<i>3 = A fair amount</i>	<i>4 = Very much</i>
<ol style="list-style-type: none"> 1. I am thankful for the good things I have in my life. 2. I know I can make friends with other people. 3. Life is usually fun, interesting, and exciting. 4. Good things may not always come easy, but they do come. 5. Although losing something can be hard, it often provides a new beginning. 6. I have accomplished a lot in my life. 7. If I try hard, I can accomplish whatever I want. 8. I have been successful in some important areas of my life. 9. I believe things will go well for me in the future. 10. I am hopeful about my future. 11. I believe I can make my future what I want it to be. 12. I have a lot of exciting plans for the future. 13. I am a worthwhile person 14. I am at least as good as most other people. 15. I think I am a good person. 16. I have many good qualities. 17. Even when problems get bad, I know they will get better. 18. I feel I can handle most problems. 19. Even when I am having problems, I know I can tolerate them. 20. Even when I am having problems, I know they will not last very long. 21. When problems happen, I can usually make the best of a bad situation. 22. I believe I can cope with almost any problem I might have. 23. My current problems are manageable. 				

Note: Scores are summed on a scale of 0-92, with subscales for life perspective, personal accomplishment, positive future, self-worth, and coping with problems. Individual scores can be compared over time, or mean scores can be compared between groups.

Alternatively, the *Coping Self-Efficacy Scale* ([Chesney et al., 2006](#)) specifically measures self-efficacy around coping with problems.

Parent Survey											
<i>When things aren't going well for you or you're having problems, how confident are you that you can do the following?</i>											
	0	1	2	3	4	5	6	7	8	9	10
(Cannot do this at all)							(Moderately sure I can do this)				(Certain I can do this)
<ol style="list-style-type: none"> 1. Break an upsetting problem down into smaller parts. 2. Sort out what can be changed, and what cannot be changed. 3. Make a plan of action and follow it when confronted with a problem 4. Leave options open when things get stressful. 5. Think about one part of the problem at a time. 6. Find solutions to your most difficult problems. 7. Make unpleasant thoughts go away. 8. Take your mind off unpleasant thoughts. 9. Stop yourself from being upset by unpleasant thoughts. 10. Keep from feeling sad. 11. Get friends to help you with the things you need. 12. Get emotional support from friends and family. 13. Make new friends. 											

Note: Scores are summed on a scale of 0-130, with subscales for problem-focused coping, emotion-focused coping, and support-seeking. Individual scores can be compared over time, or mean scores can be compared between groups.

Lastly, "meaning-making" is associated with self-efficacy and coping with challenges through reflection on meaning. The *Meaning-Making Scale* ([van den Huevel et al., 2009](#)) specifically measures this.

Parent Survey			
<i>Right now, how strongly do you agree with these statements?</i>			
1 = Strongly disagree	2 = Somewhat disagree	3 = Somewhat agree	4 = Strongly agree
<ol style="list-style-type: none"> 1. I actively take the time to reflect on events that happen in my life. 2. I have an understanding of what makes my life meaningful. 3. I prefer not to think about the meaning of events that I encounter (r). 4. When difficult things happen, I am usually quick to see the meaning of why they happen to me. 5. Self-reflection helps me to make my life meaningful. 6. I actively focus on activities and events that I personally find valuable. 7. I feel my life is meaningful. 			

Note: Scores are summed on a scale of 7-28. Individual scores can be compared over time, or mean scores can be compared between groups.

It is recommended that 1-2 of the above self-efficacy measures be used with participants.

Goal-Setting

A related way to measure self-efficacy and goal accomplishment is to ask about specific identified goals. For this evaluation, FPP participant and staff members will be asked for their perspective on the following:

Parent Survey	Staff Survey
<i>Thinking about the LAST six months, how successful were you in meeting your identified goals related to the following?</i>	<i>Thinking about the LAST six months, how successful was this FPP participant in meeting their identified goals related to the following?</i>
1 = Not at all successful 2 = Mostly unsuccessful 3 = Mostly successful 4 = Very successful N/A = not applicable	
<ul style="list-style-type: none"> a. Improving child(ren)'s well-being b. Improving relationships with child(ren) c. Improving relationships with children's caregiver(s) d. Maintaining involvement in your child(ren)'s education e. Improving relationships with other family and friends f. Working on education-related goals g. Working on employment-related goals h. Working on short-term and long-term housing goals i. Increasing readiness to re-enter the community in general j. Other identified goals 	
<i>Thinking about the NEXT six months, how successful were you in meeting your identified goals related to the following?</i>	<i>Thinking about the NEXT six months, how successful was this FPP participant in meeting their identified goals related to the following?</i>
1 = Not at all successful 2 = Mostly unsuccessful 3 = Mostly successful 4 = Very successful N/A = not applicable	
<ul style="list-style-type: none"> a. Improving child(ren)'s well-being b. Improving relationships with child(ren) c. Improving relationships with children's caregiver(s) d. Maintaining involvement in your child(ren)'s education e. Improving relationships with other family and friends f. Working on education-related goals g. Working on employment-related goals h. Working on short-term and long-term housing goals i. Increasing readiness to re-enter the community in general j. Other identified goals 	

Note: Participants' scores are averaged for all goals that are applicable. Individual mean scores can be compared over time, or mean scores can be compared between groups (e.g., FPP participants compared to staff perspectives).

SOCIAL SUPPORT CONTEXT

Social Support

Perceived support, particularly from family, is linked to mental health and well-being and generally reflects the availability of emotional support and concrete resources. Many FPP participants have disrupted family relationships and limited pro-social friendships, which is linked to behaviors that led to incarceration. Further, the FPP therapeutic components that facilitate mother-child bonds, healing of family relationships, and opportunities for peer support and parental affinity, would increase perceived availability of support from family and friends, which would help prevent recidivism. The following *Protective Factors Survey* (use guide available [here](#)) is designed for home visiting, parent education, and family support programs.

Parent Survey
<p><i>Please mark the response that best matches how often each of these happens in your family, however you define it.</i></p> <p style="text-align: center;">1 = Never 2 = Rarely 3 = Sometimes 4 = Fairly often 5 = Frequently</p>
<ol style="list-style-type: none"> 1. In my family, we talk about problems. 2. When we argue, my family listens to “both sides of the story.” 3. In my family, we take time to listen to each other. 4. My family pulls together when things are stressful. 5. My family is able to solve our problems.
<p><i>Please mark the response that best matches how much you agree with the following statements.</i></p> <p style="text-align: center;">1 = Strongly disagree 2 = Mildly disagree 3 = Don’t know 4 = Mildly agree 6 = Strongly Agree</p>
<ol style="list-style-type: none"> 1. I have others who will listen when I need to talk about my problems. 2. When I am lonely, there are several people I can talk to. 3. I would have no idea where to turn if my family needed food or housing. 4. I wouldn’t know where to go for help if I had trouble making ends meet. 5. If there is a crisis, I have others I can talk to. 6. If I needed help finding a job, I wouldn’t know where to go for help.
<p><i>Please mark the response that best matches how you feel about the amount of each kind of support you have.</i></p> <p style="text-align: center;">1 = Nowhere near what I want or need 2 = Some of what I want or need 3 = Most of what I want or need 4 = All of what I want or need 6 = N/A</p>
<ol style="list-style-type: none"> 1. Someone to help with daily tasks. (e.g. dishes, cleaning, cooking, laundry, etc.). 2. Someone to help you raise your child on a daily basis. 3. Someone to baby-sit when I need it. 4. Someone I can count on in an emergency. 5. Someone to give or loan me things I might need (e.g. lend a car if yours breaks down, money, food, clothes, etc.). 6. Someone to give me advice or information about parenting that I need or want. 7. Someone to give me encouragement and feedback that I’m a good parent. 8. Someone I can turn to for guidance in times of stress. 9. Someone I can talk to about things that are bothering me. 10. Someone I can talk to about important decisions. 11. Someone (other than my children) that I feel close to who I know cares about me. 12. A group of people that I feel an important part of (e.g., extended family, close knit group of friends, church or another group)

Relationship Quality/Social Context for Re-entry

FPP programming focuses on improving keep relationships between the mothers and their child(ren), children's caregivers and teachers, and their friends and family. This is to both facilitate the emotional well-being of parents and children, as well as ensure that the social network context mothers will be returning to is supportive of stable long-term outcomes, including housing, employment, and avoiding recidivism. Two questions were created to specifically ask about these.

Parent Survey
<p><i>On a scale of 1-10, how would you rate the following relationships?</i></p> <ul style="list-style-type: none">a. Your emotional bond with your child or childrenb. Your communication your child(ren)'s current caregiver(s)c. Your communication with your child(ren)'s teachers and/or counselorsd. Your relationship with family memberse. Your relationship with friends and your larger community
<p><i>Thinking about the friends and family you will be returning to in your community, how much to you feel that they will be able to support you in the following, on a scale of 1-10?</i></p> <ul style="list-style-type: none">a. Regaining custody of your children (if applicable)b. Resuming an active parenting role (if applicable)c. Staying clean and sober (if applicable)d. Staying out of criminal trouble and otherwise meeting conditions for your releasee. Finding and/or maintaining employmentf. Maintaining safe and stable housingg. Engaging in education/trainingh. Maintaining mental healthi. Accessing support services

Note: Participants' scores are averaged for all relationships that are applicable to reflect an overall score. Individual participant scores (overall or for a specific relationship or goal) can be compared over time, or mean scores can be compared between groups (e.g., FPP participants compared to staff perspectives).

Sense of Community/Program Satisfaction

A sense of community—defined as “a process in which the members interact, draw identity, social support, and make their own contributions to the common good” (Pretty et al., 2006)—combined with new parenting skills reduces recidivism (Thompson & Harm, 2000). Thus, this is an important measure for FPP mothers who are engaged in more intensive services that focus on parenting skills and affinity with other FPP moms. FPP also convenes several other “cohorts” through programming, including caregivers who come to know each other through visitation and other child enrichment events, the youth advisory committee, and the peer support network of formerly incarcerated mothers. Therefore, this brief survey is selected to be broadly relevant in a number of contexts to capture the degree to which FPP programming is facilitating community as intended.

The following items are from the *Brief Sense of Community Scale* (BSCS) ([Peterson, Speer, & McMillan, 2008](#)), which includes subscales for need fulfillment, membership, influence, and emotional connection. For this evaluation, the word “neighborhood” has been replaced with “FPP Community” and this is intended to be used widely wherever relevant to evaluate this important program aim.

FPP Community Survey (for administration with mothers, caregivers, youth, and others)	
<i>Please indicate the degree to which you agree with the following statements about the FPP community.</i> 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree	
<ol style="list-style-type: none">1. I can get what I need in this community.2. This community helps me fulfill my needs.3. I feel like a member of this community.4. I belong in this community.5. I have a say about what goes on in this community.6. People in this community are good at influencing each another.7. I feel connected to this community.8. I have a good bond with others in this community.	

The following can be similarly administered broadly to anyone benefiting from the FPP program.

FPP Program Satisfaction Survey (for administration with mothers, caregivers, youth, and others)	
<i>Please indicate the degree to which you agree with the following statements about the FPP program.</i> 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree	
<ol style="list-style-type: none">1. FPP understands the difficulties I currently face.2. FPP helps me accomplish my goals.3. FPP supports me in many different ways.4. I would recommend FPP to other moms and families impacted by incarceration.5. FPP has made a difficult situation less difficult for my family.6. This program recognized my strengths and accepted me as I am, instead of trying to change me.	

CHILD WELL-BEING

The *Strengths and Difficulties Questionnaire* (SDQ) is a brief measure for children ages 4-17 to assess their behavioral and emotional attributes. The items assess strength and difficulties in the following areas: 1) emotional symptoms; 2) conduct problems; 3) hyperactivity or inattention; 4) peer relationships; and 5) prosocial skills. The SDQ has been used in a prior FPP evaluation, can be completed by a teacher/counselor, parent, or caregiver, and can be used to identify a child’s potential risk level for behavioral and emotional functioning. The SDQ is primarily being used here as a long-term FPP evaluation outcome, as child-specific risks and needs would not likely be directly influenced by FPP programming but would rather reflect caregiver access to other supportive services and programming in addition to FPP.

Parent Survey	Caregiver Survey	
<i>For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child or youth’s behavior over the last six months or this school year.</i>		
0 = Not true	1 = Somewhat true	2 = Certainly true
<ol style="list-style-type: none"> 1. Considerate of other people's feelings 2. Restless, overactive, cannot stay still for long 3. Often complains of headaches, stomach-aches or sickness 4. Shares readily with other children, for example toys, treats, pencils 5. Often loses temper 6. Rather solitary, prefers to play alone 7. Generally well behaved, usually does what adults request 8. Many worries or often seems worried 9. Helpful if someone is hurt, upset or feeling ill 10. Constantly fidgeting or squirming 11. Has at least one good friend 12. Often fights with other children or bullies them 13. Often unhappy, depressed or tearful 14. Generally liked by other children 15. Easily distracted, concentration wanders 16. Nervous or clingy in new situations, easily loses confidence 17. Kind to younger children 18. Often lies or cheats 19. Picked on or bullied by other children 20. Often offers to help others (parents, teachers, other children) 21. Thinks things out before acting 22. Steals from home, school or elsewhere 23. Gets along better with adults than with other children 24. Many fears, easily scared 25. Good attention span, sees work through to the end 		

Note: Scores are summed on a scale of 0-40, excluding the fifth prosocial skills scale. The SDQ questionnaire includes four risks for diagnostic predictions: 1) any diagnosis; 2) emotional disorders (i.e., anxiety, depression); 3) behavioral disorders (i.e., aggression, delinquency); and 4) hyperactivity or concentration disorders. The risk levels are: 1) low risk; 2) medium risk; and 3) high risk. See [scoring guide](#). Individual scores can be compared over time, or mean scores compared between groups (e.g., FPP participants compared to current child(ren) caregivers).

Additionally, some more direct FPP-specific questions can be asked of incarcerated mothers and their child(ren)'s caregivers about how FPP is potentially preventing negative impacts of incarceration on children.

<i>Parent Survey</i>	<i>Caregiver Survey</i>
<p>1. On a scale of 1-10, how much are you concerned about the following in relation to the impact of your incarceration on your child(ren)?</p> <ul style="list-style-type: none"> a. Child feeling stigma, shame, or isolation b. Child not making progress in school c. Child behavior problems d. Weakening the mother-child bond e. Child wanting to stay with current caregivers after your release f. Something else <p>2. Since receiving FPP services, are the child's problems the worse/same/a bit better/much better?</p> <p>3. In what ways did your participation or involvement with FPP increase your capacity to support the child's well-being? [open-ended]</p>	<p>1. On a scale of 1-10, how much are you concerned about the following in relation to the impact of the child(ren)'s mother's incarceration?</p> <ul style="list-style-type: none"> a. Child feeling stigma, shame, or isolation b. Child not making progress in school c. Child behavior problems d. Weakening the mother-child bond e. Child wanting to stay with current caregivers after their mother's release f. Something else <p>2. Since receiving FPP services, are the child's problems the worse/same/a bit better/much better?</p> <p>3. In what ways did FPP services help maintain or improve the child's well-being? For example, helping to make the child's problems more manageable? [open-ended]</p>



Family Preservation Project

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2010 – 2013 Evaluation Report

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EXECUTIVE SUMMARY

Over the past 30 years, incarceration rates for women across the United States have steadily increased (Glaze & Maruschak, 2008; Maruschak, Glaze, & Mumola, 2010). Between 1999 and 2004, Oregon ranked seventh in the nation in female prison population growth (Frost, Greene, & Pranis, 2006). Oregon state officials predicted an even greater increase in women entering the prison system with the passage of the 2008 Ballet Measure 57, a legislatively referred state statute that increased prison terms for individuals who were repeatedly convicted of specific drug and property crimes. In March 2010, the Oregon Department of Corrections funded the Family Preservation Project (FPP) at Coffee Creek Correctional Facility in Wilsonville, Oregon, in an effort to address the impact of incarceration on mothers and their families.

It is estimated that 80% of incarcerated women are mothers to children ages 0 – 18 (Bloom, Owen, & Covington, 2003), most of whom resided with their children prior to their incarceration and will likely resume parenting roles once released (Eddy & Poehlmann, 2010; Glaze & Maruschak, 2008). Separation due to incarceration can have a devastating impact on the family. Specifically, maternal incarceration can adversely affect the mother-child relationship, children’s educational attainment, and children’s mental health (LaVigne, Davies, & Brazzell, 2008; Miller, 2006). The risk for children’s behavioral and emotional difficulties can stem from feelings of guilt, shame, confusion, abandonment, and concern about their mother’s well-being (Miller, 2006). The Family Preservation Project, informed by the best practice literature, utilizes an intensive case management and holistic family-centered approach to service provision. The program incorporates components of the Oregon Accountability Model to promote successful reentry by fostering opportunities for incarcerated mothers, their children, and their children’s caregivers to positively rebuild and/or maintain healthy relationships. In addition, the Family Preservation Project is designed to interrupt the cycle of intergenerational criminal justice involvement, poverty, and addiction and support successful reentry to help decrease the risk of recidivism.

Evaluation Objectives

This program evaluation was funded by Portland Community College to review the predisposing issues that place women at risk for criminal justice involvement, risk outcomes for incarcerated mothers and their families, and best practices within correctional systems that address mother-child relational issues. In addition, the program evaluation examined the extent to which FPP uses the literature to inform service provision for incarcerated mothers, their children, and caregivers. The evaluation is organized in three primary components. The first provides a summary of the Family Preservation Project’s history, mission, and key service goals. Second, the evaluation report presents an

overview of the issues that incarcerated mothers and their families encounter. The second component also presents an overview of current nationwide practices that address issues associated with parental incarceration and the potential impact on the well-being of children and families. The evaluation concludes with a report of program outcomes for FPP women, their children, and caregivers followed by a summary of recommendations for the program's future direction.

Research Methods

The findings are extracted from an analysis of administrative case-level data, which consisted of the case files of 27 incarcerated mother, 46 children, and 41 caregivers. The Family Preservation Project staff provided case-level data from a three year period, between 2010 and 2013. This report presents findings from descriptive, correlational, and mean difference analyses of FPP participants' demographics, service provision, and outcomes between 2010 and 2013.

Key Findings

- On average, women and their families remained in the program an average of 3.5 years. Women's average age 29 years at the time they entered FPP, and they had an average of 1.7 children. Nearly half the women identified as a person of color (48.3%). The majority of the women, 63%, had less than one year of legal employment and about 85% obtained either a high school diploma or GED prior to incarceration.
- The majority of the women who participated in the Family Preservation Project successfully met their educational and employment goals. Over 90% were successful in meeting their educational goals across all three cohorts. Slightly over 80% of the women participated in Coffee Creek Correctional Facility work programs, and nearly 90% completed a certificate program. Approximately 93% of the alumni women reported living in stable housing with their children and/or significant other, partner, or spouse upon release.
- All the FPP women had in-person visits and phone calls with their children while incarcerated. Across all three cohorts, the women averaged approximately 25 visits and 115 phone calls with their children.
- Women's engagement with interactive literacy activities with their children and support for their children's learning increased over time. In addition, analysis showed that more mother-child visits increased the likelihood that mothers had an increased ability to demonstrate expressive and receptive language, participate in reading with their child, and support book/print concepts.

- All of the women who had letters sent to teachers by the FPP staff sent personal letters to their children's teachers to introduce themselves and express interest in maintaining contact with the teachers throughout the academic year. The FPP staff and/or mothers made additional contact with the majority of the children's teachers. Similarly, the majority of the mothers participated in either parent-teacher conferences or Individualized Education Plan (IEP) meetings.
- There was a statistically significant association between mothers and/or FPP staff making additional contact with teachers and mothers' demonstration of expressive and receptive language, participation in reading with their child, and ability to support book/print concepts.
- Approximately 88% of pre-kindergarten, and nearly 78% of school-age children, met their school attendance goals. Four of the eight children in pre-kindergarten recognized over half of the alphabet letters at Time 1 testing and 100% recognized over half of the alphabet letters at Time 2 testing. Among the 26 children whose teachers reported reading outcomes, approximately 54% were reading at grade level and among those who were not reading at grade level, 100% were reported to be making progress.
- An assessment of children's behavioral and emotional functioning indicated that overall, the FPP children's average score was within normal ranges both at baseline and follow-up measurements. At both measurements, the majority of the children were assessed to be at low-risk for experiencing any diagnostic disorder, emotional disorder (i.e., anxiety, depression), behavioral disorder (i.e., aggression, delinquency), or hyperactivity or concentration disorder.
- Nine pre-kindergarten children participated in high quality early childhood education programs, 23 children participated in after school programs, and 26 participated in summer camps with the assistance of the FPP. Camp instructors reported that overall, the FPP children positively benefited from the camp enrichment activities.

INTRODUCTION AND BACKGROUND

Over the past 30 years, incarceration rates for women in the United States have steadily increased (Glaze & Maruschak, 2008; Maruschak, Glaze, & Mumola, 2010). Since 1991, the number of children of incarcerated mothers has more than doubled, increasing by 131% (Glaze & Maruschak, 2008). It is estimated that 80% of incarcerated women are mothers to school-aged children (Bloom, Owen, & Covington, 2003), most of whom resided with their children prior to their incarceration and will likely resume parenting roles once released (Eddy & Poehlmann, 2010; Glaze & Maruschak, 2008).

A mother's incarceration is a non-normative event that can have a potentially devastating impact on the mother-child relationship (LaVigne, Davies, & Brazzell, 2008; Miller, 2006). Children exposed to maternal incarceration are at risk for a number of interpersonal and developmental problems. The research suggests that children of incarcerated mothers are vulnerable to attachment insecurity issues; internalizing problems such as anxiety and depression; externalizing problems that include aggression and delinquency; and feelings of confusion, fear of abandonment, and vivid memories associated with their mother's incarceration (Baker, McHale, Strozier, & Cecil, 2010; Kampfner, 1995; Miller & Bank, 2013; Myers, Smarsh, Amlund-Hagen, & Kennon, 1999).

The Family Preservation Project

According to the Oregon Department of Corrections (2002), more than 15,000 Oregon children have a parent in prison. Oregon ranked seventh in the nation between 1999 and 2004 in female prison population growth (Frost, Greene, & Pranis, 2006). With the passage of Measure 57 in 2008, state officials predicted that more women will enter the system and have lengthier sentences for property and drug crimes. In response to the needs of families whose lives are affected by incarceration, in 1995, the Oregon Department of Corrections began providing family-oriented services and reentry planning to incarcerated men and women at the Columbia River Correctional Institution in Portland with funding from Portland Community College. In 2000, the college received a small grant to explore the feasibility of an Even Start family literacy program at Coffee Creek Correctional Facility. Between 2002 and 2009, Portland Community College operated an Even Start program for female inmates at the minimum-security division of Coffee Creek with funding from the Oregon Department of Education. In March 2010, the Oregon Department of Corrections funded the Family Preservation Project (FPP) as its successor (Coffee Creek Correctional Facility Family Preservation Project Annual Evaluation Report, 2012).

The mission of the Family Preservation Project (FPP) at Coffee Creek Correctional Facility in Wilsonville is to interrupt the intergenerational cycle of criminal justice involvement, poverty, and addiction. In an effort to meet this objective, the Family Preservation Project is

informed by the best practice literature with a focus on holistic family-centered services designed to positively rebuild and maintain the incarcerated mothers' relationships with their children and their children's caregivers. The FPP utilizes components of the Oregon Accountability Model through intensive case management and education to promote successful reentry and foster opportunities for incarcerated mothers, their children, and their children's caregivers to rebuild and/or maintain healthy relationships.

Key Service Provision

Upon initial acceptance into the program, the Family Preservation Project staff engage women in a bio-psychosocial assessment to identify and assist women with short- and long-term goals. Each woman meets individually to review goals on a weekly basis to identify FPP services and other programs within the Coffee Creek Correctional Facility that would assist women to repair family relationships, address history of trauma, and history of drug and alcohol abuse and/or dependence. The bio-psychosocial also identifies women's strengths as a starting point to build upon during their time in the program.

The Family Preservation Project provides mothers with guidance and assistance to learn and implement healthy interaction with their children and opportunities for consistent and meaningful visitations and phone/mail communication to maintain and/or rebuild mother-child relationships. Mothers are encouraged to become actively involved with school- and community-based services that directly affect their children's lives. In addition to helping facilitate mother-child bonds, the program creates collaborative relationships within and outside the facility to support reentry, such as

Karen, a mother of two, began participating in the Family Preservation Project when her two sons were one and two years old. Jordan was born while Karen was incarcerated and Joshua, her older son, was barely speaking. The boys' father was working nights and Karen expressed concerns about the lack of stimulation and normal routine in their home environment. The boys were sleeping late during the day and staying up at night. The program staff arranged for and covered the cost of educational services through an early learning center three days a week. Attending the center required that the boys follow a regular meal and sleep schedule. The center also arranged for Joshua to receive services from a speech pathologist. The boys' father brought them regularly for the Saturday mother-child program visits where she was able to practice newly learned parenting skills and bond with Jordan and Joshua.

housing, treatment for substance abuse and mental health concerns, employment, and parenting supports to improve outcomes for the families served.

Skill building is an essential component of program services that help systematically identify, address, and resolve issues that led to incarceration. Through educational and enrichment services, the Family Preservation Project strives to increase mothers' chances of educational and vocational success by bolstering their development of both hard and soft skills. The women are encouraged to participate in educational programming as a means of obtaining gainful employment once released and creating sustained economic changes to break the cycle of intergenerational poverty. Upon release, women are offered opportunities to remain connected to FPP staff and formerly incarcerated women through alumni activities and reunion events.

Another primary aim of the program is to assist incarcerated women with rehabilitative and family-oriented services that will prepare for their reentry into society after upon release. Many of the services are designed to identify and interrupt risk factors that contributed to incarceration and prevent the potential for intergenerational cycles of criminal justice involvement and associated risks (e.g., poverty, addiction) that lead to involvement with corrections.

The program also offers educational and enrichment opportunities for children to remain connected to their community by forming positive relationships with positive adults. In addition to bi-monthly contact visits with their mothers in a child friendly environment, children have opportunities to participate in extra-curricular and comprehensive summer enrichment activities. The children receive academic support services and have access to high-quality pre-school placements. If necessary, children may obtain referrals for mental health services. Caregivers receive ongoing support to decrease stress associated with caring for a child during a mother's incarceration.

Population Demographics

The Family Preservation Project staff provides intensive case management services to approximately 10 to 12 incarcerated mothers each year at Coffee Creek Correctional Facility. Since 2010, the FPP staff has enrolled three cohorts: Cohort 1 in 2010¹ Cohort 2 in 2011 and 2012; and Cohort 3 in 2012 and 2013. FPP staff records indicate that between March 2010 and August 2013, 27 mothers, 46 children, and 41 caregivers participated in the project. In 2010, FPP enrolled 11 women and 19 children into Cohort 1. From 2010 – 2011, 11 women and 19 children were enrolled in Cohort 2 and 5 women and 8 women were enrolled in Cohort 3 from 2012 – 2013.

¹ Three women in Cohort 1 participated in the Even Start program beginning in 2008 and transitioned into FPP in 2010.

The majority of the women, 88.9%, remained in the program until they were released from prison or were in the program as August 2013. On average, women and their families remained in the program an average of 3.5 years. Women’s average age at was 29 years when they entered FPP; they had an average of 1.7 children. Many of the women identified as a person of color (48.3%), while 40.7% identified as White (see Table 1 for detailed racial demographics). The majority of the women (63%) had less than one year of legal employment and 85.2% obtained either a high school diploma or GED prior to their incarceration.

Table 1. Family Preservation Project Mothers 2010–2013 (N = 27)

Demographics	Percentages and Means
Age ^a	29
Race/Ethnicity	
White (non-Hispanic)	40.7%
Black (non-Hispanic)	25.9%
American Indian/Alaskan Native	11.1%
Hispanic	11.1%
Multi-racial	11.1%
Average number of children ^b	1.7
Average sentence in years ^c	~3.5
High school diploma or GED	85.2%
Legal employment	
< 1 year	63%
1 – 5 years	25.9%
> 5 years	11.1%
Average years in FPP ^d	1.3
Cohorts	
Cohort 1	40.7%
Cohort 2	40.7%
Cohort 3	18.5%
Note: ^a range = 21 – 38 years; ^b range = 1 – 3 children; ^c range = 1 – 5.7 years; ^d range = .5 – 3.5 years	

Of the 46 children participating in the Family Preservation Project, 52.2% were girls. The average of the child participants was 5.5 years as of August 2013. Nearly half, 47.9%, of the children were pre-school age or younger upon entering the program (see Table 2).

Table 2. Family Preservation Project Children 2010 – 2013 (N = 46)

Demographics	Percentages and Means
Age ^a	5.5
Sex	
Male	47.8%
Female	52.2%
Grade level ^b	
Younger than preschool age	19.6%
Preschool	28.3%
Kindergarten	15.2%
1 st – 2 nd Grades	19.6%
3 rd – 5 th Grades	13%
6 th – 8 th Grades	2.2%
9 th Grade and above	2.2%
Cohorts	
Cohort 1	41.3%
Cohort 2	41.3%
Cohort 3	17.4%
Note: ^a range = 1 – 14 years; ^b grade level at the time child entered FPP	

In an effort to provide important resources to more women incarcerated at Coffee Creek Correctional Facility but not actively participating in the FPP’s intensive case management program, the FPP created the Family Resource Center (FRC). Each month, the FRC serves an additional 10 – 15 women with assistance to:

- participate in their Department of Human Services (DHS) child welfare cases;
- encourage parent-child visitation/time;
- establish or maintain contact with children via mail, phone calls, and contact visitation;
- secure needed services for children; and
- establish contact with children’s schools and caregivers.

OVERVIEW OF THE BEST PRACTICES LITERATURE

Literature on best practices for supporting incarcerated parents and their children remains limited in scope. Nevertheless, it is growing, partially due to the increased focused attention by research scholars, policy-makers, and practitioners (Miller, 2014) seeking programs that demonstrate promising practices through program participants' reports of positive outcomes or recommendations from the scholarly research on where service provision should be focused (Meyerson & Otteson, 2009; Miller, 2014). This program evaluation report provides an overview of the issues that incarcerated parents and their families encounter and highlights areas of common focus among service programs.

Transition Support/Planning for Successful Reentry

Transitioning from prison back into society can pose a significant challenge for formerly incarcerated individuals and their families (Parke & Clark-Stewart, 2003). Incarcerated individuals may become accustomed to the atypical patterns of behavior and prison norms that make it difficult to adjust to societal norms upon release (Haney, 2003). Moreover, years spent in prison can compromise one's ability to obtain productive employment and sustainable housing. Reentry programs that focus on mental and physical health, education, and job training skills are essential to promoting self-reliance and decreasing former incarcerated people's need to access social services. Addressing these needs also increases the likelihood that formerly incarcerated people can provide for their families' well-being.

Parenting Skill Building

A supplemental and important aspect to parent-child contact is a parent's ability to perform effective parenting skills. In recent years, prison-based parenting programs have been increasingly offered to incarcerated parents (Eddy, Kjellstrand, Martinez, & Newton, 2010). Prison-based parenting programs typically focus on improved communication between parent and child. Parents are taught to problem solve, monitor child activities, use positive reinforcement, redirect, and administer age-appropriate, non-violent discipline.

Parent-Child Contact

Incarcerated mothers identify separation from their children as one of the most difficult aspects of their incarceration (Baunach, 1985; Hairston, 1991; Hairston, 2003). Parents worry about their children's well-being—they have concerns about their children's safety and how the disruption affects their children's emotional well-being (Hairston, 2003). Children who are separated from a parent often experience significant stress, fear, and sadness and scholars have attributed parent-child separation due parental incarceration to that of loss of a parent to death (Hagan & Dinovitzer, 1999). While death is naturally occurring and final life event, separation because of incarceration is ambiguous as children

may experience uncertainty on how to mourn the loss of a parent who is alive, yet physically and emotionally absent (Miller, 2006). Many incarcerated individuals desire to be parents to their children, not only in name but also as instrumental figures in parental functions such as on-going supervision, monitoring educational activities, and fostering positive emotional and behavioral development (Eddy et al., 2008). Parent-child visitations can assist parents in taking on these roles and responsibilities.

On-going visitation may be a critical factor in determining children's susceptibility to elevated internalizing and externalizing behaviors, feelings of guilt and shame, and diminished academic achievement. In-person visitations can help children develop a more realistic understanding of their parent's circumstances and may reduce the fear that she is in danger. Contact via phone calls and letter writing can be equally important to building and maintaining a healthy bond between parent and child. On-going communication allows families to share experiences and maintain family norms such as celebrating events, observing holidays, or participating in religious observances—all of which helps families remain emotionally connected (Hairston, 2003). In addition, scholars suggest that when parents have continuous contact with their children, they are more likely to experience successful reunification with their families and are less likely to recidivate (Bales & Mears, 2008; Holt & Miller, 1972).

Enrichment Activities for Children

Enrichment activities such as high quality early education and after-school programs, summer camps, and sporting activities provides innovative and creative experiences to increase academic achievement, foster motivation, and encourage engagement (Loeba, Bridges, Bassok, Fuller, & Rumberger, 2005). Enrichment activities can also have a positive effect on children's behavioral and emotional well-being by broadening their experiences, improving socialization skills, building self-confidence, and developing basic life skills (Loeba, Fuller, Kagan, & Carrol, 2004). Such activities provide children with additional supports that expose them to positive experiences. For children who experience difficult life circumstances such as exposure to poverty, parental substance abuse and mental health concerns, and community and familial criminal activity, providing enrichment opportunities can open doors and present opportunities to gain skills that could help them become productive members of society and avoid situations that contribute to criminal justice involvement, addiction, and poverty.

Support to Caregivers

While children of incarcerated father typically remain in the care of their mothers, children of incarcerated mothers, on average, do not reside with their fathers during their mother's incarceration. Rather, these children often have varied and sometimes uncertain living

arrangements (LaVigne, Davies, & Brazzell, 2008; Miller, 2006). Many children of incarcerated mothers are either formally or informally in the care of a grandparent, other relatives, or family friend. Assuming the additional responsibility for a child, in particular a child of an incarcerated parent, can place significant stress (e.g., financial hardship, emotional strain) on the caregiver, the relationship between the caregiver and child, and the relationship between caregiver and incarcerated parent (Hairston, 2003). Experts agree that communication with children’s caregivers plays an essential role in renewing and maintaining healthy relationships between the incarcerated parent and children’s caregiver. Providing caregivers with opportunities to express the difficulties experienced throughout incarceration can be key to enabling caregivers to preserve and effectively assume the surrogate parental role. Service provision that also addresses the complications of co-parenting responsibilities can be an important aspect of family emotional healing and well-being.

FAMILY PRESERVATION PROJECT OUTCOMES

Mothers’ Educational, Employment, and Long-Term Housing Outcomes

In an effort to promote long-term success and stability after release, the Family Preservation Project staff work with women to identify educational, employment, and long-term housing goals. The Family Preservation Project collaborates with Oregon Department of Correction partners to provide participants with adult educational opportunities that include GED preparation, adult basic and skill

Jonas was almost three years old when he experienced the sudden and traumatic separation from his mother when she was incarcerated and sentenced to more than three years in prison. Jonas was placed in his grandmother’s care, who became his main source of emotional support. Jonas qualified for Head Start but refused due to separation anxiety. The Family Preservation Project staff and Jonas’s mother were concerned that his refusal to attend preschool would hinder his readiness for Kindergarten. Jonas’s separation anxiety symptoms worsened and he reported unusual perceptual experiences but his grandmother did not seek mental health support. However, there was a willingness to allow Jonas to participate in the Saturday mother-child program. Jonas attended regularly and his mother provided him with social and emotional support. After being in the program for 17 months, Jonas entered Kindergarten and his attendance rate was over 90% for Kindergarten and 1st grade.

building education, and postsecondary education classes. Through these programs, women are also encouraged to participate in job skills, improved job skills, or employability training. Identifying goals to assume or reassume employment upon release is an important step toward financial and emotional stability for the women and their families. In addition to finding gainful employment, establishing long-term housing is a significant indicator for a successful, restorative reentry experience. The FPP staff work intensively with the women to reduce barriers for securing long-term housing.

Educational training. All FPP participants across all three cohorts identified educational goals, and most successfully achieved these goals.

- The majority of the women (85.2%) had obtained a high school diploma or GED at the time of enrollment in the FPP program (81.8% in Cohort 1, 81.8% in Cohort 2, and 100% in Cohort 3).
- All participants without a GED identified obtaining this credential as their primary educational goal. The majority of the FPP participants identified a post-secondary education goal (37%) or other types of skill building and/or training in a specified trade goal (44.4%).
- Across all three Cohorts, 92.6% made progress toward their educational goals.
- Of the participants in Cohort 1, 10 of 11 women (90.9%) who identified educational goals made progress toward their goals. Two women completed GED, one made progress toward a post-secondary course, three completed one or more post-secondary courses, one participated in small business classes, two completed the FASFA to explore post-secondary educational courses, and one participated in behavioral health or other treatment educational training.
- Of the participants in Cohort 2, 100% of the 11 women made progress toward their identified educational goals. One woman earned her GED, one passed one or more GED subtests, one completed one or more post-secondary courses, one participated in small business classes, one completed the FASFA to explore post-secondary educational courses, four women took computer classes, and two participated in either behavioral health or other treatment educational training.
- Among the participants in Cohort 3, all four women who identified educational goals made progress, participating in computer classes. Only one participant did not identify an educational goal.

Job training or employability skills. Nearly all FPP participants across the three cohorts identified employment goals related to job training, employability, improve employment, and obtain employment..

- Most of the FPP women participants (85.8%) identified employment job training, employability, improved employment, or gain employment as a goal.
- Twenty-two of the 27 women (81.5%) participated in Coffee Creek Correctional Facility work programs (81.8% in Cohort 1, 81.8% in Cohort 2, and 80% in Cohort 3).
- Of the 18.5% (five out of 27) women who did not participate in a Coffee Creek Correctional Facility work program, four participated in a certificate and/or job referral program.
- The majority of the women, 88.9%, entered and completed a certificate program (e.g., financial credit, budgeting skills, barista, nutrition, and food handling classes). While Cohort 3 had the lowest participation rate in for the job referral program, 80% of the women participated in the certificate program. Cohort 1 participated and completed the certificate program at a rate of 90.9% and Cohort 2 at a rate of 90.9%.
- Several women participated in the Road Success Transition program or other type of job program (70.4%). Cohort 1 had the highest participation at a rate of 81.8%, followed by Cohort 2's participation rate of 63.6%, and Cohort 3 had a participation rate of 60%.

Long-term housing. The majority of the women who participated in FPP reported finding long-term housing and residing with their children upon release.

- Twenty women exited the Family Preservation Project and were released from Coffee Creek Correctional Facility. Fourteen of the alumni women (70%) reported residing in stable housing (i.e., living in an apartment or home). Two women were reported living in transitional housing and two were in a treatment facility. The FPP staff were unable to establish where two of the FPP alumni resided once released from the program.
- Of the women who reported stable housing, 92.8% lived with their children. Approximately, 65% (64.3%) resided with a significant other, partner, or spouse. One woman reported living with her spouse and having child visitations.
- Of the women who reported residing in transitional housing or in a treatment center, 50% reported either living with their children or having child visitations.

Interactions with Children, Parenting Skills, and Parent Involvement with Children's School Outcomes

An important aspect of the Family Preservation Project services is to support mothers' development of parenting skills. Through twice-monthly Saturday visits, mothers are given the opportunity to practice their skills they learn from the Parenting Inside Out (PIO) curriculum, an evidenced-based therapeutic intervention program for incarcerated parents designed to increase positive parent-child interactions and develop healthy relationships among the parent-child dyad (Eddy et al., 2010). Mothers receive immediate feedback from FPP staff on how well they demonstrated effective parenting. The Family Preservation Project staff encourages and facilitates increased contact between the FPP mother participants and their children. One of the most important ways FPP staff support mothers in parenting from prison involves encouraging and facilitating participants' engagement in their children's education. Mothers are supported to communicate with their children's school, participating in parent-teacher conferences and Individualized Education Plan (IEP) meetings via phone and written communication.

Interactions between mothers and children. The Family Preservation Project provides mothers with the opportunity to participate in bi-monthly three-hour Saturday mother-child visits. Women are also encouraged to connect with their children by phone.

- All program participants had a minimum of four visits with an average of 25.6 visits while in the program.
- Cohort 1 averaged 32.8 visits (range = 7 – 76; average years in FPP = 1.7), Cohort 2 averaged 25.2 visits (range = 14 – 44; average years in FPP = 1.4), and Cohort 3 averaged 10.6 visits (range = 4 – 10; average years in FPP = .6).
- All participants had a minimum of 20 phone calls, with an average of 115.4 calls during their term in the program.
- Cohort 1 averaged 147.6 phone calls (range = 32 – 328; average years in FPP = 1.7), Cohort 2 averaged 113.5 phone calls (range = 72 – 168; average years in FPP = 1.4), and Cohort 3 averaged 48.8 phone calls (range = 20 – 104; average years in FPP .6).

Parenting skills. All Family Preservation Project mothers but one participated in the Parenting Inside Out (PIO) parenting skills training. During the mother-child visits, FPP staff assessed indicators of appropriate and positive mother-child interactions. The skill assessment includes such indicators that the mother:

- Maintains a consistent bond with their child;
- Provides their child with emotional support, nurturance, and encouragement;
- Allows the child to take the lead and demonstrating flexibility;
- Plays with child and has fun together and setting up activities that the child will express interest;
- Provides equal attention to both children when there is more than one child;
- Listens sensitively to the child;
- Answers the child's questions in an age appropriate manner;
- Helps the child learn to identify and express feelings of grief and loss;
- Communicates clear and age-appropriate expectations;
- Expresses love toward their child and is attuned to their/her needs;
- Asserts herself as a parent who cares deeply for the well-being for her child;
- Uses "I" statements when talking about feelings with the child;
- Remains calm when the child shares upsetting information about how they are being parented by caregivers;
- Avoids engaging in power struggles with the child;
- Learns to patiently set limits when the child does not follow directions;
- Models respectful and responsible behavior for the child; and
- Demonstrates active involvement in the child's education and social services

Parent support of children's literacy development. The Family Preservation Project employs the Parent Education Profile (PEP) to assess a parent's behaviors, attitudes, and understanding of their child's literacy development and plan strategies to increase parental skills that produce age-appropriate children's literacy outcomes. The FPP program staff uses the PEP Scale II and Scale III.

The PEP Scale II assesses a parent's role in interactive literacy and has three indicators: 1) expressive and receptive language; 2) reading with children; and 3) supporting book/print concepts. A 5-point Likert scale is used to assess a parent's competency in these indicators. Scores for each indicator are averaged, with a higher score indicating a higher level of competency (range = 1 – 5).

The PEP Scale III uses five indicators to assess a parent's role in supporting a child's learning in formal education settings: 1) parent-school communication; 2) expectations of child and family; 3) monitoring progress/reinforcing learning; 4) partnership with educational settings; and 5) belief in child's success is learning. The five indicators are averaged and higher scores indicate a higher level of competency (range = 1 – 5). Both the Scale II and Scale III are measured through FPP staff observation twice, once at

baseline (pre-test) and once approximately six-months after baseline (post-test).

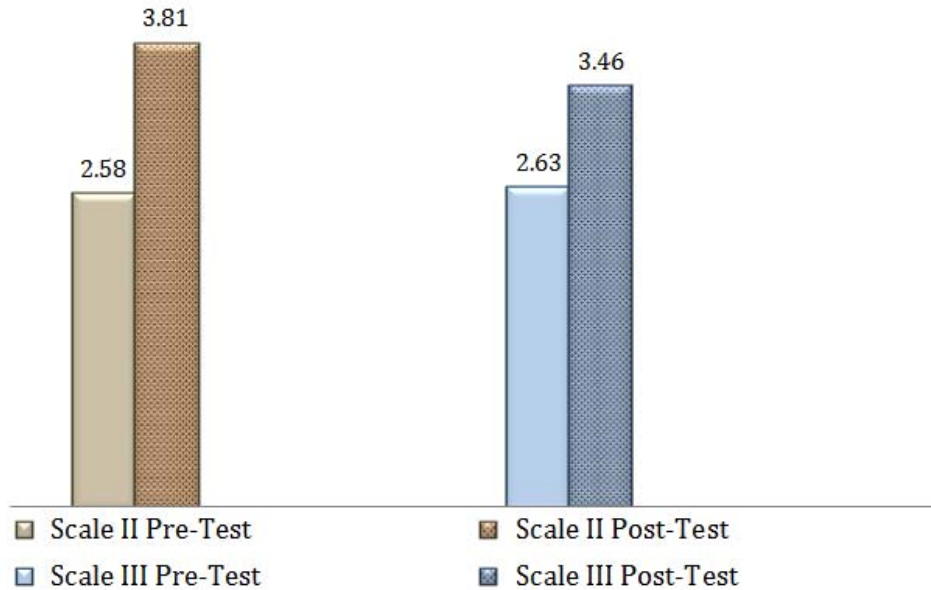
Eighteen mothers had post-test PEP Scale II scores.

- Of the women who were evaluated on their interactive literacy activities (PEP Scale II) with their children, final scores improved from baseline. The pre-test PEP Scale II scores averaged 2.58 (range = 1.33 – 3.66, SD = .77) and the post-test PEP Scale II scores averaged 3.81 (range = 3 – 5, SD = .68) (see Figure 1).
- The mean differences between the pre-test PEP Scale II average score (2.58) and post-test Scale II average score (3.81) was statistically significant ($p < .001$) such that there was a statistically significant improvement in pre-test Scale II and post-test Scale II scores. The findings indicate that the FPP mothers interactive literacy skills, expressive and receptive language; reading with children; and supporting book/print concepts, meaningfully improved over time.

Twelve mothers had post-test PEP Scale III scores.

- The FPP participants' role in supporting their child's learning in formal education setting PEP Scale III scores also improved from baseline to final measurement. The pre-test PEP Scale III scores averaged 2.63 (range = 1.25 – 4, SD = .78) and the post-test PEP Scale III scores averaged 3.46 (range = 2.75 – 4.5, SD = .5) (see Figure 1).
- There was a statistically significant mean differences between the pre-test PEP Scale III average score (2.63) and post-test Scale III average score (3.46) ($p < .001$) such that there was a statistically significant improvement in the mothers' average pre-test Scale III and post-test Scale III scores. These findings suggest that the FPP mothers demonstrated meaningful improvements in taking an active role in supporting their children's learning in formal education settings through parent-school communication; expectations of child and family; monitoring progress/reinforcing learning; partnership with educational settings; and belief in child's success is learning.

**Figure 1. Parent Education Profile (PEP)
Scale II and Scale III Pre- and Post-Test Scores**



The potential associations between number of mother-child contacts through either in-person visits or phone communication and PEP scores were analyzed, revealing a statistically significant association with mothers' scores on the post-test PEP Scale II scores.

- Post-test PEP Scale II scores were positively and significantly associated with mother-child visits, such that in-person visits increased the likelihood that mothers would demonstrate improved expressive and receptive language, participate in reading with their child, and support of book/print concepts ($p < .01$).
- Mother-child phone contact was positively associated with post-test PEP Scale II scores, as well. Mothers who had more phone contact were more likely to demonstrate increased expressive and receptive language, participation in reading with their child, and ability to support book/print concepts ($p < .01$).

However, no statistically significant association was found between the number of mother-child contact visits and mothers' post-test PEP Scale III scores. Neither was there a statistically significant association between the number phone calls and post-test PEP Scale III scores. In other words, neither mother-child contact visits nor phone calls were associated with outcomes associated with mothers' support of their children's learning in formal education settings (i.e., parent-school communication, expectations of child and

family, monitoring progress/reinforcing learning, partnership with educational settings, belief in child's success is learning).

Involvement with their children's teachers. The FPP staff initiates contact with schools on behalf of the mothers, by sending letters of introduction and requesting on-going communication about children's progress.

- The FPP staff sent letters of introduction to teachers for 85.2% of the mothers. Approximately, 91% (90.9%) of the Cohort 1 and Cohort 2 mothers and 60% of Cohort 3 mothers had letters sent on their behalf.
- All participants who had letters sent to teachers by the FPP staff also sent personal letters to their children's teachers to introduce themselves and express interest in maintaining contact with the teachers throughout the academic year.
- The majority of the FPP staff and/or mothers made additional contact with school teachers. In Cohort 1, 90.9% had at least one additional contact (range = 1 – 23). Of the Cohort 2 mothers, 90.9% had additional contact (range = 1 – 24) and of the Cohort 3 mothers, 20% had at least five additional contacts (range = 5 – 6). The most common reason that either the FPP and/or mothers did not make additional contact with teachers for Cohorts 1 & 2 was due to the child's caregiver not permitting contact.
- Similarly, the majority of the mothers participated in either parent-teacher conferences or IEPs. In Cohort 1, 81.8% had conferences and/or IEPs (range = 1 – 10). Of the Cohort 2 mothers, 90.9% participated in conferences and/or IEPs with school teachers (range = 1 – 7) and of the Cohort 3, only one mother had a conference with a school teacher.

Among the mothers with a PEP Scale II score ($n = 18$), there were statistically significant associations between mothers' contact with school teachers and participation in conferences/IEPs and post-test PEP Scale II scores.

- There was a positive significant association between mothers and/or FPP staff making additional contact (in addition to the first letters sent by FPP staff) with teachers and post-test PEP Scale II scores. If a mother or FPP staff made additional contact with teachers, mothers' scores on post-test PEP Scale II were higher ($p < .01$).
- Mothers' participation in parent-teacher conferences and IEPs was positively associated with post-test PEP Scale II scores, such that the more mothers participated in conferences/IEPs, the more likely they were to demonstrate

increased expressive and receptive language, participation in reading with their child, and ability to support book/print concepts ($p < .05$).

- There were no statistically significant associations between additional contact or conferences/IEP participation and post-test PEP Scale III scores.

Children's Early Education, Attendance, and Reading Outcomes

The Family Preservation Project is committed to supporting children in their educational development and assisting mothers and caregivers in participating in their children's education. The FPP staff work with the incarcerated mothers to identify and track children's participation in high-quality educational programs, attendance, and extra-curricular activities.

Early education participation. FPP provides full financial support and resources for high quality early childhood education programs that promote essential intellectual, socialization, and educational outcomes.

- The Family Preservation Project assisted families in accessing high quality early childhood education programs for nine pre-kindergarten age children. Of the children in Cohort 1, 27.2%(3 of 11) participated in early childhood education. In Cohort 2, 66.7% (6 of 9) children participated in early childhood education programs through FPP assistance. The one child who was eligible for program assistance in Cohort 3 received early childhood education services through FPP.

Children's attendance. Given that attendance is an important indicator of educational success, FPP staff tracks pre-school attendance for children who participate in the program.

- Attendance goal for pre-kindergarten children ages two to five was set at 70% attendance. The majority of the pre-kindergarten children, 15 of 17 (88.2%), met their attendance goals. In Cohort 1, 90% (9 of 10) and in Cohort 2, 85.7% (6 of 7) of the children two to five years old met their attendance goals. There were no FPP enrolled children in Cohort 3 between the ages of two and five with recorded attendance.
- Attendance goal for school-age children in grades kindergarten and higher was set at 90%. The majority of the children with recorded attendance data (14 of 18) met their attendance goals 77.7%. In Cohort 1, 100% (7 of 7), in Cohort 2, 50% (4 of 8), and in Cohort 3, 100% (3 of 3) met their attendance goals.

Early childhood education reading preparation. The Family Preservation Project assists families in identifying and placing children in high-quality early education programs to promote better educational outcomes. The FPP staff uses the Alphabet Knowledge (upper-case letters) section of the scientifically-based Phonological Awareness and Literacy Screening Pre-Kindergarten (PALS-Pre-K) assessment tool. The assessment tool is designed for pre-kindergarten children, ages four years old. Children are randomly presented with the 26 upper-case letters of the alphabet. The PALS-Pre-K helps identify skills that indicate future reading and writing success and may provide parents, caregivers, and teachers with information on where a child may require specialized reading and writing attention (University of Virginia, 2005).²

- Pre-kindergarten children were assessed by the PALS Pre-K measurement twice. Of the eight children who were assessed by the PALS Pre-K screening tool at Time 1, 50% correctly identified 14 upper-case letters in the alphabet (range = 0 – 24). At Time 2, 100% correctly recognized at least 18 upper-case letters in the alphabet (range = 18 – 26).

School-age children’s reading level. The program staff identifies and tracks whether school age children meet their reading at grade level outcomes.

- Among the 26 children whose teachers reported reading outcomes, 53.8% read at

Natasha’s situation was different from most women in the program. Her 19-year-old daughter, Ava, was the caregiver for her eight-year-old daughter Daniele. Throughout the 18 months the family was enrolled in FPP, Ava struggled to maintain work, secure housing, and take care of her younger sister. Natasha was keenly aware of the stress and instability she had caused in her daughters’ lives. She worked hard to parent from a distance. The Family Preservation Project facilitated communication between Natasha and Daniele’s school. She participated in Daniele’s IEP, where she received special education and social support skills. The program staff facilitated meetings between Natasha and Ava to address feelings of shame, guilt, and resentment. The meetings helped heal their relationship. Natasha also worked diligently to apply for housing and find transitional housing. Upon release, she was accepted into a long-term housing program that she applied for through FPP. Natasha is employed and recently was promoted to manager.

² For additional information on the PALS Pre-K measure, please see University of Virginia. (2005). *PALS-PreK: Phonological awareness literacy screening*. School readiness assessment. Charlottesville, VA: Author.

grade level. Approximately, 64.3% ($n = 9$) of Cohort 1 children, 33.3% ($n = 3$) of Cohort 2, and 66.7% ($n = 2$) of Cohort 3 children whose teachers reported reading outcomes, were reading at grade level.

- Among the 46.2% of children who did not read at grade level, teachers reported that all were making progress toward this goal.

Children’s Behavioral and Emotional Outcomes

Family Preservation Project staff work with incarcerated mothers to collaborate with school teachers and caregivers to monitor children’s behavioral and emotional functioning. The goal is to determine the extent to which potential behavioral or emotional difficulties worsen, remain the same, or improve at home and/or in the classroom.

Children’s behavioral and emotional functioning. The Family Preservation Project staff uses the Strengths and Difficulties Questionnaire (SDQ), a brief measurement tool that is used for children ages four to 17 to assess their behavioral and emotional attributes. The SDQ identifies problems that are chronic, cause distress, cause social impairment, and are burdensome to others. The SDQ is a 25-item questionnaire that assesses both strength and difficulties in the following areas: 1) emotional symptoms; 2) conduct problems; 3) hyperactivity or inattention; 4) peer relationships; and 5) prosocial skills. A SDQ uses a three-point Likert scale (0 = Not true, 1 = Somewhat true, and 2 = Certainly true) to measure responses. The total score is a summed score that is composed of the first four scales to determine a child’s overall stress level. Total scores range from 0 – 40, excluding the fifth prosocial skills scale. The SDQ questionnaire includes four risks for diagnostic predictions: 1) any diagnosis; 2) emotional disorders (i.e., anxiety, depression); 3) behavioral disorders (i.e., aggression, delinquency); and 4) hyperactivity or concentration disorders. The risk levels are: 1) low risk; 2) medium risk; and 3) high risk. The questionnaire may be completed by a teacher/education personnel or parent/other identified caregiver (Goodman, 1997).³ The FPP staff recommends that parents and caregivers utilize the SDQ as a guide to identify a child’s potential risk level for behavioral and emotional functioning (Hahn, Maxim, & Carlton, 2012).

- Twenty-one children had SDQ initial scores on their behavioral and emotional functioning with an average overall stress total score of 10.⁴
- The SDQ initial scores for 11 children in Cohort 1 averaged 9.3. In Cohort 2, the

³ For additional information on the SDQ measure and psychometric properties see Goodman, R. (1997). The strengths and difficulties questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38(5),581-586.

⁴ The overall stress level ranges are: 1) 0 – 12 = close to average, 2) 12 – 16 = slightly raised, 3) 16 – 19 = high, and 4) 19 – 40 is very high

average SDQ initial score for 10 children was 10.7.⁵

- Diagnostic predictions indicated that 9.5% ($n = 2$) of the children's scores indicated "high risk" and 33.3% ($n = 7$) of children's score indicated "medium risk" for any diagnosis.
- Approximately 4.8% ($n = 1$) scored within the "high risk" range and 9.5% ($n = 2$) children scored within the "medium risk" for an emotional disorder.
- Again, 4.8% ($n = 1$) scored within the "high risk" and 19% ($n = 4$) scored within the "medium risk" for experiencing a behavioral disorder.
- Approximately 33.3% ($n = 7$) of the children scored within the "medium risk" for hyperactivity or concentration disorder (see Table 3).

Children's behavioral and emotional progress. The SDQ follow-up asks additional questions pertaining to observed differences in children's behavioral and emotional functioning approximately six months after the initial measure (see Table 3).

- Twenty-one children had SDQ follow-up scores with an average overall stress total score of 8.5. Of the 21 children, 14.3% ($n = 3$) had follow-up scores that were more than three points higher than their initial scores.
- The SDQ follow-up scores for 11 children in Cohort 1 averaged 9.3. In Cohort 2, the average SDQ initial score for 10 children was 7.5.
- In terms of diagnostic predictions, 19% ($n = 4$) children's scores indicated "high risk" and 4.8% ($n = 1$) score indicated "medium risk" for any diagnosis.⁶
- One child scored within the "high risk" range and 9.5% ($n = 2$) scored within the "medium risk" for an emotional disorder.
- Two children scored within the "high risk" and 4.8% ($n = 1$) scored within the "medium risk" for experiencing a behavioral disorder.
- Approximately 14.3% ($n = 3$) of the children scored within the "medium risk" for hyperactivity or concentration disorder.
- Twelve (60%) of the children's teachers or caregivers reported at follow-up that since receiving FPP services the child's problems are either "a bit better" ($n = 6$) or "much better" ($n = 6$). Teachers and caregivers indicated that five of the children's

⁵ Children in Cohort 3 did not have recorded SDQ scores at baseline or follow-up.

⁶ While the number of children who scored within the "high risk" range for experiencing any disorder increased, the total number of children who either scored within the "high risk" or "medium risk" decreased from 9 at the initial SDQ measure to 5 at the follow-up SDQ measure.

problems were “about the same” and four children had missing responses from their teachers or caregivers.

- Most teachers and caregivers ($n = 12$), indicated that receiving FPP services have been helpful in providing information and/or making children’s problems more manageable. Three teacher or caregiver respondents reported that FPP services helped “a great deal” and nine reported that FPP services helped “quite a bit.” Two respondents reported that services helpful “only a little” and seven left the question unanswered.

Table 3. Strengths and Difficulties Questionnaire Scores ($n = 21$)

Initial SDQ Measure	High Risk	Medium Risk	Low Risk
Diagnostic Predictions:			
Any diagnosis	2	7	13
Emotional disorder	1	2	18
Behavioral disorder	1	4	16
Hyperactivity or concentration disorder	0	7	14
Average Overall Stress Total Score:	10		
Follow-Up SDQ Measure	High Risk	Medium Risk	Low Risk
Diagnostic Predictions:			
Any diagnosis	4	1	16*
Emotional disorder	1	2	18*
Behavioral disorder	2	1	18*
Hyperactivity or concentration disorder	0	3	18*
Average Overall Stress Total Score:	8.5		
*Note: The overall number of children who were at low risk for experiencing diagnostic disorders increased from the initial SDQ measurement to the follow-up measurement. The average overall stress total score from the initial SDQ measure to the follow-up SDQ measurement decreased 1.5 points for the 21 children.			

Children’s Social Skills and Self-Confidence

The Family Preservation Project provides support and resources for high quality afterschool and summer camp programs that promote improved social skills and self-confidence. Children participate in activities such as tutoring, swimming lessons, horseback riding, soccer, dance, and sporting activities. Children are also given opportunities to participate in full week overnight camps where they cook outdoors, hike, kayak, observe meteor showers, and do arts and crafts.

Children’s improved social skills and increased self-confidence. The Family Preservation Project has made a concerted effort to collaborate with outside organizations to provide enrichment activities for children to improve their social skills and increase self-confidence.

- The FPP staff assisted families in finding after school programs for 23 children. In Cohort 1, 42.1% (8 of 19) of the children participated in after school programs through the assistance of FPP and 87.5% (14 of 16) of the children in Cohort 2. Only 1 child (14.3%) of the seven children in Cohort 3 participated in FPP assisted after school programs.⁷
- Twenty-six children participated in summer camps with FPP assistance. Approximately, 72.2% (13 of 18) of the children in Cohort 1, 57.1% (8 of 14) of the children in Cohort 2, and 62.5% (5 of 8) of the children in Cohort 3 who were old enough to attend summer camp participated.
- Overall, camp instructors reported that the FPP children loved the enrichment activities such as hiking, building forts, exploring caves, cooking over a camp stove, and watching meteor showers. The instructors indicated that the children learned new skills and had made new friends.

Caregiver Reports

An important aspect of the Family Preservation Project’s services is to support caregivers as they either transition into single-parenthood, become parents for the first time, or enter into a parental role in later adulthood. Assuming the additional responsibility for a child of an incarcerated parent has the potential to create emotional and financial stress. Providing supports to assist caregivers during a loved one’s incarceration can be essential to the well-being for individual within a family and the functioning of family system during the incarceration period and upon reentry.

Unexpected transition into the caregiving role. The unexpected responsibility of caring for one’s grandchildren later in life is often a difficult transition for many caregivers. One grandmother shared how FPP helped ameliorate some the challenges.

I could not imagine having navigated the two years I was part of Coffee Creek without it. One day you are just another grandma, working, playing, and living your life. Then your adult child goes to prison and you get three kids to care for. How? Where? When? What? No one understands and knows how we feel. Our friends don't understand and often judge. This program

⁷ Most of the Cohort 3 children were newly enrolled in FPP, toward the latter part of the school year. These children were unlikely able to register for early childhood education or after school programs.

gave me and my family the care and nurturing that we all needed during that two years. It provided a connection with others going through the same thing...others that could offer support, insight, and understanding.

A family-centered environment that promotes family bonding. Providing children with opportunities to visit with their mothers in an environment that is child friendly and family centered can help break down the barriers to developing a meaningful visitation that fosters healthy family bond time. Grandmother caregivers shared how the family-centered and child friendly FPP visitations positively affected their grandchildren and the relationship between their daughters and grandchildren.

My four-year-old grandson was abruptly separated from his mother at the age of one and a half. This event has deeply affected us all, but most powerfully it has changed the course of my grandsons life. Before entering this program, my grandson's experiences with his mother were limited to the confines of visiting hours in a room filled with strangers. This program has changed everything for my daughter and the bond she shares with her son. The program provides mutual learning opportunities, educational supports, and mentorship that any mother and child would benefit from, but especially the Mothers at Coffee Creek. Every month my grandson leaves his program with smiles and stories to tell, projects to show off, and loving memories shared with his mother. Because of their bond my daughter is resolved to leave this program with focus and skills needed to build a positive life. With the support of this program and it's incredible staff, she will leave more prepared to be a successful mother and a contributing member of society. This process fills me with hope.

We will always be grateful for the FPP program. My daughter has been given the chance to have meaningful bonding time with her son outside the general visiting. They share quite reading time, sharing lunch together...a chance to share memories together and with other children going through the same ordeal. My daughter is given the chance to communicate more times during the week with her son. She has received much support from the wonderful staff in the FPP program and because of this program I know my daughter will leave with all the tools she needs to be successful with her son and in her life.

Maintaining a connection to help cope and assist in reunification.

Maintaining a connection between the incarcerated mother and her family can help families cope with having an incarcerated mother or daughter and assist with the often difficult transition of them re-entering the family upon release. Grandmothers expressed how FPP helped their family cope with the traumatic event of their daughters'

incarceration and provided them with the assistance to foster a health reunification process.

The support this program has given me and my family has truly strengthened us. It taught us how to support ourselves and thus how to support our family member when they came home. How to cope not only with the turmoil of the separation but also the adjustment needed with coming back together. Family Preservation has helped us each step of the way. They helped my daughter, my grandchildren, and me. The program allowed and helped my daughter to stay connected with her kids...going to Reach In, taking part in conferences at their schools, and having one-on-one snuggle time. Trusting the knowledge learned and using it.

When my daughter came home, I knew what to expect. I knew how to help. I had learned when to let go and how to support her. My daughter is doing great. She and I have a special relationship now that we had not had before. She is an amazing mother. I am proud of her strength, confidence and drive. She is the person I knew she could be, and now I can just be "Mom" to my daughter and Grandma" to my grandchildren. The families who come through this program gain all of this: the support needed to not only survive the trauma but to strengthen and grow both individually and as families.

SUMMARY

The Family Preservation Project's mission is to interrupt the intergenerational cycle of criminal justice involvement, poverty, and addiction through a holistic, family-centered approach that is informed by best practices. The program incorporates components of the Oregon Accountability Model to foster healthy relationships between incarcerated mothers and their children to promote a healthy reentry process and break intergenerational cycles of criminal justice involvement, poverty, and addiction. These goals are achieved through participation in educational classes (i.e., GED, post-secondary, therapeutic treatment programs) and job/employability training. The FPP staff also works with women to explore long-term housing once released. A noteworthy aspect to service provision is the FPP staff's efforts to teach mothers parenting skills and allow them to demonstrate their skills through three-hour therapeutic visitations, phone calls, and letters. The women engage with their children's teachers so that they may maintain an active role in their children's education. Another noteworthy FPP service is the identifying and monitoring children's behavioral and emotional functioning. Children participate in positive enrichment activities that improve socialization skills, build self-confidence, and develop basic life skills. Caregivers benefit from the services provided to the incarcerated mothers and their children by way of participating in at minimum a part-time co-parenting relationship with the incarcerated mothers. In addition, caregivers may participate in support groups that focus on the emotional strain of having an incarcerated loved one and the difficulties of supporting children who are vulnerable to emotional and behavioral concerns.

Between 2010 and 2013, the FPP staff has enrolled three cohorts and served 27 mothers, 46 children, and 41 caregivers participated in the project. On average, the women and children met most of their goals and demonstrated improved outcomes since beginning the program. Overall, the incarcerated mothers met their educational and employability goals as well as secured stable housing upon release. The women were able to maintain contact with their children during their time in the program—engaging in an impressive number of in-person and phone communications. Equally impressive was the number of women who showed improved parenting skills and engagement with their children's educational needs. Mother-child contact is essential to fostering positive childhood behavioral and emotional well-being. A mother's engagement in their children's education supports future academic achievement. Overall, the children who participated in FPP met and showed progress toward their education goals. In addition, the majority of the children demonstrated low-risk for experiencing emotional and behavioral disorders. Notably, teachers and caregivers reported improvements in children's functioning and that FPP services were instrumental in the children's successful outcomes.

An effective approach to reducing incarcerated mothers' risks for recidivism and allaying the stressors of incarceration on families is a holistic family-centered model that

connects families to multiple supports, builds on family strengths, and fosters opportunities for incarcerated mothers, their children, and their children's caregivers to rebuild and/or maintain healthy relationships. Consistent with the best practice literature, the Family Preservation Project appropriately prioritizes essential services such as education, employability, parenting, early childhood education, enrichment activities, and supports to caregivers that promote a successful reentry process for incarcerated mothers and their families.

Recommendations

KM Research and Consulting proposes three recommendations to improve articulating FPP program goals and tracking outcomes for participants. As stated in FPP's mission, the program focuses on interrupting the intergenerational cycle of criminal justice involvement, poverty, and addiction. The program goals clearly speak to families' risks for criminal justice involvement and poverty through services that connect incarcerated mothers with educational opportunities, employment training, and long-term housing referrals. In addition, services for children that provide access to mother-child visitations, high quality education, enrichment activities can reduce children's risks for incarceration and poverty. The FPP should clearly state how services and referrals address incarcerated mothers' prior substance abuse/dependence and children's risk for intergenerational addiction. Another recommendation is to optimize the use of the Strengths and Difficulties Questionnaire (SDQ) by administering the instrument within the first two weeks of program participation to obtain a baseline of children's risks for emotional, behavioral, and hyperactivity or concentration disorders. The SDQ follow-up should be administered to caregivers every six-months to track children's progress and outcomes. Finally, the Family Preservation Project provides beneficial and essential services to caregivers. It is highly recommended that in addition to the personal accounts of caregivers' experiences, that the program utilizes quantitative measures to capture caregivers' outcomes.

Conclusion

As evidenced by this evaluation report's findings, KM Research & Consulting finds that the Family Preservation Project has a positive impact and provides effective services for incarcerated mothers, their children, and children's caregivers. The program's commitment to the individual needs of mothers, children, and caregivers as well as a concerted effort to work comprehensively with the family system is a laudable and effective approach. It is recommended that Family Preservation Project stakeholders continue to support the program and identify mechanisms that will expand intensive case management services to more incarcerated women and their families.

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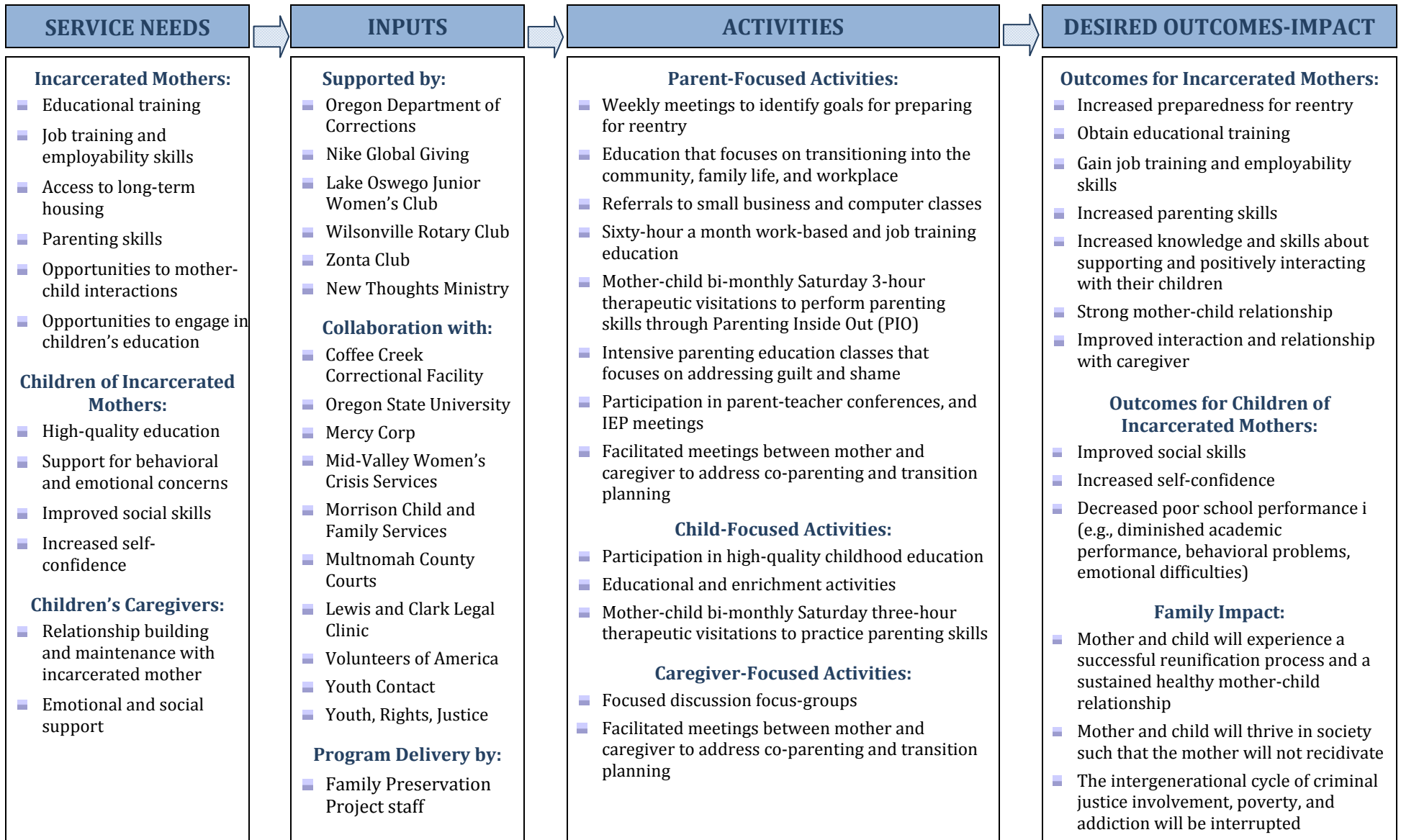
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Appendix A: Logic Model

Family Preservation Project Logic Model

Purpose: The Family Preservation Project (FPP) seeks to interrupt the intergenerational cycle of criminal justice involvement, poverty, and addiction. In an effort to meet these objectives, the FPP offers a holistic family-centered approach designed to positively rebuild and maintain the incarcerated mother’s relationship with her children and the children’s caregivers.



Adapted from: Hahn, K., Maxim, L., & Carlton, P.R. (2012). Coffee creek correctional facility family preservation project annual evaluation report. Portland, OR: RMC Research Corporation.

