

A Guide to

# FamilyMatters



## Arkansas Voices for the Children Left Behind A Guide for Family Re-Entry

*(From Pre-Entry through One-year Post-Entry and Beyond)*

### **Celebrating Two Decades of Services and Advocacy**

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“Nearly two-thirds of children being raised by single grandmothers live in poverty. The multiple expenses associated with maintaining contact with an incarcerated family member— phone charges, travel to visit and sometimes overnight lodging, overpriced vending-machine meals in the visiting room, money for commissary—comprise a significant drain on already-scant resources ... Grandparents often take pride in having rescued their grandchildren from foster care, and emphasize that there was never any question of whether they would do so ... All the same, the disparity between the support relative caregivers receive and that a stranger might is a source of bitterness as well as hardship.”

From *All Alone in the World: Children of Incarcerated Parents*, by Nell Bernstein, New Press, 2005.

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## Preface

This manual is intended to be an easy-to-use resource for groups seeking to help families impacted by parental incarceration and the homecoming of the parents, sharing the “lessons learned” from our 19 years of experience administering the Family Matters program. This program was created and administered by Arkansas Voices for the Children Left Behind, Inc., a statewide nonprofit agency. This manual should be viewed as a model for further action - - not as a strict prescription, since we believe that this model benefits from variations to fit the needs of local communities—but it is a Family Re-entry Model, covering all of the stages of the criminal justice system impacting the criminal justice-involved parent of a minor, the minor children, the custodial parent or relative caregiver. The mantra is upheld in this model: “RE-entry begins at entry into the criminal justice system, from arrest to post-re-entry.

Arkansas Voices for the Children Left Behind expresses our appreciation to the Arkansas Division of Workforce Services, a remarkable funder since 2006, and our private donors for their generous support in the development of this manual. We thank our past and current funders – the Darragh Foundation, The Winthrop Rockefeller Foundation, the Brookdale Foundation, Catholic Campaign for Human Development, the National Community Service Corporation, VISTA program—and our collaborators, AARP Arkansas, Arkansas Non-Profit Services, The Janet Jones Company, The Wilson Company, Arvest Bank, Iberia Bank, the Arkansas Times, New Futures of Little Rock, Community Bakery. We thank our faith-based partners, the New Haven Missionary Baptist Church, the St. Mark’s Baptist Church, the Diocese of Little Rock, the Interfaith Alliance, St. Margaret’s Episcopal Church, St. Edward’s Catholic church, Black Community Developers, the Pulaski County Sheriff’s Office, Cecile Blucker, director of our state foster care system, and our governor, Mike Beebe, and so many others. We acknowledge the commitment of our current and past board members - Dr. Bettye M. Caldwell, *Chairman Emeritus*, Brenda Olive, Toni Devlin, Shawanna Lumsey, Tom Navin, Reverend Steve Copley, Reagan Stanford, Dr. Lavern Bell-Tolliver, Dr. Charles Chastain, Rosemary Uwabor, Jane Owens, Dr. Ruth Eudy, Lisa Wright, and Judy Robinson – as well as our dedicated staff, Shawanna Lumsey, Reba Wesley, and Adriene Corbin. An important thank you to our past and current legislative champions for their leadership in speaking for the Arkansas’ most vulnerable citizens -former state Representative Jan Judy, former state Senator Sue Madison, former state Senator Mary Ann Salmon, former Representative Mike Burris, and Representative Johnny Roebuck, and U.S. Sen. Mark Pryor add former U.S. Senator Blanche Lincoln, former House of Representative Vic Snyder. And, we acknowledge our beloved mentor, the late Nancy J. Harm, Professor at the University of Arkansas at Little Rock School of Social Work.

This manual is dedicated to our families – the children, parents, and relative caregivers who inspire us with their courage, resilience, and strength—and the hope that our support will allow these families to rebuild and reclaim their individual lives and their families, as families are the hope for our future.

## A Growing Need

Overall, the U.S. prison population has increased by 700% since 1970.<sup>1</sup> In particular, the number of incarcerated mothers, who are most likely to have been the primary caretakers of children prior to incarceration, has skyrocketed by more than 400% since 1986.<sup>2</sup> The “war on drugs” and its accompanying “tough on crime” campaign in the 80’s and 90’s with its mandatory sentencing for relative minor drug related offenses largely explain the evolution of mass incarceration in the U.S. This exponential rate of growth of the penal system has been concentrated in the poorest communities in the U.S., resulting in massive overrepresentation of minorities in the prisons and jails.

Many children are cared for by their grandparents and other relatives when their parents are incarcerated, especially children of incarcerated mothers. A survey by Arkansas Voices found that approximately 30-50% of the surveyed kinship caregivers cited parental incarceration as the reason why they were raising their relative’s children.<sup>3</sup> These relative caregivers, often maternal grandparents, have the responsibility for the children’s basic care, food and shelter. They often receive little or no support from the government. They face great difficulties trying to survive on fixed or little incomes, often with physical, mental and emotional health problems for caregiver and the child.<sup>4</sup>

## A Coalition Model

In 1994, a coalition of thirty-two groups began meeting to address the growing population of children impacted by parental incarceration in Arkansas. This group included agencies serving children and seniors, civil rights and social justice organizations, faith-based groups, and jail/prison service programs. These early discussions focused on a wide range of issues – many typically associated with the problems of incarceration. For example, the group discussed the long travel distances of visiting parents in prison and the difficulty and expense of communication with the incarcerated parent, the lack of parenting and education programs available inside the jails and prisons, and the stress and trauma that the children face. The groups discussed the family dynamics and child development issues facing this vulnerable population and how stigma and shame often kept the family from accessing needed services. It became clear in these discussions that while there may be programs which serve low-income children or adults, there was a lack of specialized services which served the entire family constellation – parent, caregiver, and child – impacted by parental incarceration in Arkansas, and served beyond the release of the parent. What became clear was the need for a holistic approach which offered a continuum of services and

*What became clear in our discussions was the need for a holistic approach which offered a continuum of services and understood that when a family member is in prison or coming home– the family as a whole became the client.*

<sup>1</sup> Pew Center on the States (2010). *Collateral Costs: Incarceration’s Effect on Economic Mobility*. Washington, DC: Pew Charitable Trusts.

<sup>2</sup> Ibid.

<sup>3</sup> Tally of over 1,025 caregiver surveys conducted by Arkansas for Children Left Behind (2004-2006).

<sup>4</sup> Information from Arkansas Voices Caregiver Survey, 2004-2006.

understood that when a family member is in prison and coming home– the family as a whole became the client.

In 1994, the coalition created the Arkansas Voices for Children and in 2002, Voices incorporated and became a non-profit agency. Our funding comes from a variety of government and private founding fund. Our first grant award was a start-up grant from the Arkansas-based Winthrop Rockefeller Foundation. We have organized family caregivers to become VISTA volunteers using award funding from the Catholic Campaign for Human Development and an AmeriCorps award. The Norman Foundation funded our public awareness programs and the Brookdale Foundation has supported our services to grandparent caregivers. Our primary public funding source is the Arkansas Division of Work Forces Services, a state agency, which funds the relative caregiver component of our Family Matters program.

Services are developed with the clear understanding that achieving self-efficacy is the best outcome for both caregivers and children. Our goal is to fill-in the gap between what agencies provide and what families need. This is done by either providing it directly ourselves, providing a “warm hand-off” referral to another agency, or helping the parent to advocate for themselves. We act as brokers for other services and help our clients understand their rights and responsibilities when working with government agencies. We adhere to the original notion of a social worker as a “family friend” to these distressed families who helps during their hard times.

### Services Provided From Pre-Arrest to Release

The goal of the Family Matters program is to strengthen and stabilize the family unit. A continuum of services is provided throughout the stages of a parent's involvement with the criminal justice system and throughout re-entry. We have a no-drop policy that allows clients who attrition out of the program to return, if desired. We have a history of serving families throughout the parent incarceration and release stages that includes low to high maintenance of services, sometimes for 10 or more years.

*We refer to our services as “family re-entry services.” We begin at their first involvement in the criminal justice system and for as long as the family needs us, including the post-release period. Our recidivism rate is 12% among all of the families and the parents we have served and have remained in touch with throughout the years.*

**PRE-ARREST:** If a parent is involved in drugs, prostitution or other criminal behavior and the family members contact our program, the staff can work with the family to develop an intervention with the parent and their adult family members. We offer our assistance in ways to develop a safety plan for the children (e.g., guardianships for the other parent or a relative caregiver).

**ARREST:** Services are provided immediately after a parent is arrested. This include includes a needs assessment, and support for the placement of the child. The staff often uses a home visiting approach to working with clients, during hours that are convenient since transportation and childcare needs often makes it difficult for clients to come to our office. If placement was already established prior to the family contacting Family Matters, our staff assists in identifying all family-related resources. Some examples of our services include:

- SUPPORT GROUPS for caregiver and for the children (both community- and school-based).
- MENTORS for the children; MENTORS for the incarcerated parent, the other parent or caregiver; and MENTORS for the entire family.
- COUNSELING for the child and family members, including help with accessing mental health providers.
- COMMUNICATION WITH THE INCARCERATED PARENT including answering questions about visitation rules, letters and phone calls, helping the caregiver explain to the child what was happening, pre- and post-visiting assistance for the child and caregiver, and, when needed, funds to assist a family in doing a visit at a distant prison.

**TRIAL/SENTENCING:** Services provided include:

- INFORMATION on how the criminal justice system functions, what is the court process, and what can they expect throughout the process. For example, we explain what should be their role in court, if there are potential alternatives to incarceration, who should attend the actual trial, and what happens if the verdict is guilty. We describe the courtroom atmosphere and explain appropriate behavior in courtroom, including not having the children attend in most instances.
- INFORMATION, if appropriate, about the impact of the incarceration of the parent on the family (i.e. a family impact statement) for the parent's attorney to submit to the court. The Family Impact statement often includes a request for an alternative to incarceration to the court, or suggesting orders for transport to visit the parent in prison to sustain the relationship and reduce the trauma of separation between the child and incarcerated parent.
- CO-PARENTING AGREEMENTS between the caregiver and the incarcerated parent which describes the conditions for the parenting arrangements both during and after incarceration are initiated, whenever possible.<sup>5</sup>
- If appropriate, a FAMILY IMPACT statement is prepared for the public defender or defendant's attorney, to be given to the judge when the Pre-sentencing Report is offered, describing the various scenarios for the children if the parent is incarcerated, placed under community sanction, house arrest with an ankle bracelet, day reporting. This is a short document that may include a brief video for the judge or clerk to review as authentication of the relationship between the defendant and child. We use these judiciously in cases where the crime does not involve violence or harm to another.

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<sup>5</sup> See Appendix 6: Co-Parenting Arrangement



**INCARCERATION:** We have a range of services available for families during the parent's incarceration including:

- Parenting classes for the caregiver and the incarcerated parent.
- Resource development based on the family's description of their needs, including help with accessing subsidies and health benefits.
- Building an individual support system with extended family, neighborhood and community supports for the family including mentors (for the child, the caregivers, and the incarcerated parent during incarceration and when they are released).
- Initiate Family Conferencing between caregiver and parent. This could include the chaplain, the institutional parole officer, field parole officer (if the individual can be identified at least four months prior to release), and our Arkansas Voices' family advocate. The concerns by the parent in prison and by their family members are set forth during the family conferencing to help prepare and develop realistic plans for re-entry. These conferencing sessions address family conflicts (including those that preceded the parent's incarceration) such as addiction, domestic violence issues, etc.
- Assistance with communication and contact between the incarcerated parent and their child including transportation assistance for face-to-face visits, phone calls, and letters.
- Assistance in engaging the incarcerated parent with their child's school activities, including school-parent conferences by phone, forwarding their schoolwork, and providing support for incarcerated parent involved in educational issues when they have a child with a disability.
- Provide initial assessment and referral of recently released parent for physical and mental health services.
- Inform the child's primary care physician or pediatrician regarding the pending release of an incarcerated parent so they are aware of potential influence on health of the child.
- Provide a family assessment of the parent-child relationship, parent-caregiver relationship; this evaluation will assist with reunification-plans and potential enrollment of the parent in the supportive programs such as GED, drug treatment, etc. Tools utilized include the Child Behavior Check List, Developmental Screenings, Family Empowerment Scale, Benda Resiliency Scale, Rosenberg Self-Esteem Scale, Duke social Support Scale, The Protective and Risk Assessment by Jim Gleeson, the Hopelessness Scale, the Beck Depression Scale, Adolescent and Adult Parenting Inventory, and the Parenting Stress Index.<sup>6</sup>

**RELEASE (Immediate Services and Longer-term Aftercare Services):** Many parents must assume care giving responsibilities almost immediately upon their release from corrections, especially if their child has been in the foster care system and there are time pressures regarding termination of parental rights. Ideally, the following sequential timeline is developed:

1. At release, there is a completed and agreed upon Family Plan.
2. The release priorities for the parent include finding employment, housing, and to begin the gradual reunification process with their child. The stipulations and terms developed with the caregiver in the pre-arranged co-parenting agreement go into effect.

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<sup>6</sup> Some of these Family Assessments are listed in the Appendix; others are only available by order and purchase.

3. Transitional housing arrangements and employment are underway. Practical considerations to assist the parent with their re-entry to community are identified, such as the need for clothing and household goods. For example, there may be a need for re-issuance of vital documents such as social security card and driver's license may be needed. These are common issues for parents returning, if these cards have not been put in safe places.
4. Counseling services are arranged for both individual and family counseling since there may be a need to address transition issues between the caregiver, parent, and children.
5. Daytime visits between the parent and child begin, which gradually moves to overnight and weekend visits, with support and observations by the caregiver and staff if needed.
6. The health care needs of the returning parent are addressed.
7. Transitional issues between the family members, including children, caregiver, and parent--along with other household members are address since there are often multiple family members living in the caregiver's house.

## Understanding Our Clients

The mission of Family Matters is to stop the cycle of intergenerational family problems which many incarcerated parents face. Incarcerated parents often have substance abuse issues, poverty, histories of unemployment, health or mental health problems, and low educational levels. There is a high prevalence of childhood physical and sexual abuse and domestic violence is often found with incarcerated mothers.<sup>7</sup> These and other issues exacerbate the challenges incarcerated parents face in communicating with their children and co-parenting with their family members. There may be issues of guilt, jealousy and resentment felt by the incarcerated parents; anger, confusion, and stigma by the child; exhaustion, resentment and hostility by the caregiver toward the parents. We have also found many of our families suffer from health issues, particularly caregivers who may be older and suffer from chronic exhaustion, depression, chronic hypertension, diabetes, and obesity. According our annual caregiver survey, less than half reported undergoing screening for cholesterol and high blood pressure, breast self-examination or mammograms and other routine health screening, citing lack of time as the primary reason.

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Our child clients describe their experiences with stigma, shame, and silence regarding their parent's incarceration. A child asks why his best friend is no longer permitted to play with or come over to his house after his mother goes to jail. Children in our school-based support group share their shame of being taunted by "mug shots" of their incarcerated parents, downloaded from the internet and

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<sup>7</sup> Hairston, C. (2007). *Focus on children with incarcerated parents: An overview of the research literature*. Baltimore, Maryland: Annie E. Casey Foundation.



circulated by their classmates. A popular student leader and athlete cried at the support group meeting when he realized that he finally found a safe place to share his shame regarding his parent's incarceration. The children often talk about never being able to share their feelings about their incarcerated parents to anyone, and how painful it has been for them to cope with keeping this secret.

## The Child

The child-centered focus of the Family Matters program has two objectives - both concern the role of stress, trauma, and inadequacy of protection often identified in children with incarcerated parents.

1. Help youth express and process adverse or traumatic experiences they have had, and learn pro-social ways of coping with those experiences.
2. Prevent youth from exposure to adverse, stressful, and traumatic life experiences in the future.

Denise Johnston, Director of the Center for Children of the Incarcerated, has used the term 'enduring trauma' to describe the ongoing nature of stress, trauma, and adversity experienced by some children whose parents are involved in the criminal justice system.<sup>8</sup> These stressors and traumas overlap, whereby the likelihood of healing or recovery from one set of stressors or traumas is interrupted by the child's encounter of another trauma or experience of adversity. Without the time to recover, what may begin as a normal emotional response to circumstances such as sadness or anger becomes a rigid pattern of trauma-reactive negative behaviors, such as drug use, teen sexual activity, gang involvement, fighting, and withdrawal.

The first objective, helping youth describe and understand their experiences, requires services that directly engage the children. These could include mental health treatment, individual therapy, behavior modification strategies, aggression retraining therapy, peer support groups, art, music, drama, puppetry, and other expressive activities directed to helping children process past experiences. We have used each of these approaches and interventions, based on the child/youth assessments, including a Life Events history that documents the traumas that have occurred in the life of the child. In support of this objective, service provision includes educating the adult caregivers about the child's needs and involving them in activities and reinforcement of the interventions.

The second objective, to reduce or prevent further traumas or the chance of recurring stressful events, requires services that directly address the significant adults in the life of the child, along with the service systems, public and private, that impact the children and their families.

## The Family

We believe in a positive, family strengthening approach, and use an assessment tool so that the family can help us identify the supports they need to reduce risks and provide supports to their children. The Family Matters program has created a tool, titled "The Family Best Outcome Plan" which is the core

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<sup>8</sup> Gabel, K. and D. Johnston (1995). *Children of Incarcerated Parents*. San Francisco, CA: Jossey-Bass Inc.

of our services for the family. Each family member contributes to the plan, with ‘sub-plans’ developed for each family member. The goals of each family member are defined within family group meetings, with the exception of the incarcerated parent, where the plan is developed during the arrest or incarceration period and developed by us and the parent inside. We keep the incarcerated parent fully apprised of the overall plan throughout the process. The ‘menu’ of services is described and selected by the family, using staff input developed from the assessment tools—all conducted respectfully, without staff pressure.

This planning process is an ongoing one, adapting to the various stages of the criminal justice involvement by the parent, e.g., arrest, sentencing, incarceration, release, as well as changes in family events or defined goals by the family. Every family member is familiar with and has a copy of the Family Best Outcome Plan. The sub-plans have specific activities related to the individual goals with timelines, appointment scheduling, and notation as to who is responsible each activity. Meeting a goal often leads to setting new goals, and the transfer of learning regarding the value of the goal-setting process.

The family meetings are held *in vivo*, meaning that the staff holds the meeting in whatever community setting is most comfortable for the family, as described in the Assertive Community Treatment model (ACT). We often hold the family meetings in the home of the clients (but only with their permission), or in their church meeting areas, at a neighborhood restaurant, or other comfortable and convenient locations. Our staff generally tries to avoid the ‘office management-centric’ approach of many social services in order to increase the ownership of the process by the family, not the agency.

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## Program Staffing

Rather than enabling the caregivers or undermining their capabilities, we seek to enhance the capacity of family members to seek resources for themselves and become better advocates for the needs of their children. Many of the employees of Arkansas Voices have had personal experiences with incarceration or parental separation, and bring great empathy and dedication to their work – as a formerly incarcerated parent, a relative caretaker, a former foster child, or as a child of an incarcerated parent. The staff brings a wealth of community and professional experience – a home visitor who used to be a realtor with knowledge of low-income housing, a former parole officer who understands the probation/parole system, and a formerly incarcerated mother who took the parenting class while inside jail. Individuals who have been involved in law enforcement or criminal justice can be effective but many must “fight” against their previous professional training that may have created a pessimistic view of the criminal justice-involved parents.

Executive Director and founder Dee Ann Newell has a Master's degree in Developmental Psychology and provides clinical supervision for her dedicated staff of five full-time employees, with additional staffing provided by 2 part-time employees and 21 volunteers. Over the years, Family Matters staff has had diverse backgrounds in social work, mental health (psychologists, especially trauma-informed and attachment specialists), child development, family preventive health educators, public health, housing, credit counseling, parent education, criminal justice understanding, policy and advocacy practitioners, educational specialist, TANF specialists, business specialists, and employment specialists. Our volunteers and supporters include a former professor of pediatrics at the university medical school, a public child welfare worker, and a public health researcher.

**Staff Interview:** We believe in the importance of ongoing staff development and the need for daily attention to 'mindfulness of the mission' of our services. Our mission is to empower our families to claim their own health and well-being. We use every means of displaying respect and value to our families, reinforcing their strengths and capabilities which contribute to their progression to greater empowerment. We offer not case management, but rather, empower our families the tools and skills needed to manage their own lives. Staff support is the cornerstone of our work and we are available on a 24 -hours /7-days a week basis for crisis management. Resourcefulness is a skill prerequisite for our staff. When interviewing potential staff, we are extremely careful to assess attitudes and learn of their personal experiences involving families impacted by the criminal justice system. We have client representatives involving in the interview process to help us assess the applicant's personal attitudes with a three month probationary period to ensure appropriate "fit" between the staff and our families.

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**Staff Training:** Staff training is an ongoing process throughout their employment. There is always something new to be learned in this work and no staff member should regard themselves as completely trained. Staff training includes implementing research-based practices, or reviewing promising or innovative new strategies. Since research often lags behind the practice innovations and interventions, there is always a trial-and-error quality to these components of the program.

Program fidelity to goals and methodologies is achieved through periodic staff assessment. If staff perceives a missing component or the emergence of another strategy that might be more helpful, they become topics of the staffing and planning or tweaking of the project. For example, in our early history, staff noted the need of relative caregivers for legal assistance on issues such as custody, adoptions, child welfare issues, bankruptcies and credit issues. There were many requests for legal assistance from caregivers to assist with filing their wills for fear of their children entering foster care. At that time, we did not have funding for an attorney or access to an attorney, but we hired a part-time legal advocate who could help to facilitate resource access until we were able to eventually purchase the services of attorneys to help us in these matters.

**Required Trainings for all our staff are conducted by the in-house trainer or by attorneys, child advocates, formerly incarcerated parents, adult children of parents who are or were incarcerated, and an historian of criminal justice.** Some training topics include:

- Developmental Issues of Children of Incarcerated Parents
- Helpful Practices in Responding to Children of Incarcerated Parents
- Policies and Practices of Systems Impacting Children of the Incarcerated and their Families
- An overview of the history of mass incarceration in the U.S.
- An overview of common crimes in the local region and services available in the local jails and prisons
- What We Know About Kinship Care: The Needs and Concerns of Relative Caregivers
- Cultural and Ethnic Sensitivities, including the Impact of Racial Disparities in our Criminal Justice System
- Stigma, Shame, and Silence among the Children and Families
- Program Fidelity
- Outcomes Measurement and Documentation

### **Other Helpful Trainings**

**Police or Sheriff ‘Ride Along:** We encourage all our staff to participate in a ‘ride along’ with the local patrol officers. While we’re with the officers, we will ask them what they typically do when children are present during an arrest. If they have any specific policies about contacting child protective services?

**Tour of the local jail:** Touring the jail helps our staff become acquainted with how the jail works. This is a good opportunity for us to ask jail personnel what they see as the needs of detainees who are parents.

**Visit both the Women’s and the Men’s Prison:** Prison personnel generally welcome our visits with our new staff since they appreciate the services we are offering. We try to meet with the prison warden, social worker, and chaplain, each of whom provides us with their insight into the problems facing incarcerated parents. While visiting, we ask the officials what programs are available for parents of minor-age children, and what the visiting policies are. Visiting both the women and men’s prisons increases our awareness of the gender-bias against fathers in the prison setting.

**Attend Court Hearings:** Depending on how the criminal court system is set up, one court may hear initial plea and arraignment cases, another may try the criminal case, and yet another may hear cases concerning child custody issues. Attending court hearings helps our staff find out how the criminal court in each area works and they often attend several different types of hearings. Though not always possible due to the confidentiality issues of family courts, where possible, our staff are encouraged to attend a family court hearing to see first-hand how child welfare, dependency-neglect hearings are conducted. When this isn’t possible, our second-best method is to talk with the various key figures in these cases to learn the “lay of the land” in these courts, i.e., caseworkers, parent counsel, *ad litem* attorneys, judges, CASA volunteers, etc. Most child welfare systems have some sort of publication or informational packet for families going through the dependency court system, explaining the various hearings and case conferences, the time line, and the way most of the courts approach cases with incarcerated parents.

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## Family Matters – A Program of Arkansas Voices for Children Left Behind

**Learn How to get a Record Expunged:** We try to have all our staff understand first-hand how applications to have a criminal record expunged are handled in our state. What documentation does a person have to have to apply to have their record expunged? Asking what the ratio is of applications for expungement compared to the number actually granted provides a gauge to the difficulty of expungement in different regions of the state.

**Community outreach and education:** If a staff person is interested, we provide staff with public awareness opportunities through presentations, panel presentations, and civic outreach. Arkansas Voices is a proponent of **practitioner-advocacy**, but it is not suitable for everyone on your staff and training is a prerequisite.

## APPENDIX 1- Agency Overview

**INTRO:** Began in 1994, Arkansas Voices for Children Left Behind, Inc. is a statewide nonprofit agency with four offices located throughout the state (Central Arkansas, the Delta, and the Northwest Region). Our mission is justice for children who are left behind because of parental incarceration, parental death, deportation, disability, mental illness, or abuse/abandonment. We adhere to the principle that a “one-size-fits-all” model does not fit our families but that an array of services should be offered to fit the individual needs of the child and families, utilizing their strengths and assets. Much of our services are delivered using a home visiting or school-based model, recognizing the hectic schedules and difficult transportation problems of our clients. All services are evaluated by performance measures. By engaging our clients both inside- and outside correctional facilities, we are able to engage all members of the family – incarcerated parents, children, and caregivers.

**SERVICES PROVIDED:** We have over 20 years of experience working within Arkansas’ correctional systems. We have provided parenting class and support services within the state prison system (from 1990-2006), at the community correction residential treatment system (2001-2006), and at the Little Rock county jail, the largest in the state (1994-present). Our Parenting after Release classes and reunification services are offered for parents returning to the community, (in Pulaski County only), and for those preparing to reunite with their children (both inside and outside the child welfare system).

Besides our jail- and prison-based services, we offer services to children and caregivers including:

- support groups for the adult caregiver, parent re-entry, and children and youth
- health and wellness activities
- family literacy services and enrichment for the children
- art groups for the children, to embrace expressive healing opportunities
- legal assistance, legal education
- financial literacy and budgeting
- parenting education, respite care
- family strengthening outings and activities
- mental health, developmental counseling, and family Conferencing
- referrals for housing, clothing, and food needs through a network of providers
- emergency funds are limited but available for crises in housing, food, or other issues that arise among impoverished families
- school-based youth leadership groups, including the provision of scholarships based on their community service projects
- mentoring services, often with family literacy opportunities
- an informational WARM Line, Toll-Free (1-866-9-VOICES) manned by staff and trained volunteers that can be accessed throughout the nation.

These services are generally provided free, regardless of income, to all Arkansas families and some outside of the state who are impacted by parental incarceration. We have developed MOUs and referral partnerships with numerous nonprofit or state agencies.



Services were developed at Arkansas Voices holistically with the clear understanding that achieving self-efficacy is the best outcome for both caregivers and children. Our goal is to fill in the gap between what agencies provide and what parents need by either providing it directly through ourselves, or offering “warm hand-off” referrals to other agencies, or helping the parent advocate for themselves for their eligibility to these services. We often act as conduits for other services, offerings referrals and connections to programs, helping clients understand their rights and responsibilities when often working with government agencies. For example, at our parenting class located inside the jail or prison, we talk to parents about the healthy food choices for them and their children. Once they are released from jail or prison, our staff will come to their house and bring groceries from Pot Luck (one of our many nonprofit partners), until they become familiar with how to access themselves. The home visitor will also assist the family in understanding how and where to register for SNAP and others nutritional support services. And, in a “paying it forward” philosophy, many of our clients will often volunteer to man the WARM Line, following training, so they may know how to help others around the state to find support and help, including listening and sharing their own experiences, or they will serve as speakers on various topics with the support groups.

### *Arkansas Voices for Children Left Behind* **PARTNER AGENCIES**

MIWATCH Ministries to Incarcerated Women and their Children (a statewide transportation program to visit mothers in prisons) • Family Service Agency • Credit Counseling • Legal Aid of Central Arkansas • Arkansas Access to Justice • Pot Luck • Good Will Industries • County Workforce agencies • Women Lawyers of Arkansas • NOW • Northwest Area Office on Aging • Wal-Mart - Dress for Success • Interfaith Alliance • Catholic Diocese Social Justice and Immigration Divisions • St. Mark’s Baptist Church • New Haven Missionary Baptist Church • St. Edward’s Catholic Church of Little Rock • Kramer ART Coop • Little Rock Public School District • State Department of Education • Arkansas Department of Correction School District • Arkansas CARES, • Barb’s Place, • Decision Point - a drug treatment facility • Bureau of Alcohol and Drug/Arkansas Health Department • St. Paul’s Episcopal Church • Wiggins Methodist Church, both in Fayetteville, AR • New Futures for Youth • Starbucks • First United Methodist Church in Little Rock, AR • Central Arkansas Library System • Arkansas Studies Institute • Clinton School of Public Service • Clinton Library • Arkansas ACLU • *and many others*

**ADVOCACY:** From its inception, Arkansas Voices for Children Left Behind recognized the importance of working as a community coalition. We began in 1994 as a coalition of thirty-four (34) groups who recognized children of incarcerated parents as a significant, invisible population with concerns misunderstood and underserved. This coalition included a prison transportation program, children’s health and mental health providers, state agencies such as the Health Department, Bureau of Alcohol and Drugs, state’s Department of Human Services, addiction treatment providers, legal services (including the state ACLU), the Women’s Project, faith

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groups, formerly incarcerated parents, and kinship caregivers. By group consensus, the members of the coalition created an independent nonprofit agency with a dual mission of providing programs and policy on behalf of the population. The advocacy would be primarily constituent-led, with support from committed professionals and community organizations. Initial funding for our coalition came from a start-up grant from the Winthrop Rockefeller Foundation of Arkansas, including board training by Peter Breen, Child Welfare League of America Children of Incarcerated Parents Fellow. We also received a small grant award from the Norman Foundation through our alliance at the national level with Justice Works! led by Mary Elizabeth Fitzgerald and her national organization that founded the Mothers in Prison, Children In Crisis campaign.

Arkansas Voices has engaged in many public awareness opportunities throughout our history, including sponsorship of the Arkansas Coalition for the Bill of Rights for Children of Incarcerated Parents, a coalition that meets regularly since 1998 to draft policy recommendations.<sup>9</sup> The coalition has piloted an arrest protocol which includes a child trauma reduction training of law enforcement officers. And, the coalition led a 2010 legislative study of kinship caregivers with recommendations that led to the following recommendations:

- (1) advocacy for subsidized guardianship for relative caregivers who have diverted children from entering the public foster care system;
- (2) the creation of an online *pro se* guardianship form;
- (3) a written guide for relative caregivers with children in the foster care system; and
- (4) the development of posters and signs at all the county child welfare and TANF offices identifying what services are available for relative caregivers.

As a result of the coalition's advocacy, a special weekday visitation day for children was created at the Department of Corrections. The visiting day included pizza for all, art, book reading, a birthday celebration for all who had a birthday that month, and other laptime/interactive activities between the children and their incarcerated parent. The Scouting Beyond Bars component used some time for the

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<sup>9</sup> The Bill of Rights for Children of Incarcerated Parents is based on the principles developed by the San Francisco Children of Incarcerated Parents Partnership ([www.sfcipp.org](http://www.sfcipp.org)) and are the following eight principles:

- (1) I have the right to be safe and informed at the time of my parent's arrest
- (2) I have the right to be heard when decisions are made about me.
- (3) I have the right to be considered when decisions are made about my parent.
- (4) I have the right to be well cared for in my parent's absence.
- (5) I have the right to speak with, see, and touch my parent.
- (6) I have the right to support as I face my parent's incarceration.
- (7) I have the right not to be judged, blamed or labeled because my parent is incarcerated.
- (8) I have the right to a lifelong relationship with my parent.

girls and moms to meet for badge work during the four hour meeting. A special “therapeutic’ period of sharing from the children with their parents was set aside to allow the children to let their parents know some of their feelings or loss and sadness, followed by a time of comforting and one-to-one intimate talk between the parent and child.

In 2003, Arkansas enacted the only state legislation that provided a pool of funds to support services for children of the incarcerated, parents, and caregivers, called the **One Per Cent to Prevent (Act 1224 of 2003)**. With the investment of \$200,000 from general improvement revenues, permitting the cash match for the federal Health and Human Services’ funded set of services for children of the incarcerated, the award yielded \$1.3 million in federal dollars, the best federal-state match ever received in Arkansas. This funding was imbedded in the Children’s Trust Fund Act and the funds are disbursed to a State Commission that oversees the children’s trust fund dollars that derive from marriage licenses. These funds are allocated as grants to non-profits agencies throughout the state.

Other successful advocacy efforts include:

- Justice Week for Children of the Incarcerated which culminates in two annual events at the Arkansas State Capitol;
- Mothers in Prison, Children in Crisis, a national public awareness event we have sponsored since its inception in 1994. The film aired on 114 PBS stations and received several awards, including the PASS Award from the National Council of Crime and Delinquency and the International Houston Film Festival Award for a documentary, along with an Emmy nomination, and was part of the annual Hot springs Film Festival. It is widely used in colleges for teaching purposes;
- Dads in Prison, Children Need Their Fathers annual event, developed when incarcerated fathers requested more attention to the plight of their children;
- Comcast community television program, *The Children Left Behind*, that hosts interviews with family members, adult children of incarcerated parents, and other interested advocates, such as attorneys and legislators, along with topical interviews around news issues affecting children of the incarcerated (the show aired weekly for the past 10 years, but sadly, the program was recently cut);
- Sponsorship of our own annual conference, the Southern Summit Conference on Children Left Behind and their Families, in cooperation with the state’s Head Start Collaborative; and
- Participation in national and international conferences focused on child well-being and social justice including executive director Dee Ann Newell’s participation as the only U.S. representative at the 2011 Day of General Discussion on the Rights of Children of Incarcerated Parents at the United Nations Committee on the Rights of Child held in Geneva, Switzerland on September 30, 2011.
- A Restorative Justice coalition that provides training for members and currently has a planning committee to ‘dismantle” the school-to-prison pipeline by offering restorative justice practices within schools in lieu of the current zero tolerance prohibition that leads into the juvenile justice system.
- The Arkansas Anti-Shackling Coalition to ban the use of any restraints for pregnant incarcerated mothers, during transport, labor, or delivery and post-delivery. This coalition has been active since 2004, introducing several unsuccessful legislative to ban this practice in Arkansas.

## Family Matters – A Program of Arkansas Voices for Children Left Behind

- The Arkansas Bill of Rights for Children of the Incarcerated provides training and education to policy makers and seeks initiatives that would improve the well-being and safety of these children.

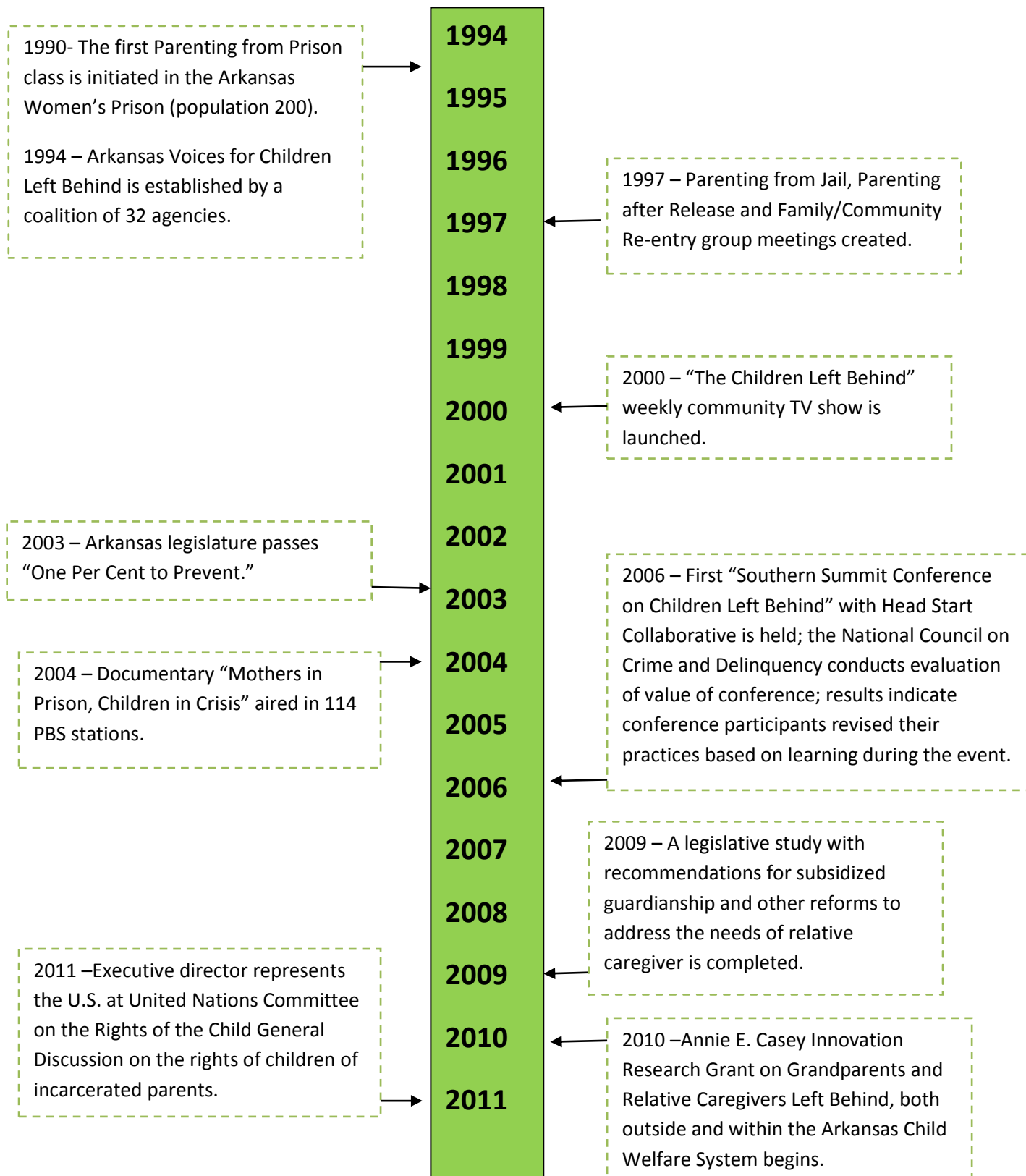
Moving forward, our legislative agenda include:

- Support for legislation to ban shackling of incarcerated women during labor and childbirth, and during medical transport;
- Refunding of the One Per Cent to Prevent Fund for services to children of the incarcerated, their caregivers, and their incarcerated parents;
- Implementing required training for law enforcement on ways to mitigate the trauma of a child witnessing an arrest in their women, as well as research to document the impact of this trauma;
- Instituting an arrest protocol for all law enforcement addressing children present at a parent or household member's arrest (with the exception of methamphetamine arrests that law enforcement requires difference handling of children at the arrest point);
- Allowing de facto guardianship for relative caregivers of children in their care for more than 6 months; and
- Allocating the provision of adequate funding for the care of the child of an incarcerated parents by relative caregivers;
- Reforming the state child welfare agency programs and services for children in the foster care system with an incarcerated parent; and
- Instituting an interim legislative study asking state agencies, such as the departments of health, education, corrections to identify data, policy services for incarcerated children and their families. This is modeled on similar efforts in New York, California, and Washington State.<sup>10</sup>
- Creating a non-adversarial, oversight entity separate from the state agencies, whose sole responsibility is to insure the well-being of the children and their caregiving families, including directions and referrals to all supports and assistance.

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<sup>10</sup> This study will be held in December 2011.

## APPENDIX 2- Spotlight on Accomplishments



### Appendix 3: Articles and Resources

- A Resource Guide for Kinship Caregivers in Arkansas: What Every Grandparent or Relative Caregiver Need to Know When a Parent is Arrested, Incapacitated, or Involved in a Dependency-Neglect Proceeding (Arkansas Voices for Children Left Behind, 2010, 5<sup>th</sup> edition)  
[http://www.arkansasvoices.org/userfiles/docs/Handbook\\_for\\_Kinship\\_Caregivers.pdf](http://www.arkansasvoices.org/userfiles/docs/Handbook_for_Kinship_Caregivers.pdf)
- Childbirth in an American Prison (an essay by Dee Ann Newell, Scholar & Feminist Online/Barnard Center for Research on Women and Children, Issue 8.2, Spring 2010)  
<http://barnard.edu/sfonline/children/index.htm>
- Landmark Policy Recommendations are Unveiled: Recommendations from The National Resource Center on Children and Families of the Incarcerated at Family and Corrections Network (an essay by Dee Ann Newell and Ann Adalist-Estrin, Scholar & Feminist Online/Barnard Center for Research on Women and Children, Issue 8.2, Spring 2010)  
<http://barnard.edu/sfonline/children/index.htm>
- Overview of the National Project to Implement the Bill of Rights for Children of the Incarcerated (by Dee Ann Newell, CW360 – University of MN, Spring 2008 – see P21)  
<http://academy.extensiondlc.net/file.php/1/resources/CIP-CW360.pdf>
- Children of Incarcerated Parents and the School System (by Emani Davis and Dee Ann Newell, CW 360, University of MN, Spring 2008 – see P20)  
<http://academy.extensiondlc.net/file.php/1/resources/CIP-CW360.pdf>
- Mothers in Prison get Special Mother's Day (Fox 16.com, May 7, 2010). Special event coordinated by Arkansas Voices for Children Left Behind  
[http://www.fox16.com/news/local/story/Mothers-in-prison-get-special-Mothers-Day/wjUC-jlK30yCuYIP4\\_0LpA.csp](http://www.fox16.com/news/local/story/Mothers-in-prison-get-special-Mothers-Day/wjUC-jlK30yCuYIP4_0LpA.csp)
- Proclamation by Arkansas Governor – Mothers in Prison, Children in Crisis Day (Office of the Governor, May 7, 2010).  
[http://governor.arkansas.gov/newsroom/index.php?do:newsDetail=1&news\\_id=2348](http://governor.arkansas.gov/newsroom/index.php?do:newsDetail=1&news_id=2348)
- Documentary - Mothers in Prison, Children in Crisis (American Public Television, 2004)  
<http://www.aptonline.org/catalog.nsf/0/76FC64CBD0B692BE85256D8E006174BB>



## **Appendix 4: Dear Incarcerated Parent – It's Important to Write Letters to Your Child**

By Dee Ann Newell, MA, Executive Director and Founder, Arkansas Voices for Children Left Behind, [www.arkansasvoices.org](http://www.arkansasvoices.org), Sept, 2011

Having worked for more than two decades with incarcerated parents and their children, I wanted to share my observation on the importance of letter writing. My agency, Arkansas Voices Left behind, utilize letter writing as part of our parenting from prison and jail curricula, as well as a way to provide support for the children left behind. I have had the chance to read letters written by the parent, read letters received by the child, and read letters written by the children to their parents. Here are my insights based on these different lenses of observation.

When children are separated from their parents due to parental incarcerated, many parents re-discover the almost-lost art form of letter writing. While phone calls and contact visits are also important, letter writing offers as a valuable form of communication – one that is tangible and can be read and re-read by a child throughout their life.

First, regardless of what your child may say, children need someone who will love them unconditionally, a love that is invaluable when it comes from a separated parent. Children are always looking to their parents for this acceptance. When they feel that you, their parent, truly value them, you provide them with the courage and resilience to overcome feelings of self-doubt, knowing that they have a place in this world because they have a place of value with their parent.

Many parents, both inside and outside of prison, take it for granted that their children know how special they are to their parent. However, most parents do not communicate this acceptance and love in a concrete or repetitive manner. This is especially difficult for parents separated by prison or jail walls and their children are coping with the loss of the parent in their daily lives. The children don't have the opportunity to observe the parental love in small, daily ways which those of us on the outside take for granted. Sometimes, the children are torn between caregivers who may or may not allow collect phone call from you, or may even forbid them to write letters to their incarcerated parents. However, if your child's caregiver permits them to receive your letters, these letters offer a genuine way for a parent inside to communicate the sought-for message of acceptance, value, worthiness in a way that children 'hear' the message. The letter is a message that they can read again and again.

Many children have told me they sleep with these letters. Many children have shared these letters with me, and those that receive them too infrequently will tell me how often they return to the letters for comfort and soothing of their loss. Letters matter to the children of incarcerated parents.

Here are some suggestions for enhancing the effectiveness of letters from a parent in prison or jail to a child. First, it is important to focus on the child in the letter, but avoid asking questions that

[Type text]

place the child in an awkward position if the caregiver is also reading the letter. It is best to write words of encouragement and of value—as unconditional as you can compose – such as:

*“I think of you so often and wonder what you are doing, hoping it is interesting or fun.”*

*“I admire (like, love, appreciate, value) the kind of caring person you are becoming.”*

*“I have noticed or hear from (your grandmother, father, and foster parent) about how hard you work at school.”*

*“I admire you for the efforts you are putting out. I believe that being willing to work hard is so important in all that you do.”*

Briefly share with your child that you are well, getting along with so-in-so, doing so-in-so, in whatever brief way you can reassure your child that you are okay. Please avoid telling them your troubles, health issues, fears, woes, or anxieties, especially for younger children. Also, avoid attempting to discipline the child through a letter. For example, if someone has told you some negative behavior or attitude of the child, avoid being the source of negative complaints about their behavior. Because you are not there, try not attempt to correct behaviors or attitudes with a letter, but do keep the door open for them to share with you their feelings, fears, offering them a listening ear without judgment. Parents who are incarcerated cannot discipline effectively long-distance and your frequently re-read letters are not the place to state a negative opinion of the child, from someone else or from you. You are the encourager, perhaps the most important encourager in your child’s life during your separation; your role as disciplinarian will come after you are back.

Here is an excerpt from an actual letter from an incarcerated mother in prison to her daughter:

*When you are going through a difficult time, you may wonder if you’re making the right choice. You may wonder about how things will work out. Make sure the choice you make feels right to you and that you have prayed about it. I know you for who you are. You are a very strong and a very intelligent and motivated young lady. And you can and will face the challenges that come to you, and make the right choices for you. And never forget that you are a very loving and warm person with a lot to give others, as well as to receive love from others...”*

This is the kind of letter that inspires and reassures children. This mother has given her child some things to think about, ways to be positive about herself, convey unconditional acceptance while encouraging and nurturing qualities, character skills, mindfulness and encouragement. This letter represents a few of the things that a child of an incarcerated parent needs from their parent.

## Appendix 5: Three Stages of Reactivity for Children of Incarcerated Parents –Suggestions for Mentors

By Dee Ann Newell, Director, Arkansas Voices for the Children Left Behind,  
deeann@arksasvoices.org


Based on my 20+ years of experience working with children of incarcerated, I've come up with three stages of reactivity for these children when their parents are incarcerated for mentoring programs to consider.

**In the initial stage of separation**, they are usually quite anxious and unsettled with a chaos of feelings, including blaming themselves, the police officer(s) that arrested their parent, anger and rage, deep sadness and withdrawal, and helplessness.


During this stage, the caring adult should engage in trust-building activities, laying down the trust components, e.g., confidentiality, non-judgmental about lots of things, not just the parent and the crime, respectfulness of the parent is imperative, and along with that is building demonstrable respect for the child. They have entered another universe, so to speak, where there secret-keeping may be a family rule, stigma begins to reign, and most of all the trauma-reactivity is at its height.

The antidote to helplessness is to give them something that they can master and control, even if it is choosing among select mentor-mentee activities.

This first stage is the time to begin talking about all of the “feeling” words, having the child identify as many feelings as human beings can have. For example, help them make a list, have child demonstrate, draw, or just talk about what those feelings are like.



*The child has entered a new universe of stigma and secret-keeping. They need a safe place to share their feelings ... “I see a lot of confusion with you right now – would you like to draw, or sing and talk about*



Begin your trust and respect activities, such as keeping every commitment you make, but **never make promises that you are uncertain you can keep**. Avoid this temptation because, while it makes in the short-term help the child feel better, if these promises are unfulfilled, the child spins through another cycle of broken promises. Dashed hope may be a repetition of the familiar for many of these children, especially if the lost parent has abused drugs and often

come in and out of the household or jail. Due to the initial trauma of separation, you will likely see the child's bewilderment and you need to acknowledge what you see, e.g., "I think I see a lot of confusion on your part right now? Would you like to draw, or sing or talk about it with me? I am a very good listener and we have been talking about our confidentiality agreement and my being very non-judging of anything you are feeling.

Feelings are like visitors to your house. They don't move in if you greet them, know they are there, but sometimes if you do not greet them, they set up housekeeping and are hard to budge from the house."

The **second stage**, given that the trust is strengthening and you are enjoying activities together, some of the feelings will seem more differentiated to you, not so much chaos. The child may seem angry or especially sad, and you can ask the child's permission to hear what you think you are observing and, if yes, simply share your observations and ask them to verify if this is close to what they are feeling.

The **third stage** is when the child does open up and begin to express some of the feelings. Here you may discover some of the inaccuracies in their information that leads to their feelings, and ask, always ask if you have permission to give them some feedback.

If the child does not give you permission, do not pursue it but note the lack of information and think of ways to later come back to it.

If it is okay with the caregiver or the courts, write letters to the parent, one from the child and one from you. Parents of children who are being mentored need information about the relationship so they do not feel threatened, for if threatened they may work against you out of fear that they are "losing their child to a stranger, someone who can spend time with the child in ways the parent no longer can."

*For as long as I can remember, he has written to me. I was about 5 when I started sending him pictures I drew. I was 8 when I started writing. Most of the time, we wrote about us not being able to see each other. My father tells me that jail is a hard-knock life. He writes to me about his life before jail too ... these years of writing and talking have bonded my father and me.*

From "Pen Pals" an article written by a child of an incarcerated parent from RISE Magazine, Issue 10, Summer 2008,

If your program and the caregiver are in agreement, you can occasionally take the child to visit. If opposed, then stick with the mentor-mentee letter- writing. Help send schoolwork to the parent. And begin to talk to your mentee about other children and what you personally know or have read about their experiences with a parent in prison.

The most common feeling, aside from sadness and grief over the loss of the parent, is the feeling that they are 'all alone.' Hearing that there are other children just like them and hearing their stories often help to stop the internalizing. Lots of information can be passed on, as well--those questions that you heard earlier, can be answered by hearing other children responses.

**RE-ENTRY:** Children are initially excited when a parent returns to their home or community after release from jail or prison.

### A Child's Reaction to a Parent's Return Home

- Honeymoon
- Velcro
- Suspicion
- Testing the Limits
- Adjustment

*Adapted from Stages of Homecoming, originally published in "Homecoming: Children's Adjustment to Parents Parole," by Ann Adalist-Estrin, M.S., on Children and Families of the Incarcerated, Copyright FCN 2003 [www.fcnetwork.org](http://www.fcnetwork.org)*

**HONEYMOON:** This initial celebratory stage often have heightened or unrealistic expectations from the child, parent, and caregiver (... daddy and I will never disregard when he gets back!). There is the danger of a parent "celebrating" their release with a drug lifestyle or becoming depressed or suicidal as the parent faces multiple barriers upon re-entry. The family should be watchful for signs of depression, supportive services may be needed.

**VELCRO:** The child begins to experience their old anxiety and previous loss about the parent leaving again and may become clingy. This is especially difficult for younger children and the parent should be patient and tolerant during this period, understanding that this stage will eventually pass.

**SUSPICIOUS:** Children, particularly older youth, may be suspicious of the parent returning to their "old ways" of crime and drug use. Their attitude toward the parent is guarded and the parent should anticipate this reaction. The parent should advise to be a good listener, not get upset or angry at the child, and recognize this as a common reaction to parental loss. This phase will come to an end, unless of course, the parent has been incarcerated numerous times throughout the child's life and the child may have "given up" on the parent changing.

**TESTING THE LIMITS:** All children test limits with their adult caregivers. It is part of normal child development and children will test and re-test the "rules" of the household. This is

particularly true for parents who have been away from the child, whether it is during incarceration, foster care placement, divorce, or military deployment. The child will manifest their concern and conflict over the separation with asking questions which no one may have answered while the parent was away. They will test the new household and disciplinary “rules” now that the parent has returned. The parent and adult caregiver should be prepared for these questions.

**ADJUSTMENT:** As trust begins to develop, new roles will be established once the parent has been able to demonstrate to the child that they are not leaving again. Depending on the age of the child and length of separation, it is not unusual for there to be a recurrence of any of these stages, including anger, suspicion and testing of limit

## For More Information

There are great books for children that can be read to them.

- "Visiting Day" by Jacqueline Woodson is one with beautiful illustrations, meant for a younger child, up to age 8 and 9, but a 3 year old can also understand.
- The Family and Corrections website has suggested books for children, based on their age. [www.fcnetwork.org](http://www.fcnetwork.org).
- For older youth, we have them read the Bill of Rights for Children of the Incarcerated booklet, developed by San Francisco Children of Incarcerated Parents partnership ([www.sfcipp.org](http://www.sfcipp.org)), as well as sections from the book, "All Alone in the World" by Nell Bernstein. Another good read-out-loud book is "What will Happen to Me?" by Howard Zehr and Lorraine Stutzman Amstutz, a photo-journal of children of incarcerated parents.



## **Appendix 6: Co-Parenting Agreement**

A Co-Parenting Agreement is a written agreement between a parent who is separated from his or her minor-aged child and the party who will be taking care of the child while the parent is incarcerated or in treatment. This other party might be the other parent of the child, possibly a relative caregiver (like a grandparent, sibling, friend, or even a foster parent who is willing to work with the parent). In most instances, the parent is living outside of the home, in a jail or prison, work camp, or drug or mental health residential treatment program.

The purpose of a Co-Parenting Agreement is to have the parent and caregiver work together to create a contract outlining how the child's separation from the parent will be considered. This agreement will place the interests of the child at the center of the decision-making process.

The two parties have much to consider, especially when working out what is good for the child while putting aside their own differences with one another. The success of the Co-Parenting Agreement will depend on the willingness of the two parties to put the needs, the psychological and physical health of the child FIRST.

The age of the child is a very important consideration, and whenever possible (based on developmental age) the child shall have some input into this agreement, expressing what he or she views as important without being disregarded merely because of his or her young age. The input of the child will become truer and more important as the child matures. Again, this input is critical to the success of the contract.

The agreement should focus on issues that the two parties regard as the most important. Typically, the Co-Parenting Agreement lays out what each party can expect from the other regarding the contact and communication with the child during the parent's absence, as well as a plan for how the reconnection will happen once the parent is released from incarceration or treatment. The caregiver (i.e. the other parent or a relative) has expectations of the absent parent regarding behavior, attitudes, and substance of the communication. The incarcerated parent also has expectations of how the caregiver will support the maintenance of his or her relationship with the child. And both parties will need to describe in their agreement just how they will treat each other during the separation and eventual reconnection. The agreements must be reflective of "best practices" in terms of child care, child treatment, parent-child communication, and the treatment of one another.

The Co-Parenting agreement has rules, as well as consequences should the agreement be broken. The Co-Parenting Agreement spells out the ways to change the agreement if the situation calls for a change.

Under the terms, no changes to the agreement can be made without both parties agreeing; likewise, the child should have a voice in this matter. The central, guiding question should always be,

[Type text]

*“What is the best for this child?”* If the parties cannot come to an agreement, then a predetermined 3<sup>rd</sup> party will be called in to mediate.

What follows is a list of the topics to be discussed, defined, and agreed to (these issues should be discussed and conclusions written down, and 3 duplicates made—one for each party, and one for the mediator to keep in his or her file).

- Rules about consequences and how to change the agreement, including the entire process to create and alter document
- Frequency of visiting contact between parent and child, taking into account costs of transportation, availability of transportation, activities and time constraints of the caregiver, classification status of the incarcerated parent, the maintenance of “good behavior” by the parent who is incarcerated that determines visiting availability, and other considerations
- Communication between parents or parent and caregiver
- A declaration of how both parties will demonstrate their respect for one another as one of the primary needs of the child

NOTE: Several of our co-parenting agreements were considered so well thought-out and written down, clearly written in the best interest of the child, that some of our judges have incorporated these agreements into the custody orders for the transition from the caregiver to the mother.

## **Appendix 7: Evaluation of Family Matters Program**

The Family Matters Continuum of Services has been evaluated by the National Council of Crime and Delinquency (NCCD). The full evaluation of the program can be found on the NCCD website under the NIC Demonstration and Planning section.

Highlights from the NCCD reports include the following:

“...Family Matters made a decision to focus on only incarcerated mothers in this incarnation of the Family Matters services ... to create a model of services based on a theory of change. It was believed that children are more traumatically affected when separated from their mothers and recognized the need to make policy changes consistent with supporting incarcerated mothers and their children and caregivers ... the goals of Family Matters were to continue to stabilize the family and to intervene early ... in addition to the parenting classes for the mother, the program facilitates monthly children’s groups by developmental ages as well as monthly caregiver groups which discuss issues such as stress management and resources, self-empowerment skills, trauma reduction in children, reunification issues, and related issues. Other services include law enforcement trainings, trainings for child service workers, and public awareness campaigning and facilitating support groups for mother released from prison ...”

Factors that facilitated implementation

- More than ten years of experience with the population.
- Long standing and good working relationships with corrections, child welfare, law enforcement, and many community and faith-based agencies.
- The Family Matter programs had been previously piloted with the support of Winthrop Rockefeller Foundation and Pulaski County Empowerment Zone funding sources. Over time, staff made improvements and added services.
- Staff had knowledge of working with target populations, including a host of information collected from focus groups and surveys regarding the needs of children, care givers, and incarcerated mothers.
- Partnerships with legal services, food pantry, clothing and transportation to the prison helped provide services more easily to the clients.
- Family Matters has received good community support and publicity.

Lessons Learned

- Time is an important consideration. Families need more time to become grounded and successful.
- Important to provide services in the community rather than in the office. Staff spent 60% of time in community.
- Sustained services after release, for all family members, are critical and need to be sustained.

## **Attachment 8: RELATIVE CAREGIVER SURVEY AND RESULTS**

Arkansas Voices for children Left Behind collected 1,025 completed surveys of relative caregivers from Arkansas from 2004-2006. The first survey was taken in 2004 when our agency held a pre-conference on kinship caregivers, following the Arkansas Parenting Educators Network Conference in Little Rock, Arkansas. Surveys were distributed to kinship caregivers and to service providers from throughout the state. Through our Parenting from Prison program, we sent over 4,000 surveys to the relative caregivers of the prisoner-parents in our classes. In 2005 and 2006, we distributed the surveys at our 1st and 2<sup>nd</sup> Southern Summit Conferences on Children of the Incarcerated and their Families. We also circulated the surveys at all of presentations at conferences throughout the state (e.g., Mental Health Institute, Regional and State Head Start Conferences, etc.). The majority of the surveys were anonymous, except the 340 respondents who provided contact information and agreed to follow-up phone calls.

As stated in our survey, the responses from caregivers and providers help us develop relevant and timely services.

Here are the summary of our survey results from 2004-2006.

- Nearly 2/3rds of the respondents had total household incomes in the range of \$7,000 to \$10,000.
- The average household size was one single female head and 3.1 children. Other adults lived in and out of the households, but on an irregular basis.
- 52% of the households were led by single, maternal grandmothers. 24% of the households were led by other relatives, primarily aunts and uncles, grandparent couples, single grandfathers, stepfathers and stepmothers, and cousins. 3% were led by adult siblings and half siblings of the children.
- Grandparent-led households typically had children of more than one of the grandparents' biological or step-child.
- 47% of the relative-led households were receiving TANF-child only benefits, including the cash assistance, food stamps, and Medicaid for the children.
- 33.4% of the relative-led households had at least one child in the home receiving SSI benefits due to a disability.
- 31% of the relative-led households reported some support from the parents, either directly, cash or gifts of clothes, or through Child Support enforcement.
- More than 75% of the caregivers reported moderate to serious health problems.
- 56% of the caregivers reported they had not seen a physician within the past year.

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- Among the female caregivers, ages 49-88 years old, the most common medical complaint was Diabetes, followed by Congestive Heart Failure and Hypertension.
- The caregivers reported the following concerns for the children in their care:
  1. Lack of a legal relationship, but they did not want parental rights terminated.
  2. Psychological and behavioral problems among the children.
  3. Fear that the children would be removed by DCFS.
  4. Fear that the parents would decide to take the child and there was nothing they could do.
  5. Fear of the lack of funding to support what the children needed.
  6. Lack of knowledge of resources.
  7. Frustration with misinformation from the state agencies of DCFS and DCO.
  8. General lack of support from the community.
  9. Issues of parenting children with problems.
  10. Lack of hope for the long-term sustainability of the family.
  11. Fear of the children getting involved with the court system.
- Other Frequently Mentioned Concerns:
  12. Difficulty paying utility bills, rent, school supplies and uniforms required.
  13. Credit difficulties.
  14. Bankruptcy issues.
  15. Lack of social contact.
  16. Inadequate housing.
  17. Health and medical concerns.

**RELATIVE SURVEY FORM**

Please complete the following survey and return to: Dee Ann Newell, Arkansas Voices for Children, Inc., 3700 Kavanaugh Boulevard, Little Rock, AR 72205. This survey will be used to compile information about the needs of relatives caring for other relatives' children in Arkansas. The results will allow us to design programs and services to better serve you as you care for your relative's children, but also to gather support for more assistance from our lawmakers and policy decision makers. This survey is anonymous, but if you would like to identify yourself so that you can help more directly in fostering support, or for follow-up studies, you may give us your contact information at the end of this survey.

City where you live. \_\_\_\_\_ County where you live. \_\_\_\_\_

Your age \_\_\_\_\_ Male ☐ Female ☐ Marital Status? Single Married Divorce (Please circle)

Do you own or rent your home, apartment? Own? Yes ☐ No ☐ Rent? Yes ☐ No ☐

Number and ages of children in your home. \_\_\_\_\_

Number of children staying with you that are a relative's children. Give their ages.

\_\_\_\_\_

What is your relationship with these other children? Grandparent ☐ Aunt/Uncle ☐ Other Relative? ☐

Close friend? ☐ How many other adults live in your home? \_\_\_\_\_

Please give the ages and relation of these adults \_\_\_\_\_

\_\_\_\_\_

Where is the mother of the children you are caring for? \_\_\_\_\_

Where is the father of the children you are caring for? \_\_\_\_\_

How long ago did you or the children see their parents? Mother? ☐ Father? ☐

How often do the parents see their children? \_\_\_\_\_

Do the parents assist with any of the financial needs for the children, excluding child support?

Yes\_\_ No\_\_

If Yes, how is this support provided? (Remember, none of this information will be provided to any one else.) \_\_\_\_\_

[Type text]



## Appendix 9: Consent, Statement to Participate, and Resiliency Scale

(For Youth 16-21 years of age and Adults over 21 years of age)

This consent form applies to: Name: \_\_\_\_\_ Age: \_\_\_\_\_

The following information is provided to inform you about the evaluation of the parenting program and your participation in it. Please read this form carefully. Please feel free to ask any questions you may have about this study and the information given below. You will be given an opportunity to ask questions, and your questions will be answered. You will be given a copy of this consent form.

**1. Purpose of the study.** This study is being conducted by the staff/volunteers of the non-profit organization, Arkansas Voices for the Children Left Behind. Its purpose is to determine the effectiveness of the kinship caregiver services.

**2. Description of the procedures to be followed and approximate duration of the study.** Participants in the program will be asked to complete measures about beliefs about adult and child health, parenting concerns, well-being of children, household income, and access to public benefits and how one sees him/herself and a questionnaire about yourself and your children. These measures will be offered at the beginning of the program and after the participant has participated in the program for up to 6 months or longer. No identifying information will be given to the Department of Human Services, Workforce or any other state agency. Participants will not be identified by name in any written report about the study. All responses are confidential. The measures used and any other information obtained will be kept in a secure location. Participation or non-participation in the study will not affect your status in any way.

**3. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study.** There are no risks associated with this project. It is not anticipated that any discomforts or inconveniences will result from the completion of the measures.

**4. Anticipated benefits resulting from this study.**

A. Potential benefits to you from participating in the study. There are no benefits to you for participating in this study other than you are given an opportunity to participate in the evaluation.

B. Potential benefits to science and humanity that may result from this study. This study will provide information to help us better understand the effects of our support groups and services on those who participate. This information will help us improve our classes and may help other organizations in the development of services for kinship caregivers and their children.

**5. Alternative procedures.** There are no alternative procedures to the completion of the measures.

**6. Contact information.** If you have any questions about this study, you can contact the person below:  
Dee Ann Newell, M.A. 1818 North Taylor, St. #140 Little Rock, AR 72207, 501-366-3647 Phone, FAX 501-666-2339, [deeann@arkansasvoices.org](mailto:deeann@arkansasvoices.org)

[Type text]

**7. Your rights as a volunteer.** Your participation in this study is completely voluntary. You may choose not to participate. You are free to withdraw from this study at any time with no penalty to you. The results of the measures will be available only to the above named person. If the results of this study are published, neither your name, nor any information that could be used to identify you, will be included.

## STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS EVALUATION

Please check both boxes, sign, and write in today's date.

☐ I have read this consent form. All my questions have been answered, and I freely and voluntarily choose to participate in the evaluation. I understand that I may withdraw at any time.

☐ The information contained in this consent form has been adequately explained to me. All my questions have been answered and I freely and voluntarily choose to participate.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Consent obtained by (signature): \_\_\_\_\_

Print name and title: \_\_\_\_\_

## Resiliency Scale

Please answer the following questions:

1. I am able to overcome difficulties or traumatic events quickly and move on with my life.

☐ Strongly agree ☐ Somewhat agree ☐ Agree ☐ Somewhat disagree ☐ Strongly disagree

2. I do not allow obstacles to keep me from accomplishing what I want to do.

☐ Strongly agree ☐ Somewhat agree ☐ Agree ☐ Somewhat disagree ☐ Strongly disagree

3. I am able to successfully deal with situations that life hands me

☐ Strongly agree ☐ Somewhat agree ☐ Agree ☐ Somewhat disagree ☐ Strongly disagree

4. I bounce back from failures quickly and continue until I am successful

☐ Strongly agree ☐ Somewhat agree ☐ Agree ☐ Somewhat disagree ☐ Strongly disagree

5. I can endure a lot of setbacks and still try to succeed in life

☐ Strongly agree ☐ Somewhat agree ☐ Agree ☐ Somewhat disagree ☐ Strongly disagree

[Type text]

### Attachment 10: Rosenberg Self-Esteem Scale

Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

Date: \_\_\_\_\_

Please record the appropriate answer for each item, depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

1 = Strongly agree

2 = Agree

3 = Disagree

4 = Strongly disagree

1. \_\_\_\_ On the whole, I am satisfied with myself.
2. \_\_\_\_ At times I am no good at all.
3. \_\_\_\_ I feel that I have a number of good qualities.
4. \_\_\_\_ I am able to do things as well as most other people.
5. \_\_\_\_ I feel I do not have much to be proud of.
6. \_\_\_\_ I certainly feel useless at times.
7. \_\_\_\_ I feel that I am a person of worth.
8. \_\_\_\_ I wish I could have more respect for myself.
9. \_\_\_\_ All in all, I am inclined to think that I am a failure.
10. \_\_\_\_ I take a positive attitude towards myself.

## Attachment 11: Family Empowerment Scale

Adapted for use with Relative Caregivers of Children by D.A. Newell, Arkansas Voices for Services to Grandparent and Other Relatives Raising Grandchildren Survey, 1997.

Pre: \_\_\_\_\_ Post: \_\_\_\_\_ Date: \_\_\_\_\_

	Not True At All	Occasionally True	Somewhat True	True	Very True
1. I feel that I have a right to be informed of all services available and approve of all services my child receives.	1	2	3	4	5
2. When problems arise with my child, I handle them pretty well.	1	2	3	4	5
3. I feel I can have a part in improving services for children in my community in similar circumstances.	1	2	3	4	5
4. I feel confident in my ability to help my child grow and develop.	1	2	3	4	5
5. I know the steps to take when I am concerned my child is receiving poor services.	1	2	3	4	5
6. I make sure that professionals understand my opinions about my child's needs.	1	2	3	4	5
7. I know what to do when problems arise with my child.	1	2	3	4	5
8. I feel my family life is under better control.	1	2	3	4	5
9. I understand how the public assistance system is organized.	1	2	3	4	5
10. I am able to make good decisions about what services my child needs.	1	2	3	4	5

[Type text]

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	Not True At all	Occasionally True	Somewhat True	True	Very True
11. I am able to work with agencies and professionals to decide what services my child needs.	1	2	3	4	5
12. I make sure I stay in regular contact with professionals who are supportive of my child's needs.	1	2	3	4	5
13. I am able to get information to help me better understand my child, and answer his/her questions.	1	2	3	4	5
14. I believe that parents, other relative caregivers, and I can have an influence on services for children.	1	2	3	4	5
15. I tell professionals what I think about services being provided to my child.	1	2	3	4	5
16. I believe I can solve problems with my child when they happen.	1	2	3	4	5
17. I know what services my child needs.	1	2	3	4	5
18. I know what the rights of parents, relative caregivers, and children are under state laws.	1	2	3	4	5
19. I feel that my knowledge and experience as a relative caregiver can be used to improve services for children and families.	1	2	3	4	5
20. When I need help with problems in my family, I am able to ask for help from others.	1	2	3	4	5

[Type text]

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	Not True At All	Occasionally True	Somewhat True	True	Very True
21. I make efforts to learn new ways to help my child grow and develop.	1	2	3	4	5
22. When necessary, I look for services for my child and family	1	2	3	4	5
23. When dealing with my child, I focus on the good things as well as the problems.	1	2	3	4	5
24. When faced with a problem involving my child, I decide what to do and then do it.	1	2	3	4	5
25. I have a good understanding of my child's health and development.	1	2	3	4	5
26. I feel I am a good relative caregiver to my child.	1	2	3	4	5
27. I understand how to access community services for my child.	1	2	3	4	5

Program Identification # \_\_\_\_\_

[Type text]

## Attachment 12: Support, Health, Caregiver-parent Relationships

Adapted from Duke Social Support Scale (from Blazer, D.G., George L.K., Landerman, R. (1985). Psychiatric disorders: A rural/urban comparison: *Archives of General Psychiatry*. 42:651-65.

Complete within 30-60 days of enrollment and then at 6 month intervals.

### Caregiver Information

Age \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

Baseline ☐ yes ☐ no Follow-up #1 2 3 4 5 6

### HOW ARE YOU DOING FINANCIALLY?

1. In the past 6 months, how well did the amount of money you and your family had take care of your needs?

- |             |   |
|-------------|---|
| Very well   | 1 |
| Fairly well | 2 |
| Poorly      | 3 |
| Very poorly | 4 |

2. In the past 6 months, was meeting your expenses:

- |                              |   |
|------------------------------|---|
| No problem at all            | 1 |
| An occasional problem        | 2 |
| A problem almost every month | 3 |

3. On average, in the past 6 months what monthly income did you and your family have?

Source of Income	You	Other Adults	Children
a. Earned Income			
b. Unemployment			
c. Worker's Comp			
d. Supplemental Security (SSI)			
e. Social Security Disability (SSDI)			
f. Other Social Security Benefits (SSA)			
g. Retirement other than SSI (i.e. military, railroad)			
h. TANF			
i. Child Support			
j. Food stamps			
k. Foster Care payments			
l. Total (leave blank and we will total this for you)			

4. Average total monthly income (leave blank and we will total this for you)

[Type text]

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m. Do the children receive free school lunches?

No .0  
Yes .1

n. Do you live in public housing or receive Section 8 housing?

No .0  
Yes .1

5. How many people, on average, lived in your household in the past 6 months?

# children under age 18.

# adults

6. Do you have enough financial resources to meet emergencies?

No .0  
Yes .1

7. In the last 6 months, did you generally have enough money to cover:

	Always	Sometimes	Almost
a. food	1	2	3
b. clothing	1	2	3
c. housing	1	2	3
d. medicines	1	2	3
e. doctor visits	1	2	3
f. utilities like lights, water, gas	1	2	3
g. telephone	1	2	3
h. child care	1	2	3
i. transportation	1	2	3
j. money for school supplies	1	2	3
k. money for school activities like field trips	1	2	3

8. Thinking about the past six months, how did you feel about the total amount of money you had?

Delighted	Pleased	Satisfied	Mixed	Dissatisfied	Unhappy	Terrible
1	2	3	4	5	6	7

9. How did you feel about how comfortable you were financially?

Delighted	Pleased	Satisfied	Mixed	Dissatisfied	Unhappy	Terrible
1	2	3	4	5	6	7

10. How did you feel about the amount of money you had to spend for fun?

[Type text]



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Delighted	Pleased	Satisfied	Mixed	Dissatisfied	Unhappy	Terrible
1	2	3	4	5	6	7

1.. Are you able to get the medication you need for your asthma?

Always 0

Sometimes 1

Hardly ever 2

2. Do you have diabetes or high blood sugar?

No 0

Yes 1

If yes, does it interfere with your activities?

Not at all 0

A little 1

A lot 2

Are you able to get the medication you need for your diabetes?

Always 0

Sometimes 1

Hardly ever 2

3. Do you have heart trouble?

No 0

Yes 1

If yes, does it interfere with your activities?

Not at all 0

A little 1

A lot 2

Are you able to get the medication you need for heart problems?

Always 0

Sometimes 1

Hardly ever 2

4. Do you have arthritis or rheumatism?

No 0

Yes 1

If yes, does it interfere with your activities?

Not at all 0

A little 1

A lot 2

[Type text]

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Are you able to get the medication you need for this problem?

Always 0

Sometimes 1

Hardly ever 2

1. Have you ever had a stroke?

No 0

Yes 1

If yes, does it interfere with your activities?

Not at all 0

A little 1

A lot 2

Are you able to get the medication you need for this problem?

Always 0

Sometimes 1

Hardly ever 2

2. Have you ever been diagnosed with cancer?

No 0

Yes 1

If yes, does it interfere with your activities?

Not at all 0

A little 1

A lot 2

Are you able to get the medication you need for this problem?

Always 0

Sometimes 1

Hardly ever 2

3. Have you ever been diagnosed with emphysema, chronic bronchitis, or brown lung?

No 0

Yes 1

If yes, does it interfere with your activities?

Not at all 0

A little 1

A lot 2

Are you able to get the medication you need for this problem?

Always 0

Sometimes 1

Hardly ever 2

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4. Do you have ulcers of the digestive system?

No 0

Yes 1

If yes, does it interfere with your activities?

Not at all 0

A little 1

A lot 2

Are you able to get the medication you need for this problem?

Always 0

Sometimes 1

Hardly ever 2

**Attachment 13: Evaluation Data/Dosage Chart**

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ SITE REPORTING \_\_\_\_\_

REPORTED BY: \_\_\_\_\_

Grandparent Demonstration Project

Percentage of Participant Families per Service Category

Dosage Chart: Percentages of Family Participation per Services

Support Groups	Family Stability/ Family Strengthen/ Family Preservation Activities N= %=	Literacy, Education, Academic Tutoring; Academic Enrichment N= %=	After School Enrichment/ Physical Fitness N= %=	Therapeutic Healing Activities and Support N= &=	Respite Care N= %=	Legal N= %=	Emergency Help N= %=	Child Care N= %=
<input type="checkbox"/> %	%	%	%	%	%	%	%	%

[Type text]

## Appendix 14: Project Codes

### Direct Services

Initial	Activity
010	Enrollment of grandparent heads of household
011	Enrollment of children living in the household
012	Intake forms completion
013	Review of services
014	Initial selection of services
015	Family goals
016	Release of information forms – confidentiality/consent forms completed
017	Resource needs assessment
018	Referrals/self-referral
0219	Case management implementations (where needed) and telephone services
020	Other

### Family Strengthening Services

Initial	Activity
021	Family stabilization and strengthening services (support and parenting groups, family outings)
022	Literacy, tutoring, educational services for grandparents
023	Literacy, tutoring, education services for child
024	After-school enrichment and physical fitness activities for child
025	Therapeutic healing activities (art, support groups, mental health counseling) for child or grandparent
026	Respite care and weekend camps for children and caregivers
027	Legal education for grandparents and children
028	Legal services for grandparents
029	Emergency purchases for rent, utilities, or other purchases
030	Other

### Administrative Codes

Initial	Activity
031	Staff trainings
032	Administrative meetings
033	Administrative tasks to include accounts payable, receivable, personnel checks, time sheet reviews, invoicing, meetings between project director, compliance/data/evaluator, bookkeeper, accountants
034	Communication between administrators and direct service staff
035	Participant data collection, compilation and analysis
036	Writing of needed reports
037	Resource compilation for regions and statewide
038	Administrator/compliance/data/evaluator/attorney communication
039	Other

## Appendix 15: Job Descriptions

**Position Title:** Arkansas Division of Workforce Services (DWS) Project Director of Family Matters Kinship Caregiver Program

**NOTE:** Travel and use of own car required with reimbursements for approved job travels; a personal cell phone is required and will be reimbursed at \$20/month.

**Supervises:** Site Coordinators and/or Assistant Site Coordinators in regions of the state covered by the DWS funding.

**Reports to:** Executive Director (ED) and Board of Arkansas Voices; this oversight will include site visits from the ED and the board, along with the fiscal management team.

**Hours:** 8:30-5 weekdays; flex time for visits to the other sites to monitor support groups for caregivers and children and/or meet with staff, with meetings often held at night once per month. Arrange and facilitate quarterly meetings of all staff in Little Rock.

### **Nature and Scope**

The *Family Matters* Grandparent Demonstration Project of Arkansas Voices is a family strengthening and family stabilization service for grandparent or relative caregivers who are receiving TEA-child only benefits for the grandchildren in their care, and their family member's children, as identified by the Division of County Operation of Arkansas DHS and Work Force Services. This program provides monthly support groups and home visiting services for both the relative caregivers and the children in their care. We serve children 0-18 years with an array of services that other evidence-based programs have demonstrated as effective in achieving family stability.

**Qualifications:** To perform this job successfully, an individual must be able to perform each duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

**Specific Responsibilities:** To oversee the Grandparent Project sites, insuring that caregivers are contacted, enrolled, services provided or brokered are approved by the Project Director; screenings, assessments are carried out; collects timesheets; oversees expenditures, mileage for staff and families, monthly planning meetings with site coordinators; coordinates the services to assure quality and standardization of services available at each site; monitors each site with visits to the support groups, interaction with clients, troubleshooting where needed.

**Education:** Master's degree or two years of post-graduate work; or Bachelor's Degree in the social sciences or relevant trans-disciplinary fields with 5 years or more of experience as a trainer, program manager, project manager, and/or principal investigator.

**Language Skills:** Ability to read, analyze and interpret professional journals, technical procedures or governmental regulations; Ability to write reports, business correspondence and procedure manuals;

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Ability to effectively present information and respond to questions from groups of managers, clients, customers and the general public.

**Mathematical Skills:** Ability to work with mathematical concepts such as probability and statistical inference; ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

**Reasoning Ability:** Ability to define problems, collect data, establish facts and draw valid conclusions; Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

**Physical Demands:** While performing the essential duties of this job, an employee is regularly required to sit and talk or hear. The employee is occasionally required to stand and walk, travel in a car around the state. The employee must occasionally lift and/or move up to 15 pounds. Reasonable accommodations maybe made to enable individuals with disabilities to perform the essential functions.

**Technological Skills:** Ability to use a computer for written purposes, access web information, internet skills to include emailing and other communication/information gathering purposes. Specific skills in excel and spreadsheets are preferred, with some fiscal management abilities. Will be writing monthly reports based on reports received from all site, to be provided for the board meetings.

**Work Environment:** The work environment of this position is one an employee encounters while performing the essential functions of this job. Reasonable accommodations are made for individuals with disabilities to perform essential functions. While performing this job, the employee is occasionally exposed to outside weather conditions. The noise level of the work environment is usually moderate.

**Training Requirements:** The Project Director/Site Coordinator will attend all required trainings by the Board and ED. In some instances the Project Director will then train the other Site Coordinators. Training in the Policy Handbook for all employees of Arkansas Voices will be ongoing to insure adherence to the standards and practices of the organization.

**Performance Evaluations:** The Project Director will complete Performance Evaluations of each individual under the Project Director's supervision. The ED will complete the Project Director Performance Evaluation.

**Grant Nature of the Position:** The Project Director will be responsible for insuring that each staff member understands that the position is solely grant-funded and the grant last for a period of one-year. There is no assurance that there will additional funding beyond the one-year period.

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**Position:** Site Coordinator

**NOTE:** Travel and use of own car required with reimbursements for approved job travels; a personal cell phone is required and will be reimbursed at \$20/month.

**Reports to:** Project Director

**Supervises:** Volunteers

**Hours:** 40 hours per week, including the 1x per month support meetings for adults and children (held in the evenings)

**Qualifications:** To perform this job successfully, an individual must be able to perform each duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

**Education:** College Degree in social sciences or relevant interdisciplinary field, or, 2 or more years of college, plus 5 years' experience in a supervisory role of managing other workers

**Language Skills:** Ability to read at a 6<sup>th</sup> grade level or better; ability to write simple correspondence; ability to complete a standardized report using a form; ability to effectively present information and respond to questions from groups of clients, customers and the general public.

**Mathematical Skills:** Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.

**Reasoning Ability:** Ability to define problems, understand oral and written facts and draw valid conclusions; Ability to follow instructions and deal with several abstract and concrete variables.

**Physical Demands:** While performing the essential duties of this job, an employee is regularly required to sit and talk or hear. The employee is occasionally required to stand and walk, travel in a car around the state. The employee must occasionally lift and/or move up to 15 pounds. Reasonable accommodations maybe made to enable individuals with disabilities to perform the essential functions.

**Technological Skills:** Ability to use a computer for written purposes, access web information, internet skills to include emailing and other communication/information gathering purposes.

**Work Environment:** The work environment of this position is one an employee encounters while performing the essential functions of this job. Reasonable accommodations are made for individuals with disabilities to perform essential functions. While performing this job, the employee is occasionally exposed to outside weather conditions. The noise level of the work environment is usually moderate.

[Type text]



# HEALTH CARE ISSUES OF FORMERLY INCARCERATED PARENTS, GRANDPARENT AND RELATIVE CAREGIVERS OF CHILDREN OF INCARCERATED PARENTS, AND THE CHILDREN OF INCARCERATED PARENTS

## WHAT Families AND Healthcare Providers Need to Know

Understanding Health Issues of Families of Incarcerated Parents, the Children, and their Grandparents or Relative Caregivers.

*A Health Literacy Pamphlet for Family Members and Healthcare Providers*

Funded by Blue and You of Arkansas

Thank you, Blue Cross and Blue Shield!



Produced by Arkansas Voices for the Children Left Behind, a not-for-profit, statewide organization.

*Since 1994, our mission is the seeking of justice for children of the incarcerated, including racial, economic, educational, family, social, and health justice for the children and their families.*

Contact us for more information or training at 501-366-3647 or 1-866-9-VOICES

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

When a family with an incarcerated parent begins to prepare for the parent to return home from jail or prison to their families, there are many things to think about. If you are the parent, your thoughts are about getting a job, gaining identification, clothing, and housing, transportation, meeting parole obligations, and reconnecting with your children. If you are the child, you think often about reconnecting with your parent, wondering how they will

[Type text]

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act. If you are the other parent or a relative caregiver, you worry about the long-term relationship between the child and their parent and the impact of the returning parent to the family. These thoughts are often accompanied with a range of emotions, including excitement, anxiety, fear, wonderful fantasies about how much better life will be. These are common thoughts and feelings for each family member, the person returning from incarceration, their children, and the caregiver.

Health literacy is an emerging field to help those potentially affected to have more understanding of health-related issues, with the ultimate goal of prevention and early intervention, where appropriate, and to inform health care providers of some of the physical and mental health issues facing these family members, and the stigma endured that makes identification and treatment often difficult.

With the author of this pamphlet having 25 years of experience in witnessing the return of a parent to the life of their children, the responses by the custodial parent or the relative caregiver, there seems to be a need for health literacy information related to the physical and mental health issues of each of these family members who have endured the impact of incarceration.

Here is a common and important example: When a detained person comes home, there is a critical period of transition that has far-reaching impact-maintaining sobriety and the recovery of the homecoming parent. The need for continuity of care from prison or jail to the family and the community is important. If there is a history of addiction or mental illness, stabilized while the family member was incarcerated, these services and supports need to continue after release. And the children and other family members need to be a part of this care, as the relapse of the parent will have an unhealthy and serious impact on all family members, including the possibility of the parent returning to prison.

Relapse prevention education (RPE) can play an important role in sustaining the parent's freedom from addiction, along with helping the children and the caregiver understand their role in supporting the parent's health. Planning for a possible relapse needs to include all family members, with the understanding that addiction is an illness, and a relapse can be an important learning experience for recovery for the parent and the family members. Families need to agree to the actions to be taken if this happens. For example, will there be treatment available without the consequence of returning to prison? The parole officer can answer this. Will the family have a consequence for the parent if the relapse occurs, such as having to move out if treatment and meetings are not happening? In fact, it is useful to write down the actions that are agreed to so there is no argument about what was said.

### **Understanding the health and mental health issues of a [returning parent from prison or jail](#):**

- **Hepatitis C and Hepatitis B carriers of these viruses pass through our jails and prisons (more than 18%)**
- **HIV afflicts prisoners at a rate of 8 %**
- **One-third of our individuals who are incarcerated have active tuberculosis (TB)**
- **One in five of our incarcerated individuals are seriously mentally ill, more than we have housed in our state mental hospitals**
- **68% of our individuals detained in jails report symptoms that indicate substance dependence or abuse**
- **The suicide rate for formerly incarcerated people is highest during the first thirty days of post-release, indicating depression and hopelessness; overdoses are also common and may actually be suicides that appear as overdoses.**

***REALITY: Too commonly, the needed services and supports for parents who are addicted or seriously mentally ill are unavailable in their community.***

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**Understanding the health and mental health issues of [a child or youth with an incarcerated or re-entering parent](#):**

- Some of these children suffer from clinical Depression, Anxiety, Post-Traumatic Stress Disorder during the incarceration of a parent
- There is an 11% higher rate of suicide among these children compared to other groups of at-risk children without an incarcerated parent found in on study
- Some of the children experience subclinical symptoms of internalizing, as found on the Child Behavior Check List, making them vulnerable to other mental health disorders if there is no support or intervention
- Both during and following a parent's incarceration, many of the children endure the stigma, shame and accompanying silence, impacting the degree of internalizing
- Bullying and teasing are reported by some of the children, and some evidence of this has been found in Arkansas Voices' support groups where fellow students have downloaded the photos of the parent from our ADC website and use these to taunt the children
- Sleep disorders, nightmares and night terrors, regressive behaviors, inability to pay attention, aggressive and anti-social behaviors emerge that have not been present prior to the incarceration, tearfulness, increasing fearfulness, developmental disruptions are present in some children of incarcerated or homecoming parents. When the parent returns, some children are anxious about whether the parent will go back, and may become very clingy and infantile
- The public health issues of the returning parent have potential impact on their children if the health issues are not treated in the parent, or the PCP/ pediatrician for the child is not informed, a common situation due to the shame and stigma experienced by the parent or caregiver

***REALITY: Too commonly, these children remain invisible and unacknowledged, resulting in the public and private health care systems having no understanding of the health risks of these children and family members.***

**Understanding the health and mental health issues of [the other parent or the relative caregiver of the children](#):**

Arkansas Voices conducted a statewide survey of custodial parents and relative caregivers of children of incarcerated parents concerning health and mental health issues, among other questions. We had 92% respondents from 67 of the 75 counties of the state of Arkansas. (Survey conducted in 2007 at the Arkansas Parent Educator's Network Conference that was followed by a mini-conference on kinship caregivers and providers). They ranged in age from 39 years to a great-grandmother of 92 years with 15 grand and great-grandchildren she was caring for.

**These are some of the survey results:**

- Two-thirds of the respondents lived at or below the 2007 Federal Poverty Level
- More than three-quarters of the caregivers reported coping with a chronic health problem that impaired their functioning, e.g., congestive heart failure, hypertension, COPD, Diabetes
- A majority of the caregiver respondents reported mental health concerns ranging from mild to serious and included chronic fatigue, sleep disorders, depression, anxiety, and trauma
- Only 12% reported having a high school diploma or GED
- 80% reported difficulties with managing their children's behavior, regarding the behavior problems as reactions to the other parent's incarceration, in the cases where the parent was known by the child to be incarcerated

***REALITY: Commonly, the custodial parents and relative caregivers are caught in the same cycle of stigma and shame as the children, with a fear of telling others about the incarcerated parent, with the same result: The***

*health care provider is uninformed and less likely to look for some of the physical and mental health issues that may be ongoing among all family members.*

#### **POSSIBLE SOLUTIONS**

Educational training within all health-related fields that are likely to encounter these families;

Broadening the state's public health care solutions for returning prisoners who are parents of minors, and include their family members as well;

Insure access to a continuity of care for the formerly incarcerated parents with addiction and/or mental illness, with supportive systems for the family members;

Craft Family Re-entry plans before release, including a family health care plan, as Arkansas Voices does, to insure that the health issues of all family members are well-conceived and services are identified;

Create a public awareness campaign to sensitize all citizens to these families and children, including state agencies, teachers, therapists, legislators, health professionals, and correction officials.

"State legislatures have a valuable role to play in bringing visibility to this problem, ensuring that programs get funded and implementing best practices that save money, lower recidivism rates and help protect public health and families." From a 2012 report on Prisoner Re-Entry and Health by National Conference of State Legislatures  
*2012 Report on Prisoner Re-entry and Health*

#### **Helpful Terms:**

Recidivism-going back to prison after release

Tuberculosis-an infection of the lungs often happening when people live closely together

HIV-a viral infection that attacks organs of the body and creates life-threatening conditions

Hepatitis B and C-viral infections that attack organs and can be easily spread if precautions are not taken

Major Depression-a mood disorder that makes the person unable to feel pleasure or to have normal energy; suicide can be the most serious result, if untreated

Major Anxiety-an illness with symptoms that can include constant worrying, fears, panic, and other disturbances that make a person unable to function well in society

#### **Where to go for help with health issues related to a parent's incarceration?**

For the returning adult, the Arkansas Health Department has resources to help those with physical illnesses. Find the number for your local health department and make an appointment. If there is a mental health issue, contact your community mental health agency, also look to your local health department to find the correct number.

For a child suffering from mental health or behavioral disturbances, talk to the child's doctor and ask for a referral to a specialist.

## Family Matters – A Program of Arkansas Voices for Children Left Behind

For a grandparent or relative caregiver, contact your physician or health department; make an appointment, bringing all medications to the appointment and a written list of your health worries, both for yourself and your family.

To create a Family Re-Entry Plan, a plan that includes engagement of health care providers in these issues, contact Arkansas Voices at `1-866-9-VOICES or 501-366-3647 or [deeannlr@yahoo.org](mailto:deeannlr@yahoo.org)