



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office of Family Assistance



Reentry and TANF: Supporting Mothers on Their Path to Independence

July 14, 2021



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office of Family Assistance



Welcome

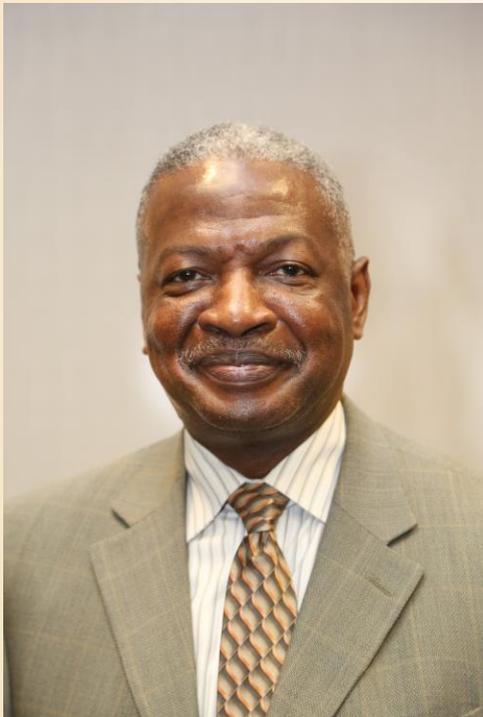
James Butler

Family Assistance Program Specialist

Office of Family Assistance

Administration for Children and
Families

(Moderator)

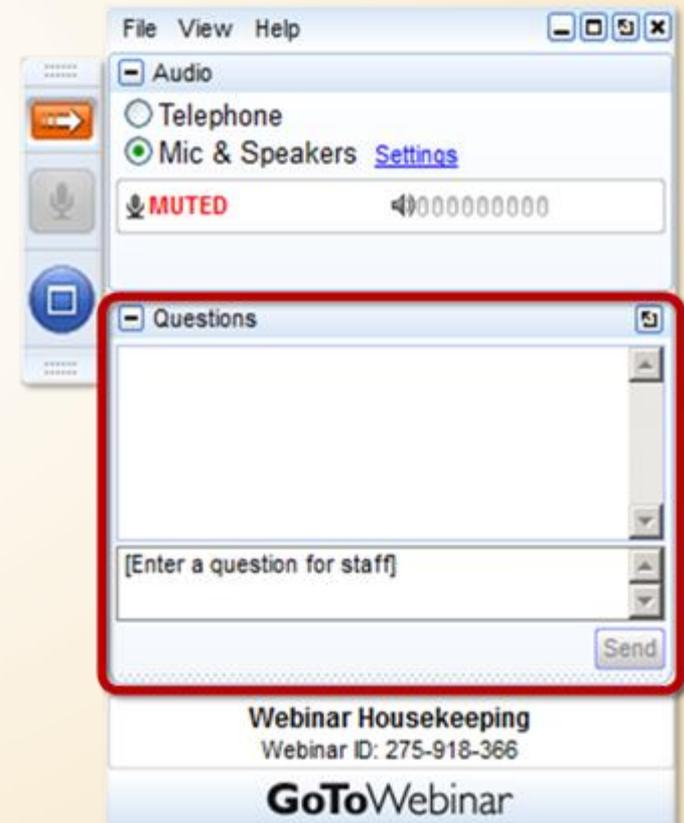




Using GoToWebinar

Participation

Please submit your questions and comments using the Questions panel on the right-hand side of your screen while phones are muted.





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OFA Peer TA
Strengthening Self-sufficiency Pathways

Facilitator

**Jessica R. Kendall,
Project Director, ICF**





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Webinar Overview

Today's webinar will include three elements:

- Individual presentations from our speakers.
- Polling questions with the audience.
- Audience Q&A.



Presenters

Today's webinar features four speakers:

- Ann Adalist-Estrin, Director, National Resource Center on Children and Families of the Incarcerated, Rutgers University, Camden New Jersey
- Jennifer Robinson, Deputy Commissioner, Temporary Assistance, Onondaga County (New York), Department of Social Services-Economic Security
- Monika Madaras, Assistant Administrator, Reach Up [TANF] Economic Services Division, Vermont Department for Children and Families
- Heather Newcomb, Women's Program Manager, Vermont Works for Women



Polling Question #1

What are the biggest challenges facing reentering mothers? (Check all that apply)

- A. Securing employment
- B. Securing housing
- C. Reunifying with their children
- D. Navigating program requirements
- E. Other, please specify:



The Impact of Incarceration and Reentry on Children

Ann Adalist-Estrin, M.S.

Director,

National Resource Center on Children and Families of the Incarcerated

Rutgers University Camden



RUTGERS
CAMDEN

WHAT WE BRING TO THE DISCUSSION

“Knowing yourself is the beginning of all wisdom.” -- Aristotle



- Knowing and understanding yourself is necessary for effective practice
- Which life and work experiences color and shade your thoughts, feelings and opinions and discretionary decisions?

Source: Adalist-Estrin, A. (2018). *Responding to the Needs of Children and Families of the Incarcerated: 12 Guiding Principles*. In L. Gordon (Ed.), *Contemporary Research and Analysis on the Children of Prisoners: Invisible Children* (pp. 100-115). Newcastle upon Tyne, UK: Cambridge Scholars Press.

What do you see and who do you identify with?



What We Know

- Over 2,019,900 women are incarcerated in the U.S. An estimated 80% are mothers.
- Of these mothers, 77% stated that they provided most of the daily care for their children before incarceration.
- Most are also the primary caretakers of their children, meaning that maternal incarceration tears their children away from a vital source of financial and emotional support.
- An estimated 58,000 women per year are pregnant when they enter local jails or prisons.

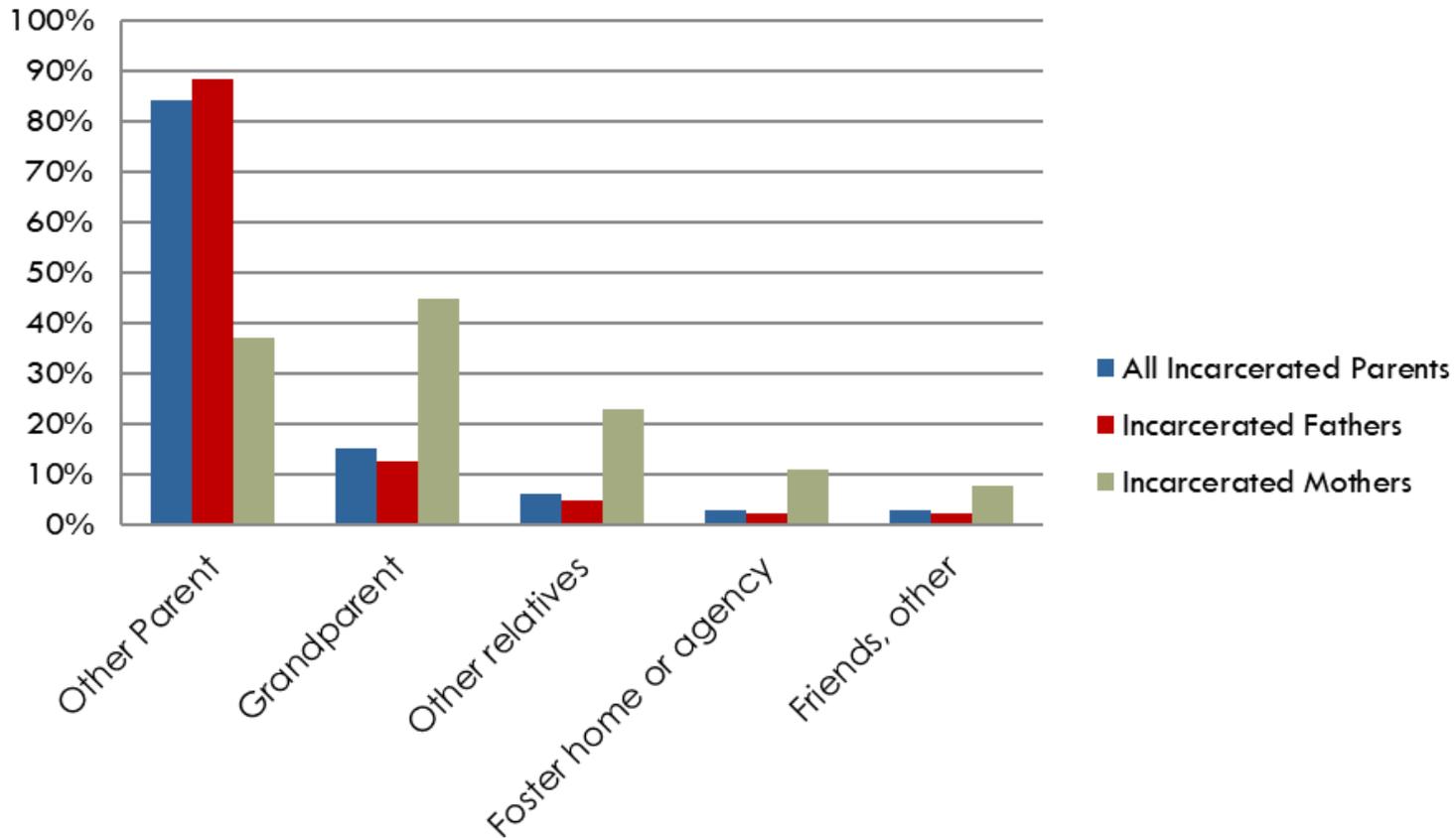
Holly Ventura Miller, Ph.D., "Female Reentry and Gender-Responsive Programming," May 19, 2021, [nij.ojp.gov](https://nij.ojp.gov/topics/articles/female-reentry-and-gender-responsive-programming):
<https://nij.ojp.gov/topics/articles/female-reentry-and-gender-responsive-programming>

The logo for the Prison Policy Initiative is displayed in white text on a black background. The word "PRISON" is in a large, bold, sans-serif font, with vertical lines separating the letters. Below it, the words "POLICY INITIATIVE" are in a smaller, bold, sans-serif font, also with vertical lines separating the letters.

<https://www.prisonpolicy.org/reports/pie2019women.html>

What We Know

Who are the Caregivers During Parental Incarceration?



Source: Glaze, L. (2010). Correctional populations in the United States, 2009 (NCJ No. 231681). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

What We Know

Children are more likely to be living with Mom prior to incarceration AND more likely to be living in multigenerational households.

There is a heightened chance that fathers are also, or have been, incarcerated.

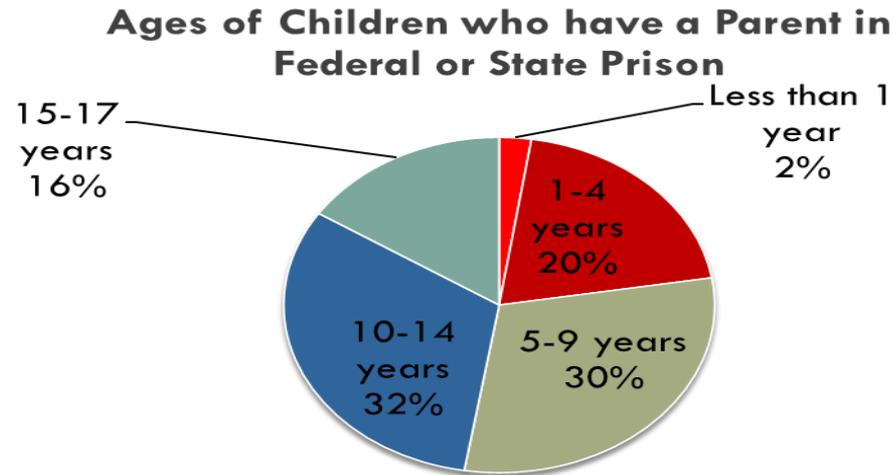
Maternal distress for incarcerated mothers is linked to decrease in parental identity, lowered parenting competence and self-motivated estrangement post release.

Arditti, J. (2012). *Parental Incarceration and the Family: Psychological and Social Effects of Imprisonment on Children, Parents, and Caregivers*. New York; London: NYU Press.



What We Know

Over 50% of children who have an incarcerated parent are age 9 or younger

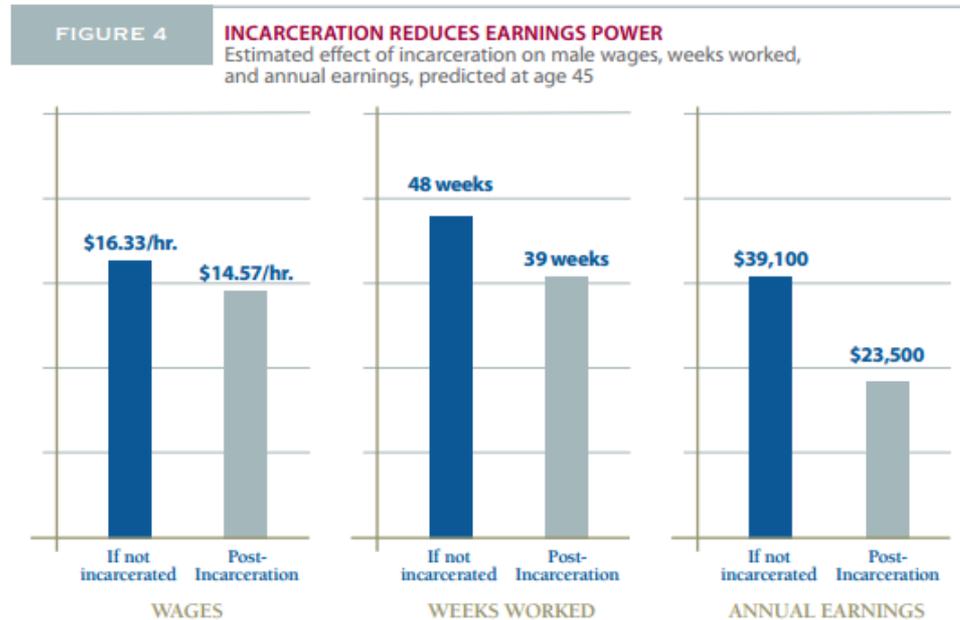


Source: The Annie E. Casey Foundation. (2016). A SHARED SENTENCE the devastating toll of parental incarceration on kids, families and communities. Baltimore, MD: Policy Report: Kids Count.

What We Know

Economic Strain

- More than half of incarcerated parents provided the primary financial support for their families at the time of their arrest.
- Families are more likely to receive public assistance when absent a parent.
- The costs of transportation or phone calls to maintain contact with an incarcerated individual are frequently cited as an additional financial burden.
- One study found that family income levels during years of incarceration drop by more than 25% from the year before incarceration.



Source: Original analysis for The Pew Charitable Trusts by Bruce Western and Becky Pettit, 2009.

Western, Bruce and Becky Pettit. "Collateral Costs: Incarceration's Effect on Economic Mobility." The Pew Charitable Trusts, 2010.

WHAT WE KNOW

- Given the key economic and emotional role that women play in families may mean that the removal of mothers from households may be especially deleterious for chronic strains in family life, creating rifts in romantic relationships, making co-parenting especially difficult, and severely increasing material hardship in families
- Indeed, some research finds that maternal incarceration, compared to paternal incarceration, disproportionately leads to severe child stressors such as foster care placement.

The Collateral Consequences of Incarceration...the Effects on Caregivers of Children of Incarcerated Parents”
(Turanovic, Rodriguez and Pratt (2012)

What We Know

- 2% of incarcerated fathers and 8-10% of mothers have children in foster care (these data do not include at least some persons in prison with children in kinship foster care placements)
- About 15-20% of children entering the child welfare system have an incarcerated parent
- Incarcerated parents lose their parental rights at a disproportionate rate due to the Adoption and Safe Families Act (ASFA), which set strict timelines for initiating Termination of Parental Rights.
Source: Berger, L.M.et.al. Families at the Intersection of the Criminal Justice and Child Protective Services Systems. In Tough On Crime Tough On Families. Annals of the American Academy of Political and Social Science. Volume 665, Issue 1, May 2016
- One study using nationally representative data estimates that the rate of children in foster care who have experienced both foster care and parental incarceration in their lifetime is around 40%.

Source:Turney, K., & Wildeman, C. (2017). Adverse childhood experiences among children placed in and adopted from foster care: Evidence from a national representative survey. Child Abuse & Neglect, 64, 117–129.

Children with Incarcerated Parents (CWIP) in Child Welfare

Direct:

- As a result of abuse or neglect prior to the parent's incarceration
This is roughly 3% of all CWIP in Child Welfare
- As a direct result of the primary caregiving parent's arrest with no prior abuse or neglect
This is roughly 7% of all CWIP in Child Welfare

Indirect:

- Reduction of stability - economic; social support
- Parenting/child - care stress for caregiver

Concerns:

- Differential levels of surveillance, monitoring, policing and reporting for low - income families of color
- *Use of CJ involvement as marker for abuse/neglect substantiation*

What We Know: The Impact on Children

Adverse Childhood Experiences

Growing up experiencing any of the following conditions in the household prior to age 18 increases negative health outcomes across the lifespan.

- Recurrent physical or emotional abuse or neglect
- Sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents

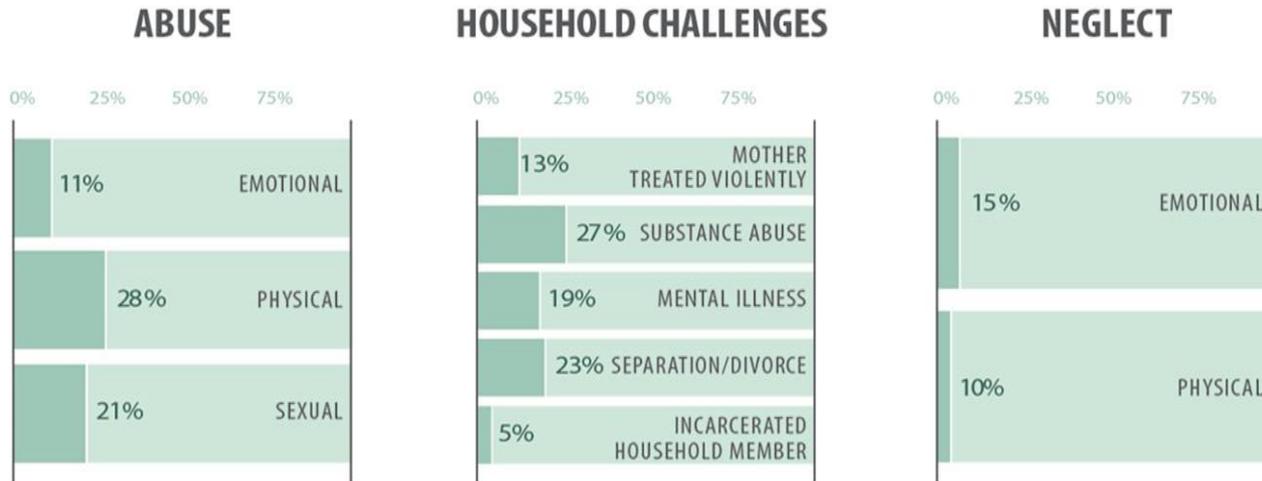
Source: Felitti V., Anda R., Nordenberg D, Williamson D., Spitz A., Edwards V, Koss M., Marks J.(1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. American Journal of Preventive Medicine; 14:245–258.

Re-Framing the ACES

https://vetoviolence.cdc.gov/apps/phl/images/ACE_Accessible.pdf

TYPES of ACES

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.



Why ACES matter

Trauma: Impact on brain development related to cortisol regulation

- Impulse Control-inability to stop oneself
- Cause and Effect- limited capacity to anticipate consequences
- Predictability-lack of social “cueing”
- Emotional Regulation – extreme difficulty delaying gratification
- Reciprocal Engagement-inability to tolerate conflict with or in others

Trauma causes or exacerbates depression, anxiety and other mental health diagnoses.

These behaviors lead to poor school performance & increased drop out rates.

Attachment disruption trauma can lead to gang involvement & early pregnancies.

Self medicating in the wake of trauma and toxic stress leads to drug use, abuse and addiction.

Source:De Bellis MD, Zisk A. The Biological Effects of Childhood Trauma. Child and adolescent psychiatric clinics of North America. 2014;23(2):185-222. doi:10.1016/j.chc.2014.01.002



Toxic Stress as Trauma

Parental incarceration causes toxic stress by sending families deeper into poverty and isolation.

Scientists now know that chronic, unrelenting stress in early childhood, caused by abrupt separation from caregivers, extreme poverty, or parental depression and isolation, for example, can be toxic to the developing brain in the same way as repeated abuse and witnessing violence changes brain architecture.

Parental incarceration typically increases the distress of poverty and isolation.

Center on the Developing Child, Harvard University, *In Brief: The Science of Early Childhood Development*. NGA. Center for Best Practices, National Conference of State Legislatures, and Center on the Developing Child, Harvard University, 2008, www.developingchild.harvard.edu.

Alternative and Additional Aces: Secondary Effects of Parental Incarceration Trauma

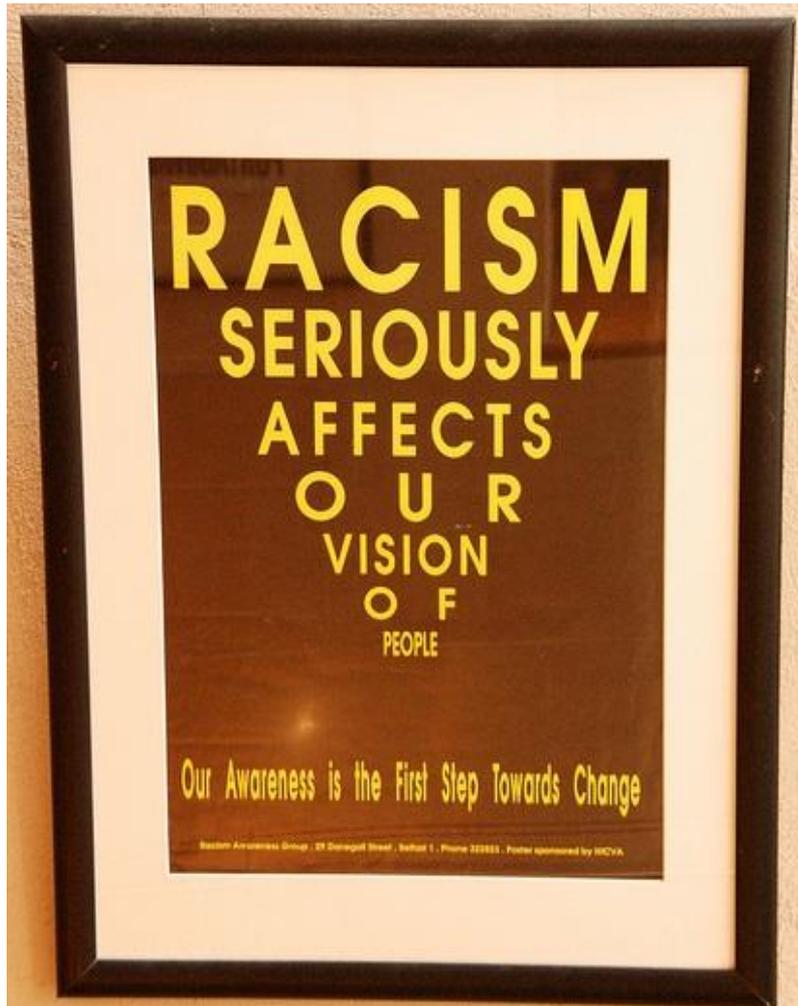


Annual Report of the Director of Public Health, 2018. Adverse Childhood Experiences, Resilience and Trauma Informed Care: A Public Health Approach to Understanding and Responding to Adversity. National Health Service Highland, Scotland.

Smith M. Capability and adversity: reframing the “causes of the causes” for mental health. *Nature* 2018; 4:13. Available from: <http://dx.doi.org/10.1057/s41599-018-0066-z>

The Trauma of Racism

Remember-70% of children with incarcerated parents are children of color.



- Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families. The evidence to support the continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and interpersonal relationships is clear.
- The biological mechanism that emerges from the chronic stress (associated with racism) leads to increased and prolonged levels of exposure to stress hormones and oxidative stress at the cellular level.”

Source: Trent, M. Dooley, D. & Dougé, J. The Impact of Racism on Child and Adolescent Health. SECTION ON ADOLESCENT HEALTH, COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON ADOLESCENCE
Pediatrics Aug 2019, 144 (2) e20191765; DOI: 10.1542/peds.2019-1765

<https://pediatrics.aappublications.org/content/early/2019/07/25/peds.2019-1765>

Additional Trauma

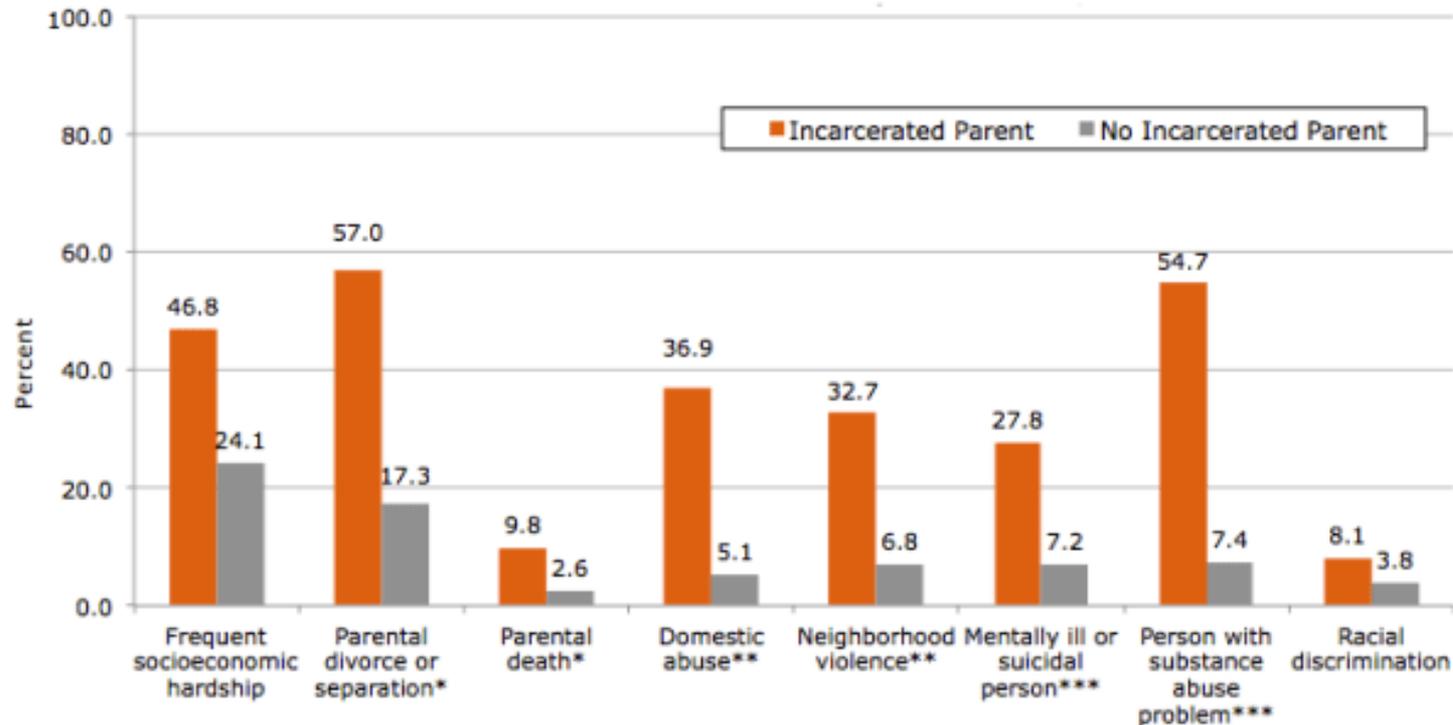
Witnessing the arrest of a parent intensifies the child's loss and creates additional trauma.

Source: Roberts YH, Snyder FJ, Kaufman JS, et al. Children Exposed to the Arrest of a Family Member: Associations with Mental Health. *Journal of Child and Family Studies*. 2014;23(2):214-224. doi:10.1007/s10826-013-9717-2



Parental Incarceration Associated with Other Adverse Childhood Experiences

Figure 2. Parental incarceration is associated with numerous other adverse childhood experiences, 2011-12



*Resident parent

**Victim or witness to

*** Residence with

Source: Child Trends' analysis of the National Survey of Children's Health.

Resilience: The Good Stuff

“Risk factors are not predictive factors because of protective factors.”

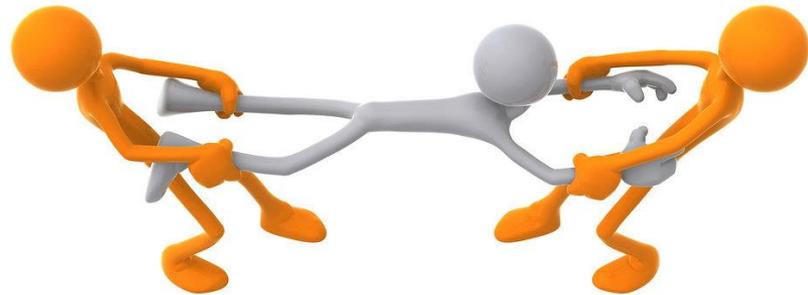
--David Satcher, M.D.
Former U.S. Surgeon
General



RETURNING MOTHERS AS PROTECTIVE FACTORS: BUT THERE IS A DUAL DILEMMA

Meeting the
requirements of
Parole /Child Welfare

Meeting the needs of
the children



Primary Caregivers as Protective Factors

- **“The Collateral Consequences of Incarceration...the Effects on Caregivers of Children of Incarcerated Parents” (Turanovic, Rodriguez and Pratt (2012)**
- Financial hardship
- Shame and stigma
- Elevated levels of emotional stress,
- Additional strains placed on interpersonal relationships
- Increased difficulty in monitoring and supervising children.
- This was true for all caregivers (mothers/grandparents, etc.)
- Fear of accessing resources related to mandated reporting
AND
- These are the same obstacles to adjustment for reentering primary caregiver parents along with
- Housing instability, food insecurity and employment limitations
(NRCCFI Technical Assistance to Second Chance Act Grantees 2021)

Limited Supports and Resources for Children

- Lack of clarity between child maltreatment/endangerment and household challenges
- Schools and Health care as “Surveillance Institutions”
- The mandated report and the diagnosis dilemmas
- Shame & stigma forces families to hide
- Lack of evidence -based models
- Adaptations vs relevant designs
- “Nothing about us without us” is still an emerging concept

THE ROLE OF TANF?

Financial “scaffolding” that can aid in:

- Building skills-confidence
- Supporting emotional competence
- Allowing influence & participation
- Minimizing anxiety and uncertainty for children
- Strengthening the parent child relationship



Source: Masten, A. S. (2014). Ordinary magic: Resilience in development. New York.

Returning Home

The Role of TANF: Stories from the Field





Polling Question #2

What role do you think TANF agencies can play in supporting reentering mothers?

- A. Providing financial assistance
- B. Funding reentry programs
- C. Providing employment training and assistance
- D. Other, please specify:

Reentry and Onondaga County Department of Social Services – Economic Security

Jennifer Robinson, Deputy Commissioner of Temporary Assistance, Department of Social Services-Economic Security



TA funded with Federal, State and Local funds

Categories of TA

- Family Assistance
- Safety Net

Common Eligibility Factors

- Household composition
- Household Income & resources
- Residency (must live in Onondaga County)
- Citizenship Status
- Compliance with employability requirements
- Compliance with program regulations



Safety Net Assistance (SNA)

- Single Adults (*re-entering mothers are considered single adults until they regain custody of their children*)
- Childless Couples
- Families of persons found to be abusing drugs/alcohol
- Families who have exceeded the 60-month federal limit
- 24-month limit on SN direct cash
- 45 day wait for SNA eligibility



Family Assistance (FA)

- Operated under Federal Temporary Assistance for Needy Families (TANF)
- Households that include a minor child
- Children in the care of a relative/non-parental (known as Child Only)
- 60-month limit on federal TANF



30 Days Pre-Release

- Facility will submit completed Temporary Assistance application
- Date received by our office is the application date
 - ❖ Reduces 45 day wait
- Upon release, applicant will have an eligibility interview
 - ❖ SNAP and emergency needs will be addressed
- Mom will remain Safety Net until she is reunited with her children



Post Release Support

- Mom will receive support with the goal of self-sufficiency & reunification with her children
- Employment coaching
- Barriers to employment will be addressed
- Substance abuse treatment
- Referral to physician care
- Mental health services
- Assistance obtaining affordable housing
- Furniture vouchers provided to supply mom with appropriate bedding for children once reunited



Post Release Support once Reunited With Children

- Category changes from Safety Net to TANF funded Family Assistance
- Assistance obtaining affordable housing
- Furniture vouchers provided to supply mom with safe beds for children



*Reentry and Reach Up, Vermont's TANF
Program: Supporting Mothers on Their Path to
Independence*

Lund Residential Program



Lund's Residential Treatment program supports women in the development of strong, healthy families. Through their broad range of treatment and family support services, they assess and address the needs of pregnant and parenting women and their children.

Lund is available to mothers as a diversion from prison. Mothers who have babies in prison may also be released to Lund, which their baby, in some situations.

The coordinated services include:

- Substance abuse and mental health treatment
- Pre-natal and childbirth education and support
- Parenting education
- Children's services
- Family support and therapy
- Case management
- Education
- Job training

Admission & Treatment

Women and children work with a team of providers, including a clinician, parent educator, case manager, and nurse. This team assists the mother and her family as they enter the program. Together they work to establish treatment goals in five core areas:

- Clinical treatment
- Parent education
- Health and wellness
- Life skills
- Education and vocational development



During treatment, women engage in group counseling and work toward their goal attainment in all identified core areas of treatment. They also participate in individual psychotherapy sessions, case management meetings, parenting education, as well as school and/or vocational related activities.

Transition & Continuing Care Process

- Transition planning begins early in the process.
- Lund coordinates with other community resource agencies to link families to services such as local housing and credit unions.
- After transitioning, women may be eligible to receive wrap-around support services in the community.





Mental health Outreach for MotherS (MOMS) Partnership

- Started in New Haven, CT by Yale University Psychiatry Department
- Brings mental health services to moms and pregnant women, in their communities
 - This includes reentering mothers
- Successfully addresses depression and stress, leading to better outcomes for both moms and their children



What is unique about MOMs Partnership?

- Program is built **with** moms
- A mom with lived experience is a paid peer mentor
- Cohort model to address maternal depression
- Maternal depression addressed for moms with children of **all** ages
- TANF (Reach Up) is the targeted demographic

Outcomes

- **78% of MOMS participants complete the program** compared to average of 30% nationally of a similar population who adhere to their mental health treatment.
- **76% of MOMS participants experience a decrease in depressive symptoms** from beginning to end of the MOMS program. Of those experiencing a decrease, the average participant experiences a 48% drop in depressive symptoms.
- **MOMS participants have a 67% decrease in parenting stress** from beginning to end of the MOMS program.
- **Children of MOMS participants attend 6 more days of school per year** compared to children of non-participants.
- **The percentage of women working at least 15 hours a week dramatically increases after participating in the MOMS Partnership** – from 15% at time of enrollment to 39% at six months after graduating from MOMS.





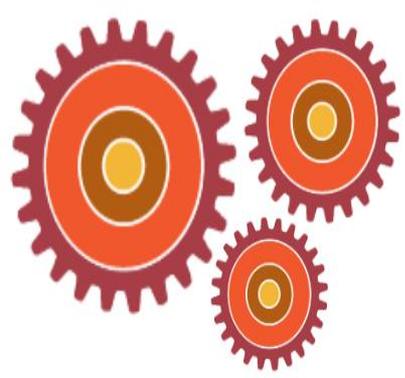
Reach Up (TANF)
in Vermont

**The program's mission is:
Reach Up joins families on
their journey to overcome
obstacles, explore
opportunities, improve their
finances and reach their
goals.**

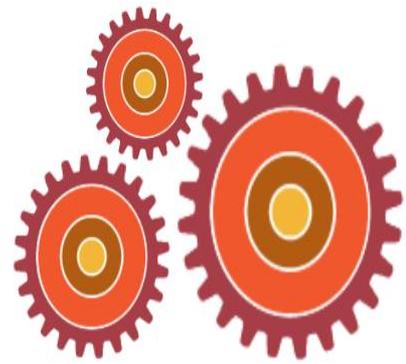


Temporary Absence from Reach Up (TANF) requirements

- Reach Up benefits can continue for a household if temporary absence is granted by the department. The absence must be more than 30 days, but not expected to last more than 180 days. Reunification must be the goal. This covers short prison terms.
- The benefit can continue if absence of a Parent/Caretaker or a Child.
- If the parent/caretaker is the one that is absent from the home, they must assign a protective payee and they would not retain access to benefits while they are away. Housing costs could be paid directly to the vendor or have it paid by the payee.
- If the protective payee is also caring for the child(ren) outside of the child(ren)'s typical house they may also be eligible for a caretaker benefit to help cover the expenses.



BUILDING CONFIDENCE ● TEACHING SKILLS ● CHANGING LIVES





Heather Newcomb

Heather jointly coordinates employment and career services at VWW with other program staff. She passionately serves women experiencing barriers to succeeding in the workforce. Heather plays a leading role with VWW programs for incarcerated women both during incarceration and their re-entry transition. Heather has overcome many of the same barriers our clients face and brings that lived experience to her clients to ignite motivation and manifests hope. She's an advocate for strong communities where all members thrive, and advocates for those who lack a voice of their own. Heather recently joined the Board of the [Women's Justice and Freedom Initiative](#), a new non-profit that serves incarcerated and formerly incarcerated women.





VT Works for Women

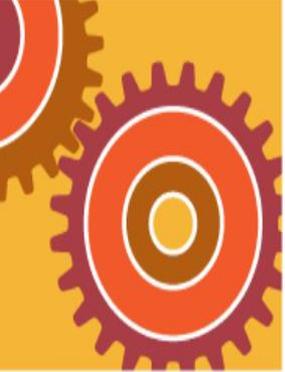
- **MISSION**

Vermont Works for Women helps women and girls recognize their potential and explore, pursue, and excel in work that leads to economic independence.

- **VISION**

We work toward the day when women and girls make confident, deliberate choices about life and work that reflect an expansive grasp of the world's possibilities, a fearless commitment to pursuing their dreams, and that contribute to the vitality of our communities.





VALUES

- **The potential within:** discerning and developing untapped skills and capacities
- **Taking the long view:** change is most often the product of steady, sometimes circuitous, effort
- **Transformative power of work:** it connects us to others, our communities and a broader sense of purpose
- **Emphasis on non-traditional careers:** exposure to careers where women and girls are underrepresented, including the skilled trades and STEM fields
- **Curiosity, candor and reflection:** excellence hinges upon our willingness to ask questions
- **Strength in partnership:** partnerships can leverage our impact, enrich our understanding, and improve our communities



Programs for Justice Impacted Women

Career Resource and Re-Entry Center at Chittenden Regional Correctional Facility (CRCS)

VWW provides in-facility programming, career and employment training, exploration and re-entry planning for successful reintegration in community.

- Hard skill vocational training
- Life skills and executive function building
- Transferable skills
- Career coaching
- Coordinated re-entry plans



Re-Entry Services

Transitional assistance to establish stability, ensure basic needs are met, and execution of goal action plans

- Re-Entry care package of items and supplies to meet basic needs
- Transportation assistance
- Collaborative approach with local providers and service agencies
- Re-establishing relationships negotiating healthy boundaries
- Life Coaching and mentoring
- Budgeting and financial literacy
- Job search assistance
- Interview practice
- Workplace advocacy

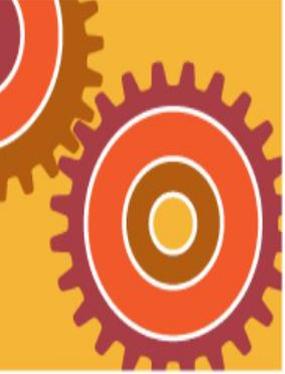
Tiffany's Story





Supporting Moms

- Don't make assumptions
- Support reconnection and rebuilding relationships
- Assist setting priorities
- Be kind and understanding
- Actively listen more than you talk
- Practice radical acceptance
- Speak with clarity and honesty



Strength and Direction

- Know your strengths- focus on assets
- Self-awareness- understanding our patterns
- Rebuild relationships
- Goal setting for success
- Networking and support systems
- Transferable skills from life experiences



Heather Newcomb

Women's Program Manager

hnewcomb@vtworksforwomen.org

Learn more:

vtworksforwomen.org



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Polling Question #3

What additional information would be helpful as you consider ways to better support reentering mothers? (Check all that apply)

- Clarity on how TANF funds can be used to support reentering mothers
- Additional examples of reentry programs that are currently funded with TANF dollars
- Further understanding of the challenges facing reentering mothers
- Ideas for implementing reentry programs in tribal populations



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Additional Information

- OFA PeerTA website (<http://peerta.acf.hhs.gov>).
- A transcript and audio recording of this webinar will be available shortly on the PeerTA Network website at: <https://peerta.acf.hhs.gov/>. We would also like to hear from you about future webinar topics. Please send us your ideas by e-mail to peerTA@blhtech.com.



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Webinar Feedback

- Send us your feedback via the survey that will launch when the webinar ends.

Thank you!