

Parental Incarceration, Children's Health, and an Opportunity to Shift the Future Can Family Responsibility Statements Improve Children's Health in Metro Louisville? Highlights from A Health Impact Assessment

About the Authors

The Special Project is an independent network of artists and advocates who create weekly activities with children and their caregivers in the Visitors Lobby of the Louisville Metro Department of Corrections. In 2016, in addition to the weekly activities, the Special Project began exploring positive policies and practices for children and families with incarcerated loved ones in Louisville. The project obtained two Coaching awards from County Health Rankings and Roadmaps to identify policies, strategies, and tools and received Action Acceleration funds to conduct community conversations. The Health Impact Project proved funds and technical assistance to complete the report.

In June 2006, the **Center for Health Equity (CHE)** was established as an office within the Louisville Metro Department of Public Health and Wellness to provide a new and hopeful approach to public health. CHE works to address the root causes of health inequities by supporting projects, policies and research working to improve the experiences of Louisville residents and their health. Further we recognize research that supports the fact that racism acts as an additional public health burden and working for equity necessitates working to address historical and contemporary injustices. The social conditions into which we are born, live, work and play profoundly affect our well-being and longevity.

Acknowledgments

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Some kind of acknowledgements to Kentucky Youth Advocates.

About the Art

The cover art and images throughout this report are taken from the mural in the Exit Lobby of Louisville Metro Department of Corrections. Lead artists were Joyce Ogden and Mary Yates with incarcerated artists, family members, and community partners. Commissioned by Kentucky Foundation for Women Special Project, 2009.

Photos courtesy of Layflerre Mitchell and Jesse "Sparrow" Lane.

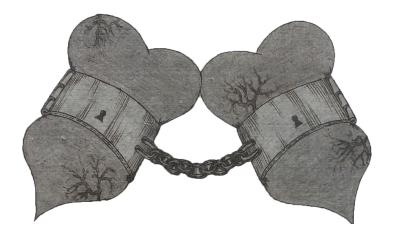
Highlights from a Health Impact Assessment

In April 2016, as the number of incarcerated people reached new heights in the United States, the Annie E. Casey Foundation issued a groundbreaking report, A Shared Sentence: The Devastating Toll of Incarceration on Kids, Families, and Communities. The report details how mass incarceration harms children and fragments families—the building blocks of our communities.\(^1\) Researchers across disciplines are discovering how having an incarcerated parent affects children's health. In communities across our country, growing research shows significant racial and socioeconomic disparities as people of color and their children are most impacted by incarceration.

In Louisville Metro, the growing and disparate impact of parental incarceration on children's health and wellness makes action by our community imperative and urgent.

One solution that our community can implement to prioritize the future of these children is the Family Responsibility Statement, a series of questions for authorities to consider that can mitigate the impact incarceration may have on families and children.

This summary of highlights describes the Family Responsibility Statement and the findings from a **Health Impact Assessment** to examine the potential benefits of beginning to utilize the Family Responsibility Statement in the justice system in Jefferson County.



The Connection Between Parental Incarceration and Children's Health



500% increase in incarceration nationally

According to *The Sentencing Project*,² there are 2.2 million people in U.S. prisons and jails—a 500% increase over the last 40 years. Although crime rates fell during the same time period, laws and policies were enacted to create stricter sentences for nonviolent crimes. These laws and policies have contributed to a significant increase in the number of people who are incarcerated.



Kentucky has the second highest rate in the nation of children who have experienced parental incarceration

An estimated 5,749,000 children nationally have had a parent in jail or prison during their childhood, as reported by the Annie E. Casey Foundation.³ Kentucky has the second highest rate — 15%—in the nation of children who have had an incarcerated parent. This is nearly twice the national rate of 8%.⁴ Kentucky also has the second highest rate of female imprisonment in the United States,⁵ and nearly 71% of those inmates have children.⁶



Data for Jefferson County shows disproportionate impact of incarceration

Jefferson County Census data for 2017 documents that Black males age 18 and older represent only 9.2% of the overall population.⁷ Yet, this demographic group accounts for 31% of bookings and 41% of the incarcerated population at the Louisville Metro Department of Corrections. These numbers stand in sharp contrast to the more proportional representation, either in booking or in custody, of White males 18 and over in Louisville Metro.⁸



Having an incarcerated parent is harmful to children's health

Parental incarceration is now identified as an Adverse Childhood Experience, which can be potentially traumatic and have lasting negative effects, such as toxic stress, on children's health and wellbeing. Because of racial disparities in rates of incarceration in Jefferson County, children of color in our community are disproportionally impacted.

Shifting the Future:
Can Family Responsibility
Statements Improve Children's
Health in Metro Louisville?

Family Responsibility Statements

To address growing national concerns about the impact of parental incarceration on children's health, the Osborne Association of New York developed the Family Responsibility Statement (FRS) as a decision-making tool for local criminal justice authorities. Because judicial systems vary widely, the FRS cannot follow a single template but must be aligned with local laws and judicial practices to be most effective.

In San Francisco, for example, the FRS questions include: 1) What is the relationship of the defendant to the child or children in his family and where is their city or county of residence? 2) Is the defendant a primary caretaker? 3) Does the defendant financially support the child or children? 4) Is there an active child support case or any indication of family violence?

Using the FRS provides information in advance to decision-makers about the potential effect on children's health when a parent may be incarcerated. Judges, prosecutors, public defenders, and probation officers can then determine how best to take these considerations into account when making sentencing or supervision decisions.



Health Impact Assessment

To meet the need for urgent and imperative action to improve children's health in our community, the Louisville Metro Department of Public Health and Wellness, the Center for Health Equity, and the Special Project worked together to conduct a Health Impact Assessment (HIA) of using Family Responsibility Statements in local courts.

The HIA process uses a flexible, data-driven approach to identify the potential health consequences of new policies and guide practical strategies to enhance health benefits and minimize adverse effects. The six steps of every HIA include:

- 1. Screening
- 2. Scoping
- 3. Assessment
- 4. Recommendations
- 5. Reporting
- 6. Monitoring and Evaluation

As part of the HIA process, the Department of Public Health and Wellness conducted a thorough literature review. The Special Project conducted two focus groups: one with families with incarcerated loved ones and a second with practitioners working with incarcerated parents and their families.

Action Recommendations from the Health Impact Assessment

"[Completing a Family Responsibility Statement would mean parents could] use that time to work with the children, communicate about what is going to happen. It is another way for the parent to take responsibility. It could contribute to the child's process of healing with the parent. Not talking about incarceration leads to cycles of powerlessness, children feeling they have no control over their life."

— Participant in Practitioners Focus Group, August 2017

The HIA process found that developing and using the FRS in Jefferson County courts can serve as a tool to protect the needs of children impacted by parental incarceration and positively affect their health and overall wellbeing by maintaining and nurturing family ties. As a result of this HIA, recommendations include:



The primary recommendation of the HIA is to use the Toolkit created by the Urban Institute and the National Institute of Corrections to develop and implement a FRS and conduct a pilot program in Jefferson County District Courts beginning in 2018. The Special Project will undertake working with strategic partners and stakeholders, including those most directly affected, to create a FRS form and process that makes sense for Louisville Metro in terms of efficiency, costs, and effectiveness for improving children's health.

Metrics of success for the pilot project include:

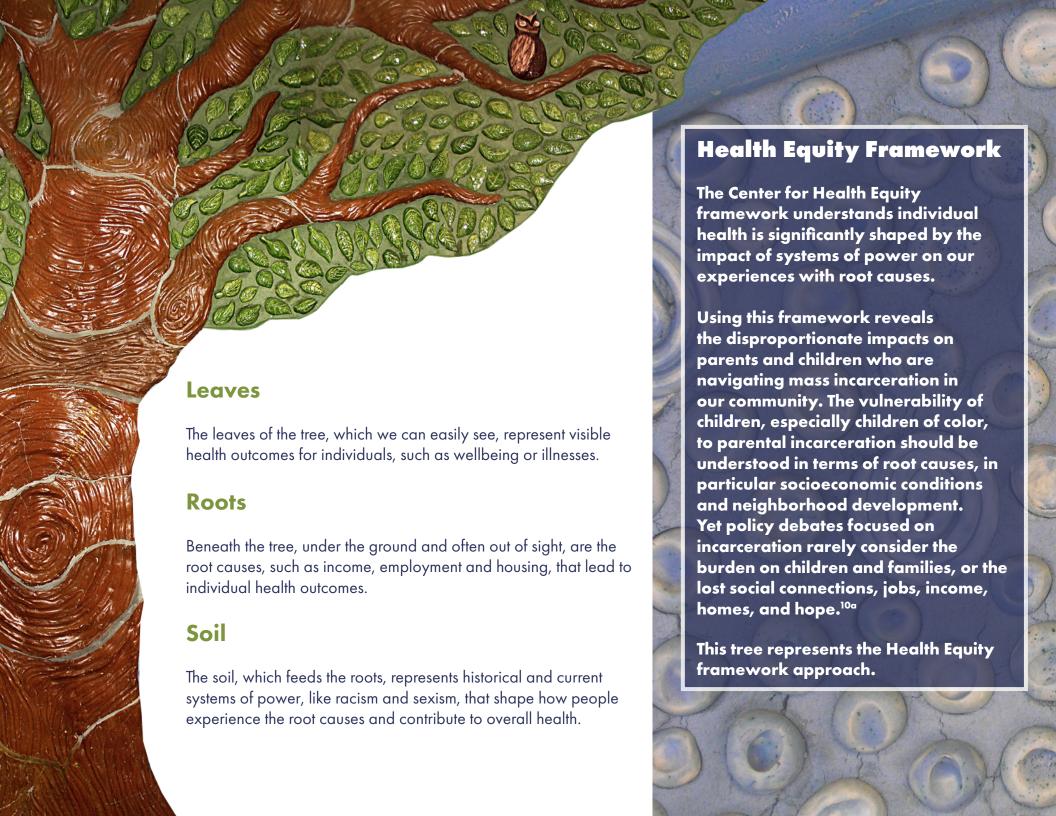
- 1. Families are strengthened as measured by pre- and post-participation in the Parents Assessment of Protective Factors Instrument developed by the national Center for the Study of Social Policy.
- 2. District-level judicial case loads and overcrowding at Louisville Metro Department of Corrections are reduced.
- 3. The partners, stakeholders, and Special Project network work together to develop and test indicators of the health benefits of using the FRS in the most affected neighborhoods by zip codes and the community overall.



The partners, stakeholders, and Special Project network serve as information resources for legal and health professionals, corrections officials, Louisville Metro Government, and community members to understand the health impact of parental incarceration on kids, families, and neighborhoods.



The partners, stakeholders and network seek pathways to support a Metro-wide culture shift raising awareness of the role of economic, social and racial disparities in policies and practices relating to incarceration.

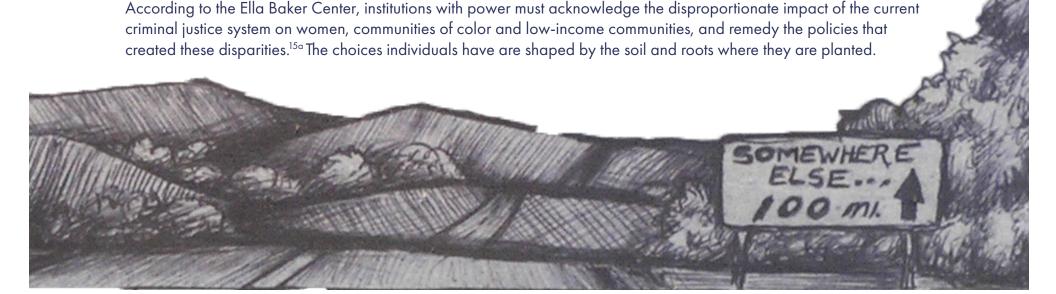


The Soil Beneath the Tree: Systems of Power, Race, and Gender

The history of criminal justice and public health practice in the United States emphasizes personal responsibility and self-reliance over collective responsibility for the good of all communities. This approach has spawned policy-making that prioritizes punishment and retribution over rehabilitation and healing, the consequences of which have been deep and unjust racial and health inequities.^{10b}

Today, research shows that Black people remain more likely than their White counterparts to be arrested and, once arrested, Black people are more likely to be convicted.¹¹ Hispanic/Latino men are more than twice as likely to be incarcerated as non-Hispanic/Latino White males.¹² Once convicted, the inequities continue as Black people and people of color are more likely to bear longer sentences.¹³

In addition to disproportionality along racial lines, gender also intersects with race to shape the ways women are impacted by incarceration. The Essie Justice Group report on the impact of incarceration on women shows that one in four women in the United States—and nearly one in two Black women—have a loved one who is incarcerated. Moreover, one in 8 Black women will be incarcerated in her lifetime. Black women continue to be incarcerated at twice the rate of white women.¹⁴



"To improve population health outcomes, we must address root causes because the choices that individuals make are the choices they have." — Center for Health Equity Report 2017^{15b}

Root Cause: Employment and Income

Incarceration destabilizes communities, often pushing families already "teetering on the edge into financial disaster". ¹⁶ When the primary financial provider is incarcerated, families are often left struggling to cover basic needs, such as housing and food, along with legal and court fees. ¹⁷

With an incarcerated father, family income can drop by an average of 22%.¹⁸ Parents who are single due to incarceration of their partner cite child care as the main reason for quitting or not accepting a job offer.¹⁹ Mothers report being unable to pay for such necessities as food, rent, and medical care for their children.²⁰

Solution-based example: New Legacy Reentry Corporation

New Legacy provides vocational education and apprenticeship and employment opportunities as essential components of successful reentry. The New Legacy Café, in partnership with the Louisville Presbyterian Theological Seminary, is a paid culinary training program, which includes preparing and delivering free lunches to children at parks in neighborhood with low access to fresh foods.

Root Cause: Housing

Despite clear evidence of the importance of secure housing, both formerly incarcerated individuals and their families face tremendous barriers to stable housing after release.²¹ For children and young people, the availability of good quality affordable housing affects connections to family, friends, schools and other support networks.²²

Children of incarcerated parents move more often than their peers, a situation that is exacerbated when both parents are incarcerated.²³ In a recent study, approximately one in five survey participants' families could not afford housing due to the income loss stemming from a loved one's incarceration.²⁴

Solution-based example: YouthBuild Louisville

YouthBuild Louisville combines a focus on affordable housing and job training in construction for young people in their program. Through job training and pre-apprenticeship, the youth get close supervision in construction skills. Community service activities include assisting Metro-wide housing efforts and promoting environmental sustainability.





"Is it better for the community for the individual to be locked up or out surviving?" — Participant in Family Focus Group, September 2017

Root Cause: Early Childhood Development

Strong family ties are important to promoting a child's wellbeing, and children depend on families and communities to provide foundations for healthy early development and future success. Parental incarceration has a detrimental impact on children at any age, but there is a unique effect between birth and five years old, as those are critical developmental years.

When a young child in those critical early years loses a parent to incarceration, their bond with that parent is weakened or sometimes never formed. This becomes even more critical when there is limited access to visit the parent because of restrictions in financial resources or transportation. The psychological impact of being separated from an incarcerated parent, in conjunction with limited support or understanding from others, can increase children's mental health issues, including depression and anxiety, and hinder educational achievement.²⁶

Solution-based example: Family Health Centers

Louisville's Family Health Centers provide access to high quality primary and preventive care services without regard to ability to pay.



Root Cause: Neighborhood Development

Health disparities based on race and place mean that neighborhoods in which children of incarcerated parents live are frequently characterized by poverty, crime, poor-quality housing and low-performing schools.²⁷ These disparities challenge a family's ability to create a nurturing and safe home environment, which is only exacerbated by having an incarcerated parent.²⁸

In neighborhoods with a significant proportion of incarcerated residents, there is an aggregate effect, as the number of absent people reduces the potential workforce and limits the entire community's access to opportunity, including people who have never been incarcerated.²⁹ Living in a neighborhood with a high incarceration rate increases residents' likelihood of experiencing anxiety and depression.³⁰

Solution-based example: New Roots Fresh Stop Markets

New Roots Fresh Stop Markets are volunteer, community-driven farm-fresh food markets held at churches, community centers, and businesses in food insecure neighborhoods. The weekly markets share nutritious low-cost recipes, build social connections, and help create family-friendly neighborhood environments.





Acting together, we can mitigate and eliminate the adverse health outcomes for children caused by parental incarceration. We can implement a Family Responsibility Statement, develop trauma-informed training for educators, judges, and corrections staff, and hold ourselves and public officials accountable for righting historic and current inequalities to create a healthier future for all children.

Sources