

Parental Incarceration, Children's Health, and an Opportunity to Shift the Future

Can Family Responsibility Statements Improve Children's Health
in Metro Louisville?
A Health Impact Assessment



Community mural in the exit lobby of Louisville Metro Department of Corrections. Lead artists Joyce Ogden and Mary Yates with incarcerated artists, family members, and community partners. Commissioned by Kentucky Foundation for Women Special Project, 2009.

Health Impact Assessment Report
completed by The Special Project
in collaboration with Louisville Metro Center for Health Equity

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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 Jail. 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.

Since then, the project obtained two Community Coaching awards from the national County Health Rankings and Roadmaps program to identify policies, strategies, and tools, and received Action Acceleration funds to conduct community conversations. The Health Impact Project provided funds and technical assistance to complete this report.

The Center for Health Equity (CHE) was established in 2006 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, CHE recognizes 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.

The Health Impact Project identifies Health Impact Assessment (HIA) as a fast-growing field that helps policy makers bring together scientific data, health expertise and public input to identify the potential—and often overlooked—health effects of proposed new laws, regulations, projects and programs. HIA offers practical recommendations for ways to minimize risks and capitalize on opportunities to improve health.

Kentucky Youth Advocates contributed to the review of this report.

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EXECUTIVE SUMMARY

As the number of incarcerated people reaches new heights in the United States, researchers across disciplines are paying more attention to the phenomenon known as mass incarceration. According to The Sentencing Project (2017), 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.

In April 2016, the Annie E. Casey Foundation issued a groundbreaking report, *A Shared Sentence: The Devastating Toll of Parental Incarceration on Kids, Families, and Communities*, detailing how children are navigating the impacts of parental incarceration and how families, the building blocks of communities, are fragmented by incarceration. For example, incarceration fosters an unstable environment that affects children and can have long-term effects on their development and well-being (AECF, 2016). Additionally, there are significant racial and socioeconomic disparities as people of color and their children are most impacted by incarceration.

In Kentucky, data reveal that the state has the second highest rate (15%) in the nation of children who have had an incarcerated parent. This rate is nearly double the national rate of 8% (AECF, 2017). Population data show that Black males age 18 and older in Jefferson County make up 9.4% of the adult population (U.S. Department of Health and Human Services, 2018). Yet this demographic group accounts for 31% of bookings in Louisville Metro Department of Corrections (LMDC) and 41% of the incarcerated population there (LMDC, 2018). This is in sharp contrast to the more proportional representation, either in booking or in custody, of White males age 18 and older in Louisville Metro. The significant overrepresentation of incarcerated Black males creates racial disparity as Black children then become significantly affected by parental incarceration.

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

The incarceration patterns in Jefferson County are not unique but, instead, reflect a national pattern. With this in mind, the Family Responsibility Statement (FRS), a recent initiative created in New York State and San Francisco, was developed to mitigate the impact incarceration can have on families and children. According to the Osborne Association, FRS encourages integrating consideration of an individual’s family responsibilities into plea or sentencing options. Decisions made regarding sentencing for people convicted of crimes “have ripple effects on other systems and on individuals that should be considered and integrated into the decision-making process” (The Osborne Association, 2014).

Integrating a FRS into the criminal justice process allows decision-makers to consider children and families when making sentencing decisions (i.e. duration), in prison assignment distance or location, parole/probation requirements, and release. According to the Osborne Association, FRS can serve to “minimize the collateral trauma and instability experienced” (The Osborne Association, 2014).

Trends in Incarceration Rates in the United States

The “tough on crime” era ushered in sentencing policy and law enforcement changes spurring a significant increase in incarceration. Since the War on Drugs officially began in 1982, people incarcerated for drug offenses have risen from 40,900 in 1980 to 469,545 in 2015 (The Sentencing Project, Criminal Justice Facts, 2017). This increased rate is accompanied by extended incarceration sentencing time periods. The National Research Council reported that half of the 222% growth in state prison populations between 1980 and 2010 was attributable to increases in time served for all offenses.

Communities across the United States have been impacted by the significant increase in incarceration. However, communities of color, particularly Black, have navigated the unique burden and consequences of overrepresentation in the criminal justice system. 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 (National Criminal Justice and Public Health Alliance, 2017).

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 (The Sentencing Project, Criminal Justice Facts, 2017; Kerby, 2012; ACLU, 2014). Hispanic/Latino men are more than twice as likely to be incarcerated as non-Hispanic/Latino White males (The Sentencing Project, Criminal Justice Facts, 2017; Figure 1; ACLU, 2014). Once convicted, the inequities continue as Black people and other people of color are more likely to bear longer sentences (The Sentencing Project, Criminal Justice Facts, 2017; Lopez, 2017; ACLU, 2014).

In addition to disproportionality along racial lines, gender also intersects with race to shape the ways women and women of color are impacted by incarceration. According to the Ella Baker Center (2015), institutions with power must acknowledge the disproportionate impact of the current criminal justice system on women, communities of color and low-income communities, and remedy the policies that created these disparities.

Data show that local Louisville patterns of incarceration mirror national trends. People of color, especially Black males, represent a disproportionate share of the Louisville Metro Department of Corrections (LMDC) incarcerated population, as noted above (LMDC, 2017). The overrepresentation of incarcerated Black males also creates racial disparity for Black children. In addition to this racial disparity, LMDC struggles with overcrowding in its facility, which can negatively affect the health of incarcerated individuals and adversely impact their relationship with their children.

Parental Incarceration and Children’s Health

Research on Adverse Childhood Experiences (ACEs) has found that ACEs are much more common than previously-recognized and have a powerful, inverse correlation to adult health status (Browne, 2014). According to the Robert Wood Johnson Foundation, national data for 2016 show that at least 38% of children in every state have had at least one ACE, such as the death or incarceration of a parent, witnessing or being a victim of violence, or living with someone who has been suicidal or had a drug or alcohol problem (RWJF, 2017).

If the health stresses associated with ACEs are prolonged and continue without remediation, they rise to the level of toxic stress. According to the Center on the Developing Child at Harvard University (2017), toxic stress can have damaging effects on learning, behavior, and health across the lifespan. **This toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity without adequate support.** At worst, the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

While there may be significant challenges posed by ACEs, researchers agree that **“ACEs are not destiny.” The Centers for Disease Control and Prevention (CDC) recognizes that ACEs can be prevented and mitigated at the community level, and they constitute an urgent public health concern (CDC, 2016).**

Parental incarceration, identified as an ACE, is a particularly traumatic experience for children. The National Resource Center on Children and Families of the Incarcerated points out that **parental incarceration is distinguished from other ACEs by the unique combination of trauma, shame, and stigma** (Rutgers University, 2014).

Parental incarceration has a detrimental impact on children at any age, but there is a unique effect between birth and 5 years old, as those are critical developmental years. When parents who are 24 years or younger are incarcerated, there is an increased likelihood that the children affected will be younger (birth to age 5) and in those formative stages of early childhood development (Browne, 2014).

Burgeoning research in the fields of neuroscience, pediatrics, and developmental psychology has provided much evidence that early childhood is the period in which the foundation for intellectual, social, emotional, and moral development is established (Browne, 2014). Education leaders across the nation and in Kentucky recognize the importance of early childhood development to achieving good health and school readiness for all children (Kentucky Strengthening Families, 2014).

According to the Bureau of Justice Statistics, a majority of U.S. incarcerated people have minor children, and 45% of these parents were living with their children before incarceration (Glaze & Maruschak, 2010). The most represented demographic among incarcerated parents are fathers aged 24 or younger (AECF, 2016). With the steep rise in mass incarceration rates in the U.S. between 1991 and 2007, the number of fathers in prison rose by more than half. In that same time period, the number of mothers in prison more than doubled (see Figure 1). In state and federal prisons, approximately 45% of men aged 24 or younger are fathers; 48% of women aged 24 or younger in federal prison and 55% of women in that age range in state prison are mothers. These statistics suggest a marked impact of parental incarceration on young children aged five and under.

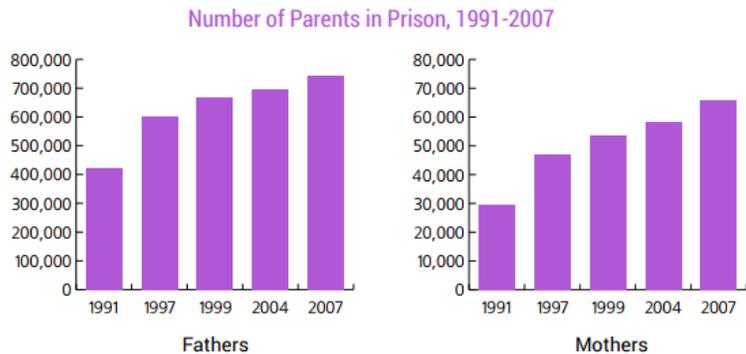


Figure 1. Source: The Sentencing Project Fact Sheet, Parents in Prison (2017).

Health Equity: Disproportionate Impacts on Parents and Children

Across the nation, a conservative estimate of the number of children who have had a parent in jail or prison at some time in their childhood is 5,749,000 children (AECF, 2016). Rather than being distributed proportionately throughout the U.S. population, parental incarceration is concentrated within certain groups (Scommegna, 2014).

It is important to recognize that both systems of power, such as racism and sexism, and the root causes (or social determinants) of health, such as education levels and socioeconomic conditions, contribute to the health disparities that incarcerated parents and their children navigate. This is because racism impacts how communities experience root causes of health and the subsequent outcomes (Center for Health Equity, 2017). Additionally, the vulnerability of children of color to parental incarceration should be understood in terms of how they experience root causes, in particular socioeconomic conditions, education and neighborhood development.

Other data to take into consideration include:

- Having an incarcerated parent often burdens younger children of color living in poverty (Schwartz-Soicher, Geller & Garfinkel, 2011). These traits, considered in the context of racism and disparities in root cause distribution make this population more vulnerable to parental incarceration. Furthermore, imprisonment of the head of household can lead to children suffering both from their parental absence as well as from financial instability (The Sentencing Project Fact Sheet: Trends in U.S. Corrections, 2017).
- One-third (33%) of families with an incarcerated parent earn less than \$15,000 in wages per year (approximately the poverty line for a family of four at the time of the study) (Kjellstrand & Eddy, 2011).
- Among Black children whose fathers did not have a high school diploma in 2009, about 64% will live through parental incarceration by the age of 17 (Sykes and Pettit, 2014). This compares to about 15% of White children with fathers of a similar educational background. Sykes and Pettit (2014) found that “on any given day in 2012, one in nine Black children had a parent in custody.”

The purpose of this Health Impact Assessment (HIA) is to assess the benefits and challenges of using a Family Responsibility Statement in Jefferson County district courts as a tool to improve health for children. To that end, a literature review was conducted that focused on parental incarceration and its effect on impacted children (See Methodology section in Appendix for

details). The Special Project, a lead partner in the development of this HIA, also convened focus groups comprised of people involved with the Jefferson County criminal justice system, either as employees or as community members affected by parental incarceration. Both the literature review and the focus groups demonstrated many ways in which parental incarceration has a detrimental effect on the well-being and health of criminal-justice involved children, families and communities.

Family Responsibility Statements and Jefferson County: A Health Impact Assessment

Introduction

Family Responsibility Statements (FRS) aim to ensure intentional consideration of the needs of children before, during, and after their parent's sentencing. FRS are not intended to minimize or absolve guilt for wrongdoing or reduce the harshness of penalties for a crime. Instead, FRS are intended to: (1) protect children from negative impacts as a result of their parent's actions, and (2) hold the parent accountable for both the committed crime and their parental responsibilities.

The FRS is meant to demonstrate to the prosecutor, defense attorney and judge ways in which children and family members of a person charged with a crime may be impacted by judicial decisions. Considering family responsibilities for convicted individuals, including their parental role and responsibilities, may lead to a sentence that prevents or reduces the separation period while ensuring accountability (County Health Rankings & Roadmaps, 2014; Cramer, Peterson, Kurs & Fontaine, 2015). The goal is not to encourage disparate treatment of those with children compared to those without children. Rather, the objective is to safeguard children's health and well-being against the detrimental effects of parental incarceration.

Although not currently used in Louisville, KY, the state of New York and San Francisco, CA have incorporated FRS into recommended sentencing and incarceration decisions for parents. In both cases, it was recommended that family responsibility questions be incorporated into presentence investigation reports. Presentence investigation refers to the investigation into the history of a person convicted of a crime, before sentencing, to determine if there are circumstances that should either lessen or increase the harshness of the sentence. Presentence investigations are usually conducted after a plea, but before sentencing. Some judges request presentence investigations for misdemeanors, but this is rarely done.

In Kentucky, presentencing investigations, as done by the Kentucky Department of Corrections, include questions about children and child custody, and the names and ages of all household members are recorded (Kentucky Corrections, 2012). However, implementation of the FRS at the local jail would provide more comprehensive information on the children and family dynamic of the person facing incarceration, which would be useful in considering the best interest of the children impacted. The goal of the FRS questions is to minimize trauma to children when their parents are facing trial, detention in jail and sentencing (Cramer, Peterson, Kurs & Fontaine, 2015).

Currently, FRS are not being used by courts in Jefferson County or in other parts of Kentucky. The purpose of this Health Impact Assessment (HIA) is to assess the value of the FRS as a tool for protecting the health and well-being of children with criminal justice system-involved parents.

Participants in Practitioners' Focus Group, Louisville, KY, August 2017:

- *“The Family Responsibility Statement would be a safe space for families to talk about the impact of incarceration on them.”*
- *“[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.”*

Health Impact Assessment Steps and Definitions

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

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

Screening and Scoping

The Health Impact Analyst at the Louisville Metro Department of Public Health & Wellness (LMPHW) conducted the screening process to determine the feasibility of a HIA for this topic. The Screening questions consider the timing of the project, as well as its health and equity impacts. Screening questions also probe into the potential impacts of the HIA findings and HIA process. Finally, screening also takes stakeholder interest and capacity into consideration. Following a successful screening process, the LMPHW Analyst went through the scoping step to develop a work plan for completing the assessment. HIA scoping creates a plan and timeline for performing an HIA. This step identifies priority issues, research questions and methods, and roles of participants. The detailed findings of the screening and scoping process can be found in the Appendix of this HIA.

Assessment

The objective of the assessment phase of an HIA is to lay out existing conditions and evaluate the potential health impacts of a proposed policy, plan, program, or project. This HIA considers the possible health impacts of childhood trauma, poverty, and social connections of the family of an incarcerated individual, when a Family Responsibility Statement (FRS) is used.

Parental incarceration fosters an unstable environment for children impacted across the U.S. and can have long-term effects on their development and well-being (AECF, 2016). In two independent focus groups in Louisville, KY, participants described that parental arrest often happens suddenly, permitting little time to consider the effect on children.

Participant in Practitioners Focus Group, Louisville, KY, August 2017:
“When a parent is arrested, there is no time to plan for the children’s needs.”

Participant in Family Focus Group, Louisville, KY, September 2017:
“Now, there is no time to make a plan for the children.”

Family Responsibility Statement Background

The unstable environment created for children by a parent’s incarceration has effects that can spread and multiply through their neighborhoods. In particular, communities with high rates of incarcerated residents are more likely to experience health inequities, including concentrated poverty (Clear, 2008). **Yet policy debates focused on incarceration rarely consider the burden on children and families, or the lost social connections, jobs, income, homes, and hope (AECF, 2016).**

Additionally, research suggests that parental involvement in the justice system is often associated with a high risk of housing instability, financial strain, mental health issues, poor academic performance and behavioral issues for children. By identifying the needs of these children, the FRS can serve as a tool to guide sentencing or supervision options that correspond to the children’s needs (Cramer, Peterson, Kurs & Fontaine, 2015).

Participant in Family Focus Group, Louisville, KY, September 2017:
“Incarceration means they don’t know or learn how to have relationships with kids or others.”

FRS also can serve to improve relationships between parents and their children. FRS can provide opportunities for parents facing incarceration to fulfill their parental roles by highlighting the needs of families and parents. FRS allow for the possibility of parents remaining involved in their children’s lives, which may then permit the parents to maintain or strengthen the parent – child relationship (Cramer, Peterson, Kurs & Fontaine, 2015).

Cramer et al. suggest consultation with experts while developing and implementing FRS. The authors give the example of New York stakeholders’ close working relationship with The Osborne Association. They used The Osborne Association’s expertise with regard to parents in the criminal justice system in order to determine how to develop a FRS for the impacted population (Cramer, Peterson, Kurs & Fontaine, 2015). New York stakeholders also contacted the San Francisco Adult Probation Department to learn from its experience in implementing a FRS.

Developing and implementing FRS is not without challenges. For example, when implementing the FRS in New York, stakeholders found that probation officers resisted the new practice and were reluctant to undergo training on how to incorporate the impact on the defendant’s family into presentencing investigations. The authors recommend raising awareness and listening to the concerns of the probation officers and other staff involved, to secure successful FRS implementation. Cramer et al. point out that it may be easier to implement among new staff members, who could be trained to incorporate FRS without preconceptions about carrying out presentence investigations (Cramer, Peterson, Kurs & Fontaine, 2015).

Furthermore, there was initial confusion among probation officers in distinguishing between family responsibility statements and victim impact statements. For example, in New York State

the original term “family impact statement” met resistance from probation officers, as they felt that a “family impact statement” might minimize the importance of the “victim impact statement” by giving priority to defendant’s children over the victims and their children. This brought to light the need for differentiating the family impact statement from the victim impact statement. Thus New York State, at the suggestion and guidance of The Osborne Association, discontinued use of the term “family impact statement” in favor of “family responsibility statement.” This language makes clear that the defendant has a responsibility to their children and family that should be taken into account (Cramer, Peterson, Kurs & Fontaine, 2015).

The Impact of Parental Incarceration on Children

Impact of Incarceration on Children and Families

A substantial body of work documents how imprisonment leads to long-term disenfranchisement of former prisoners, as well as having a significant, negative impact on families and communities (Clear, 2007). Large percentages of incarcerated persons are parents (Glaze & Maruschak, 2010). This has led researchers to consider how incarceration affects family life (Tasca, Mulvey, Rodriguez, 2016).

Incarceration of parents has been shown to increase family instability (Geller et al., 2011), and to exacerbate the economic strain on families who are already navigating social, economic, and health disparities (Tasca et al., 2016). Incarceration of parents has also been associated with children’s mental health difficulties, problems in school, and other behavioral issues (Bales & Mears, 2008). Some researchers have described this as an “intergenerational cycle of familial imprisonment” (Cho, 2009; Murray et al., 2012; Tasca et al., 2014). Even with the existing research, more long-term data about the impact of incarceration on children is needed to differentiate the idea of “familial imprisonment” from the impact of disparities in structural, social and demographic determinants that characterize, and often lead to, incarceration.

Parental Incarceration and Adverse Childhood Experiences

Because having an incarcerated parent is now recognized as an Adverse Childhood Experience (ACE), it is important to understand the risk factors for negative health impacts from ACEs (SAMHSA, 2017). Protective factors can mitigate these risks and strengthen resilience (CSSP, 2017).

Participant in Family Focus Group, Louisville, KY, September 2017:

“Kids act out and are affected by negative influences, and many end up uneducated and in/out of jails.”

In Kentucky, 11 questions about ACEs were added to the 2015 Kentucky Behavioral Risk Factor Surveillance System (KY BRFSS). The addition of these questions to the KY BRFSS signals the knowledge and acceptance in the state that ACEs play a significant role in health outcomes over the life course. These questions on the KY BRFSS assess eight categories of ACEs, one of which is having an incarcerated household member. Data from KY BRFSS reveal that 10% of surveyed adults experienced the incarceration of a member of their household during childhood (White, 2015).

The Louisville Metro Department of Public Health and Wellness (LMPHW) did a supplementary BRFSS within Jefferson County in 2014. LMPHW reports that 7% of Louisville Metro adult

residents surveyed said they had experienced the incarceration of a household member during their childhood (Chen et al., 2016).

A stronger family unit increases the likelihood of emotionally healthy kids, as opposed to stressed children (Resilience Trumps ACEs, 2017).

The five protective factors identified in the Family Strengthening Approach developed by the Center for the Study of Social Policy are:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Children’s social and emotional development (CSSP, 2017)

These evidence-based protective factors serve to counterbalance the risk factors of ACEs. The protective factors mitigate the impact of toxic stress (Resilience Trumps ACEs). FRS could contribute to the development of parental resilience both by allowing contact between parent and child (thus allowing for improvements in parenting skills), and by allowing parents access to programs that foster their resiliency and life skills. A role of the FRS is to strengthen social connections, which is a protective factor.

In terms of risk factors, this means that the neighborhoods where children of incarcerated parents live are often characterized by poverty, crime, poor-quality housing and low-performing schools (Duncan, Magnuson & Votruba-Drzal, 2014; Turner & Rawlings, 2005).

Research primarily focused on risk factors has found that minor children with incarcerated parents can develop mental health problems, substance abuse, behavior issues, school difficulties or be later convicted of a crime themselves. Risk-focused research on children with incarcerated parents has also shown that children with incarcerated parents are twice as likely to display antisocial behaviors as compared to children without incarcerated parents (Kjellstrand & Eddy, 2011). This is critical as **research reveals that “incarceration is likely compounding the disadvantages their children face, setting them further behind, and contributing to racial and social class inequalities in children’s health”** (Scommegna, 2014).

In one study, having a parent in prison or jail correlated to a higher incidence of a variety of conditions, including poor health, attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD), behavioral or conduct problems, learning disabilities, anxiety and developmental delays. This research also found that children with an incarcerated parent were three times more likely to have behavioral problems or depression compared to similar children without an incarcerated parent. Children in the study with an incarcerated parent were at least twice as likely to suffer from learning disabilities, ADD/ADHD, and anxiety (Turney, 2014).

Often, the detrimental effects of these risk factors on children are “an overlooked and unintended consequence of mass incarceration” (Turney, 2014). However, there are opportunities for social workers and health professionals practicing in communities with elevated rates of parental incarceration to institutionalize interventions, such as screening clients for having a parent in prison or jail to better understand the risk of health and behavioral problems among these children.

Potential Impacts of Using the Family Responsibility Statement

Family Responsibility Statements (FRS) are a tool that can lead to modified sentencing policies for defendants with children. **The FRS may mitigate one of the ACEs - having an incarcerated parent - by allowing judges to consider alternate methods/sentencing for defendants to pay their debt to society.** Parental incarceration has a negative ripple effect on those directly (children and families) impacted, as well as those indirectly (communities and neighborhoods) affected. Using FRS is a means of halting the often unintended harsh consequences of parental incarceration by encouraging prospective consideration of the needs of the children impacted.

Impact on Financial Stability

Incarceration destabilizes communities, often pushing families already “teetering on the edge into financial disaster” (AECF, 2016). In 2015, the Ella Baker Center for Human Rights released a study demonstrating the impact of the loss of a parent, who is the primary financial provider, to incarceration. 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. In the study, approximately one in five survey participants’ families could not afford housing due to the income loss stemming from a loved one’s incarceration (Ella Baker Center, 2015).

With an incarcerated father, family income can drop by an average of 22% (Johnson, 2009). Approximately two-thirds of incarcerated people report incomes below the poverty line (James, 2004). 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 (Ella Baker Center, 2015). Mothers report being unable to pay for such necessities as food, rent and medical care for their children (Geller et al., 2009).

Participants in Family Focus Group, September 2017, Louisville, KY:

- *“Females have it harder with less support.”*
- *“A FRS could improve generational poverty situations.”*

Incarcerated individuals and their families may experience poverty as a result of associated fines and fees of the criminal justice system. In the Ella Baker Center study, 63% of respondents reported that the main responsibility for covering conviction-related costs fell on family members. Approximately half of those surveyed also told of their family’s inability to pay these fines and fees. These fines/fees, which can equal the yearly income of some families, cause many of the families surveyed to take out loans and thus experience greater financial strain (Ella Baker Center, 2015).

Single parents shouldering unexpected financial responsibilities may be suffering from poor health, depression, anxiety or addiction, as well as reconciling with their own traumatic experiences (Travis, Western & Redburn, 2014; Schwartz-Soicher, Geller and Garfinkel, 2011). Additionally, when no parent remains to care for a child, extended family members carry the responsibility, often without proper financial support (AECF, 2012).

Through the FRS, when the prosecutor, public defender, judge, or parole officer has information about the impact of incarceration on the family’s finances, alternative sentencing or other forms of accountability that do not have as devastating a toll on family income may be explored.

Participant in Family Focus Group, Louisville, KY, September 2017:

“Judges and prosecutors should weigh the cost of incarceration and consider using those resources to rehabilitate and impact the lives of every person involved.”

Impact on Housing Stability

Despite clear evidence of the importance of secure housing, both formerly incarcerated individuals and their families face tremendous barriers to stable housing (Ella Baker Center, 2015). Children of incarcerated parents move more often than their peers, a situation that is exacerbated when both parents are incarcerated (Geller et al., 2009). Black children with fathers in prison are at greater risk of becoming homeless (Princeton University, 2013). Housing instability affects connections to family, friends, schools and other support networks (Geller et al., 2009).

A 2007 study by Philips & Gleeson yielded the following data:

- 25% of children live with their fathers when a mother goes to prison
- 90% of children live with their mothers when the father is incarcerated
- 50% of children with an incarcerated mother live with their grandmothers

Recent research in Princeton University’s *Future of Children* journal explores the links between children experiencing parental incarceration and foster care. Noting racial disparities in both groups of children, the research reveals that 40 percent of children in foster care had been exposed to parental incarceration at some point in their lives. More specifically, maternal incarceration is linked to foster care and paternal incarceration is linked to homelessness (Princeton University, 2018).

The FRS would allow prosecutors, public defenders, judges, and probation officers to consider different sentences or alternative ways in which a parent can be accountable for the committed crime. The FRS would identify the individual in question as a parent of dependent children and whether or not they are the primary breadwinners for the household. By limiting or even preventing incarceration of the parent or caregiver, **the FRS could benefit children by lowering their risk of homelessness and/or their risk of being relegated to the child welfare system.**

Impact on Child Well-being

Having an incarcerated parent can have lasting negative impacts on a child’s well-being (Murphey & Cooper, 2015; Sacks, Murphey & Moore, 2014). When a young child loses a parent to incarceration during the child’s critical early years, the bond with that parent is weakened or sometimes never formed (AECF, 2016). This becomes even more critical when there is limited access, because of restrictions in financial resources or transportation access, to visit the parent.

Early childhood is a critical period during which families and communities should be laying the foundation for a child’s healthy development and future success (AECF, 2013). Instead, 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 (Wildeman, 2014).

Strong family ties are important to promoting a child’s well-being. Incarceration damages family relationships and stability by separating people from their support system, by

disrupting the continuity of families and by causing lifelong health impacts that prevent families from thriving (Ella Baker Center, 2015). In the 2015 Ella Baker Center study, the excessive costs to maintain contact with an incarcerated family member forced one in three (34%) families into debt in order to finance phone calls and visits. In addition, family members who were unable to talk to or visit their loved ones regularly were more likely to report suffering from negative health outcomes related to a family member's incarceration. See the Appendix of this HIA for the list by Wright & Seymour delineating the reaction of children to parental incarceration.

Participant in Family Focus Group, September 2017, Louisville, KY:

"[Using the FRS could mean] more intact families."

FRS will allow decision-makers, when making sentencing determinations, to consider the criminal justice-involved individual's status as a parent. The FRS could thus serve as a tool to maintain and nurture family ties by enhancing the impacted children's health and wellbeing.

Impact on Neighborhood Cohesion

The Ella Baker Center 2015 study reinforces the correlation between poverty and incarceration – poverty may lead to incarceration, while incarceration itself leads to greater poverty. Approximately 40% of crimes directly correlate to poverty (Holzer, 2008). It is estimated that the majority (80%) of incarcerated people are of low socioeconomic status (Ella Baker Center, 2015). Researchers in the Ella Baker Center study concluded that the economic costs of incarceration, combined with the barriers to employment and economic mobility upon release, bolster the link between incarceration and poverty.

Participant in Family Focus Group, September 2017, Louisville, KY:

"A jail cell is not the only answer."

Maintaining a connection to their children also has benefits for an incarcerated person. **Research shows that maintaining contact with family members increases the likelihood of an incarcerated person's successful reunification and reentry.** Furthermore, this connection to family while imprisoned reduces the chance of recidivism (Ella Baker Center, 2015). But for many families, the cost of maintaining contact is an insurmountable burden.

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 (Duncan, Magnuson & Votruba-Drzal, 2014; Turner & Rawlings, 2005). These disparities challenge a family's ability to create a nurturing and safe home environment, which is only exacerbated by having an incarcerated parent (Clear, 2007). It is rare for a family to experience incarceration without other underlying difficulties (Wright & Seymour, 2000).

In neighborhoods with a significant proportion of incarcerated residents there is, in turn, an aggregate effect, as the number of absent people reduces the potential workforce and financial providers (Mitchell & Leachman, 2014). This situation limits the entire community's access to opportunity, including people who have never been incarcerated (Mitchell & Leachman, 2014). Living in a neighborhood with a high incarceration rate increases residents' likelihood of experiencing anxiety and depression (Hatzenbuehler, Keyes, Hamilton, Uddin & Galea, 2015). Moreover, the absence of parents (mostly fathers) weakens neighborhoods and disrupts social

networks, which then adversely affects the local economy (Mitchell & Leachman, 2014; Clear, 2008; Travis, Western & Redburn, 2014).

Participants in Practitioners' Focus Group, Louisville, KY, August 2017

- “[*Completing a Family Responsibility Statement*] would encourage the justice-involved parent to own that what you were doing is a detriment to your community, establishing levels of accountability in all parts of our community.”
- “Community support can make a difference.”

The overarching goal of the FRS is to create a tool that can be used by judges and other key decision-makers throughout the local district court to consider the impact of incarceration or supervision on both children and their justice involved parents. Using the FRS can increase neighborhood cohesion and allow community resources to be redirected to improve quality of life for children and residents in general. This may be accomplished when decision-makers consider ways for the justice-involved individual to repay society that would be least harmful to the individual’s children and community.

Challenges

Developing and implementing the Family Responsibility Statement (FRS) is not without challenges. Current research about the potential negative health impacts on children stemming from parental incarceration is not yet widely known. As a result, there may be resistance from members of the public and decision-makers to using the FRS. Deliberate effort and time will have to be expended on destigmatizing education around the data surrounding parental incarceration and the benefits of the FRS. It is important to consider the following barriers to establishing and using the FRS in Jefferson County:

- The need for more opportunities to advance public understanding about the health equity impacts of parental incarceration on children in Louisville Metro and the role root causes and social determinants play in influencing the health impacts of parental incarceration in our community.
- The need for more training and education programs for prosecutors, defenders, case managers, probation and parole officers, and judges about Adverse Childhood Experiences (ACEs) along with the Family Strengthening Approach and Protective Factors Framework for building resilience.
- Although the premises and practices of mass incarceration are now being widely questioned, concerns remain about the individual accountability of persons involved in the criminal justice system. This means finding the right balance between views of incarceration as the result of an individual action deserving punishment and awareness of the importance of criminal justice policies that recognize and address structural economic, social and racial disparities. The implementation of the FRS must address concerns about accountability as well as equity.
- Currently, public discussions about incarceration often focus on worst-case scenarios rather than on productive behaviors of incarcerated and formerly incarcerated parents. There is a need for more knowledge and training about national tools for public

discussions about incarceration, such as the humanizing language resources cited by The Osborne Association (Osborne, 2018).

- Our courts and corrections systems are currently experiencing overcrowding and funding constraints, and creating the FRS will take time in the short-term without prior knowledge of long-term sustainable results. It is imperative to address concerns that administering the FRS will require additional time commitments for practitioners and decision-makers in a local judicial system, which is already operating at capacity.
- The time commitments for implementing the FRS are currently unknown in Louisville Metro. Existing pretrial protocols and presentence investigations are not always clearly understood at the local level.
- While FRS seems to be a promising method of mitigating some of the adverse effects faced by children with parents who are incarcerated, there is a current lack of empirical studies on this topic.

Recommendations

The following recommendations flow from the findings of this Health Impact Assessment (HIA). As discussed previously, there is a disparate impact of parental incarceration on children of color. The literature reveals that parental incarceration is detrimental to the health and well-being of our youth, and the goal of this HIA is to mitigate the deleterious health effects on these children. Fracturing a family, especially during the critical, early developmental years of childhood, can have lifelong negative health impacts on affected children. Efforts should be made to maintain and strengthen family bonds for children who are, or are potentially, impacted by incarceration. One tool for maintaining family ties is the Family Responsibility Statement (FRS). The recommendations below center on development and implementation of FRS in Jefferson County district courts.

To aid national understanding of the potential for policy and practice both to mitigate the trauma of parental incarceration and to improve parent–child relationships, the Urban Institute collaborated with the National Institute of Corrections in 2015 to identify promising practices across the country and to highlight the most promising in practitioner toolkits. The *Toolkit for Developing Family Impact Statements*, developed through the Children of Incarcerated Parents Project, outlines the strategies and experiences needed to develop family impact statements in local jurisdictions, including officials and community-based organizations.

Action Recommendation # 1

Based on the findings stated in this report, the primary recommendations are to:

- **Use the Urban Institute and National Institute of Corrections Toolkit and work with partners and stakeholders, including those most directly affected**
- **Create a FRS that makes sense for Louisville Metro in terms of effectiveness for improving children’s health, safety, costs and effectiveness**
- **Begin implementing a pilot program in at least two district courts in Jefferson County in 2018**

The Toolkit identifies the following four steps to develop a locally appropriate statement:

1. Identify goals.

2. Ensure the process is collaborative, including consulting with experts in the field, securing community support, and fostering buy-in among the stakeholders most affected by the implementation of a family impact statement.
3. Integrate the concept of effect on the family into the presentence process.
4. Translate into practice.

In Louisville Metro, priority steps to carry out this Action Recommendation could include:

1. Identifying 6-10 strategic partners including representation from courts, legal experts, public health professionals, policy analysts, parents who have been formerly incarcerated, and children who have/had an incarcerated parent, as well as family and community advocates, to oversee the pilot program, determine when and how the FRS will be administered and secure the necessary resources to complete the pilot project.

- The Jefferson County court system and Louisville Metro government are key partners to involve for the implementation of the FRS pilot project. To bring strategic partners to the table, the Special Project, as a lead partner, must present a business case, including qualitative and quantitative data, supporting FRS implementation.

2. Identifying and engaging 10-15 stakeholder advisors who have a strong knowledge about the impact of parental incarceration on health equity for children and can help develop public support for the pilot program.

- Sharing the HIA is an important first step to raise awareness of the disparate impact of incarceration on Louisville Metro children and families and highlight the need for our community to address this.

3. Developing a Family Responsibility Statement form and process that makes sense for Louisville Metro in terms of efficiency, costs, and effectiveness for improving children's health.

At present, both the judicial and corrections systems are overcrowded. According to the LMDC *2017 Fact Sheet*, 83% of the persons in jail were classified as "minimum risk." This indicates that using FRS can minimize the negative effects of incarceration on children and reduce costs while maintaining community safety.

In consultation with the partners and advisors, the Family Impact Statement Questions (as then called) used in San Francisco (see below) could be adjusted to create a Louisville Metro Family Responsibility Statement for the pilot project:

- Is the defendant a parent, and, if so, what is their relationship to their child or children, and where is their city or county of residence?
- Is the defendant a primary caretaker?
- Does the defendant financially support the child?
- Is there an active child support case?
- Did the arrest involve family violence?
- Were any children placed at risk because of the arrest?

Source: San Francisco Pre-sentence Investigation Report, received August 2014.

The Louisville Metro FRS could build on this, for example, to develop, a two-step process. Adjusting the questions above as step one would quickly identify parents early in the in-custody stage, such as:

1. Are you a parent?
2. If yes, how many children do you have and what are their ages?
3. How many of these or additional children live in your household and what are their ages?
4. Do you want to participate in completing a Family Responsibility Statement to assess the impact of your incarceration on your children and family members?

Parents who opt into completing the FRS would then answer additional questions, such as those suggested by participants in the Practitioners Focus Group, to assess how parental incarceration would impact their children. Sample stage two questions could include:

1. Do you contribute financially to the support of your children and family members?
2. If yes, please estimate how much you contribute per week.
3. Do you participate in childcare for your children or family members?
4. If yes, please give 2 examples of how you participated recently and how many hours per week you typically participate in childcare?
5. Do you contribute to the overall well-being of your family, such as helping with transportation, taking part in grocery shopping, household chores, and recreational activities? If yes, please list and estimate your total hours contributed per week.
6. Do you have other concrete comments about how your incarceration would affect your children and family?

Because the goal of the FRS is to protect the health and well-being of children affected by parental incarceration, the tool must help decision-makers identify and assess individuals with parental responsibilities. The questions contained in the FRS, then, should reveal the individual's degree of involvement in the day-to-day routine of their children.

Furthermore, the FRS can educate decision-makers as to the importance of the individual's contributions to their children's and family's well-being. This knowledge will permit decision-makers to assess the impact of parental incarceration on children and to make sentencing and supervision decisions that have the least harmful outcomes for the affected children.

Action Recommendation # 2

The partners, stakeholders, and Special Project network seek pathways to support the development of information resources for legal and health professionals, corrections officials, Louisville Metro government, and other interested community members to understand the health impact of parental incarceration on kids, families, and neighborhoods.

Action Recommendation #3

The partners, stakeholders and Special Project network seek pathways to embed and build support for the FRS outcomes through courts, corrections and Metro-wide agencies. This includes raising awareness about the role of economic, social and racial disparities in policies and practices relating to incarceration and positive steps to reduce inequities.

This education would help to address implicit biases that might be held by stakeholders and decision-makers in Louisville Metro that stigmatize individuals who are currently or formerly incarcerated. This is needed to mitigate the often-unexamined assumptions that incarceration is solely the earned result of an individual's bad choices and actions which merit punishment, rather than taking into account the roles played by root causes and systems of power that create disparities in who is incarcerated.

The education process would help to raise awareness of the role that economic, social and racial disparities play in incarceration. One way of doing this, for example, would be through racial equity trainings for the stakeholders and decision-makers in Louisville Metro, comparable to the trainings provided to Louisville Metro government employees.

Monitoring & Evaluation

The monitoring and evaluation of the pilot project in Jefferson County district courts will probe into the efficacy of the FRS in protecting the needs of children with incarcerated parents, community safety and cost efficiency.

Metrics of success for the pilot project include:

1. Families are strengthened by increasing parental resilience and responses to children's needs, as measured by data using the Parents Assessment of Protective Factors Instrument developed by the Center for the Study of Social Policy.
2. District-level judicial caseloads and overcrowding at the Louisville Metro jail are reduced, while preserving safety and decreasing costs.
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. These long-term indicators could relate to the overall goals of strengthening neighborhood cohesion, decreasing health disparities and increasing health equity.

Conclusion

Kentucky has the second highest rate (15%) in the nation of children who have had an incarcerated parent - a rate nearly double the national rate of 8%. Now Louisville Metro has an opportunity to shift the future and become a national leader in addressing the negative impacts and health disparities of parental incarceration in our community.

These children should be considered when decisions regarding their parents are being made. This Health Impact Assessment (HIA) demonstrates how incarceration fragments families, the building blocks of our communities and nation, and creates an unstable environment that impacts children both in the present and through long-term effects on their development and well-being. In Jefferson County, there is a marked overrepresentation of Black males in the criminal justice-involved population. This racial disparity causes Black children, and children of color, to be more significantly affected by parental incarceration.

The goal of this HIA is to explore the value of a Family Responsibility Statement (FRS) in protecting the health and well-being of children affected by incarceration. Not only does parental incarceration fall within Adverse Childhood Experiences for the affected children, it also creates financial and housing instability, as well as negatively impacting the well-being of children and their neighborhoods. FRS allows children and families of defendants to be considered as part of sentencing determination, prison assignment, and release (The Osborne Association, 2014). According to The Osborne Association, FRS can serve to “minimize the collateral trauma and instability experienced.” Consideration of the family responsibilities of a defendant, including their parental role and responsibilities, may lead to a sentence that prevents or reduces the separation period from their children, while also ensuring accountability to society at large for public safety.

Implementation of FRS in Jefferson County district courts will encourage decision-makers in the sentencing stage of the criminal justice system to consider the individual’s status as a parent when determining sentences. The FRS could serve as a tool to maintain and nurture family ties, through protecting the needs of children impacted by parental incarceration and positively affecting their health and overall well-being.

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HIA Screening Worksheet

Screening Question	Response and Supporting Evidence
<p>Project and Timing <i>Has a project, plan or policy been proposed?</i> <i>Is there time to conduct an analysis before the final decision is made?</i></p>	
<p>Health Impacts <i>Is the decision likely to affect environmental or social determinants that impact health outcomes? If so, which determinants and which health outcomes?</i></p>	
<p>Equity Impacts <i>Is the decision a priority for a community facing inequities? What evidence do you have for this?</i> <i>In what ways would health inequities be impacted?</i></p>	
<p>Potential Impact of HIA Findings <i>Is the decision-making process open to input from a health perspective?</i> <i>Is health already being considered in the proposal or as part of the decision-making process?</i></p>	
<p>Potential Impact of the HIA Process <i>What are the potential impacts of the HIA process? (e.g., building relationships, empowering community members)</i></p>	
<p>Stakeholder Interest and Capacity <i>Which stakeholders are involved in the decision-making process?</i> <i>Do stakeholders have the interest and capacity to participate in the HIA?</i> <i>How would stakeholders use the HIA to influence the decision-making process?</i></p>	

Should we move forward with this HIA? Yes / No

HIA Screening Worksheet: The Special Project (Completed April 2017)

Project and Timing

Has a project, plan or policy been proposed?

- Yes. Developing and using Family Responsibility Statements developed by The Osborne Association in determining sentencing, prison assignment and parole and release decisions, have been proposed for Louisville. The Special Project is focused on incarceration at the Louisville Metro Department of Corrections (LMDC). This involves misdemeanors and Class D felonies. A Class D felony is punishable by one to five years in prison. (Ky. Rev. Stat. § 532.020, 532.060.) For example, trafficking marijuana near a school building is a Class D felony.

Is there time to conduct an analysis before the final decision is made?

- Yes. The HIA is being done at the beginning of the program. The HIA is therefore timely as it is early in the program process. In an effort to gain traction for Family Responsibility Statements, the director of the Special Project is planning focus groups with key stakeholders, such as local judges.

Health Impacts

Is the decision likely to affect environmental or social determinants that impact health outcomes? If so, which determinants and which health outcomes?

Yes, the project may affect the following social determinants of health (and health outcomes):

- Social connection
- Protective Factors – Hope, Optimism, Resilience
- Family Unity
- Community Conditions – Adverse Childhood Experiences
- Criminal Justice System Involvement – pretrial, prosecution, sentencing, incarceration, and release and re-entry
- Civic Engagement
- Housing
- Jobs and Economic Stability

Equity Impacts

Is the decision a priority for a community facing inequities? What evidence do you have for this?

- Yes. Family Impact Statements are designed to consider the needs of children. The children and families of individuals convicted of a crime are often overlooked. According to Dr. Terry Brooks, executive director of Kentucky Youth Advocates, “Policy debates about incarceration rarely focus on the impact on children. Yet we know that when a parent is in jail or prison, it creates an unstable environment for kids that can have lasting effects like poverty, changes in living situations, and mental and emotional health issues.”

- The percentage of Kentucky children with a jailed parent is the highest percentage in the United States. According to a report released in April 2016 by the Annie E. Casey Foundation approximately 135,000 children in Kentucky have had an incarcerated parent. This is about 13% of Kentucky's children, nearly double the national average of 7% of children who have had an incarcerated parent. Kentucky's is the highest percentage in the nation.
- According to the LMDC 2016 Fact Sheet, the average daily population of the Louisville jail is 1,991 (facility capacity is 1,793). Average in-bed stay is 23 days, the average for Home Incarceration is 35 days and the Day Reporting Center average is 90 days. In a 2016 report, the Louisville Metropolitan Police Department reported 4,148 children aged one to 17 present arrests for felony, misdemeanor, and duties only reports.

In what ways would health inequities be impacted?

- A new report, "A Shared Sentence: The Devastating Toll of Parental Incarceration on Kids, Families and Communities" highlights ***the lifelong struggles facing children with incarcerated parents***. The report also presents solutions that mitigate the trauma these children experience and that ensure they have a chance to succeed. (Report is available at AECF.org)
- Family Impact Statements would put the needs of children and families of those convicted of a crime first in sentencing determination and prison assignment. Preserving family connections/connections to an incarcerated parent is especially important to these children. Children impacted by incarceration are overwhelmingly members of minority groups and in lower socioeconomic levels. African American kids are seven times more likely than their white counterparts to have an incarcerated parent. Latino children are two times more likely than white children to have an incarcerated parent. While national data on American Indian children are unavailable, state trends show a similar pattern with American Indian children in Oklahoma twice as likely as white children to have an incarcerated parent. In the Dakotas, American Indian kids are five times as likely to have an incarcerated parent. Three-quarters (3/4) of families with a history of parental incarceration in the United States had household incomes less than \$30,000/year. One third (1/3) of families with an incarcerated parent had incomes less than \$15,000/year (approximately the poverty line for a family of four in the time period of this study). Half of families with a history of parental incarceration received some sort of financial assistance. This is relevant in that incarcerated people who have pleaded not guilty but cannot post bail, which is often \$500, fall into the "awaiting trial" category of incarcerated people. LMDC did not include "awaiting trial" as a category in the 2016 Fact Sheet, but in 2015 the "awaiting trial" population accounted for over 40% of those incarcerated by LMDC. In a report published in January 2017 titled "Past Due: Examining the Costs and Consequences of Charging for Justice in New Orleans" the Vera Institute for Justice examined the inequitable impact of bail, bonds and fees in the criminal justice system on poor people.

Potential Impact of HIA Findings

Is the decision-making process open to input from a health perspective?

- Yes. Local judges and parole officers in Louisville have agreed to be part of a focus group in order to learn more Family Impact Statements. They are willing to listen to the health impact on children of incarcerated parents.

Is health already being considered in the proposal or as part of the decision-making process?

- Improving the health of and maximizing the opportunity for success in life among children and families of incarcerated people are key considerations of the Special Project. The hope is that judges and parole officers in Louisville will also find these goals to be important.
- In Kentucky courts (the focus of this HIA), sentencing is at present determined as follows. If the verdict is guilty in a **Kentucky criminal case**, then the court conducts a sentencing phase of the trial wherein the jury (or judge in a bench trial) may hear additional evidence and then **recommend** a sentence to the judge. Usually a final sentencing hearing is set later, giving time for the preparation of a presentence report. Because Kentucky does not have extensive guidelines, unlike federal court, **a Kentucky judge has greater sentencing discretion than a federal judge**. The judge imposes the final sentence, within the statutory limits, and may lessen the sentence recommended by the jury after reviewing a presentence report of the defendant's background prepared by the Department of Corrections. Victims may submit a Victim Impact Statement to the probation officer to be included in the presentence report. A sentence may include time in prison; fines up to \$10,000 or double the gain from the crime, to be paid to the government; or restitution to be paid to crime victims. Information on crimes and sentencing options is available at <http://www.lrc.ky.gov/Statutes/index.aspx> (Title L, Kentucky Penal Code, but many crimes and punishments are scattered throughout the Kentucky Revised Statutes).

Potential Impact of the HIA Process

What are the potential impacts of the HIA process? (e.g., building relationships, empowering community members)

- Work with the Special Project to identify ways to mitigate negative health impacts and inequities that might result from utilizing Family Responsibility Statements.
- Work with the Special Project to maximize potential positive health impacts of the project.
- Relationship building amongst Louisville families and children affected by incarceration through development and perhaps eventual implementation of Family Responsibility Statements and the HIA process itself.
- Relationship building between families affected by incarceration and key stakeholders (such as the Special Project team/community members, etc.) and between affected families and decision-makers (including local judges and parole officers) through the HIA process and development and potential implementation of Family Responsibility Statements.

- Empowerment of children and families affected by incarceration through involvement with the Special Project and the HIA process.
- Judges of the Kentucky Supreme Court, Court of Appeals, and Circuit Court are elected to eight-year terms, and District Court judges are elected to four-year terms. When a mid-term judicial vacancy occurs, the governor appoints a replacement from a list submitted by a judicial nominating commission. For Family Responsibility Statements, the HIA process will raise public awareness of the issue among residents so that they may take action during the election cycle. Election of District Court judges will take place in 2018, as will the election of Kentucky Supreme Court judges from District 3 (Louisville). The focus of the Special Project with regard to Family Responsibility Statements is on District Court judges and Kentucky Supreme Court justices. The Kentucky Supreme Court has seven justices, one for each of seven geographic districts in the state. Each justice serves an eight-year term, but their terms are staggered as they do not all run for election in the same year.

Stakeholder Interest and Capacity

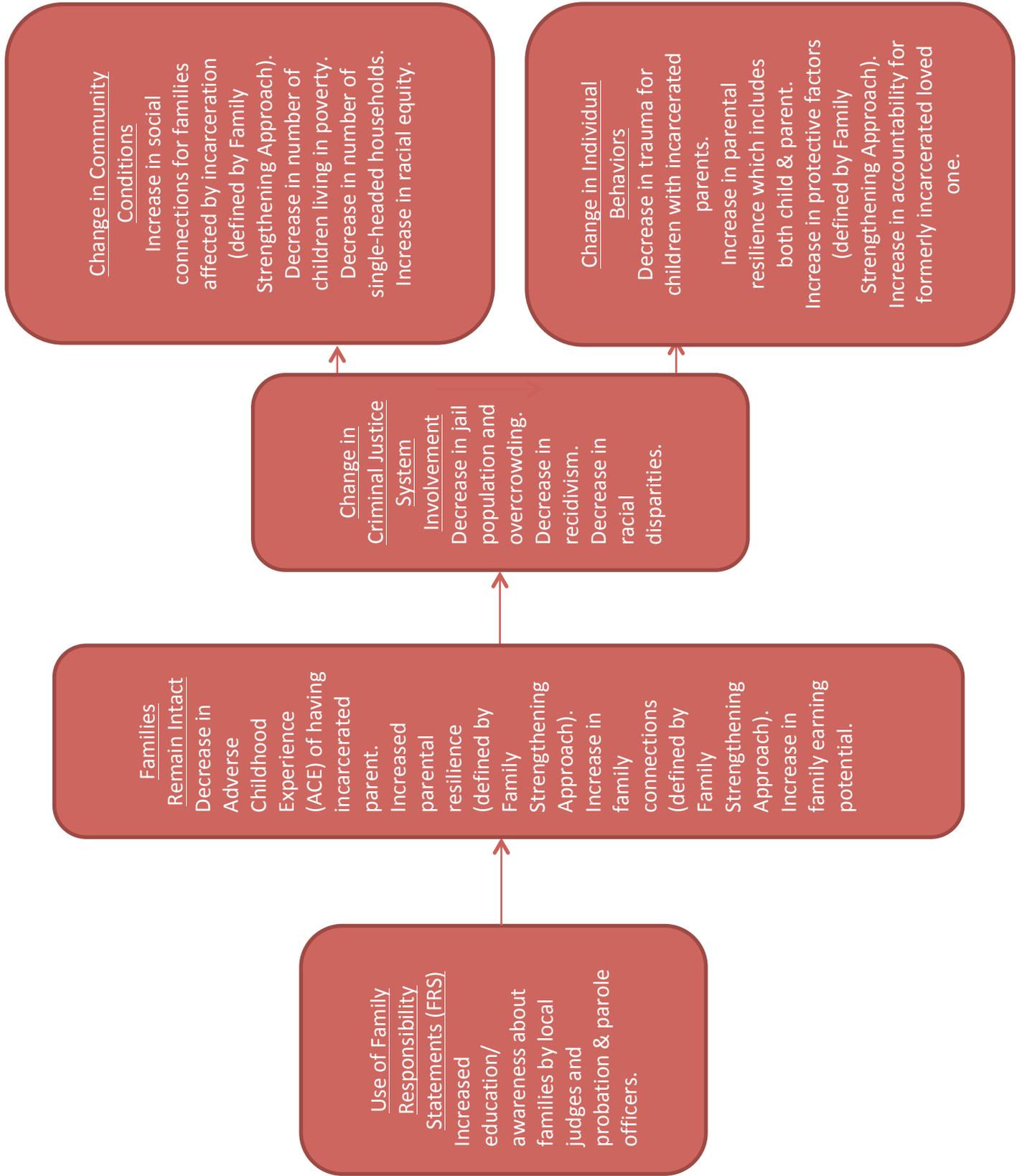
Which stakeholders are involved in the decision-making process?

Do stakeholders have the interest and capacity to participate in the HIA?

How would stakeholders use the HIA to influence the decision-making process?

- At this point, the Special Project is leading the way in encouraging local use of Family Responsibility Statements. The Special Project is a key stakeholder. Team members and partners of the Special Project include Dr. Judith Jennings of the Special Project, Jessie Whitish (Kentucky Youth Advocates), Dr. Cherie Dawson-Edwards (University of Louisville criminal justice professor), Dr. Julia Richerson (Pediatrician with Family Health Center), Shameka Parrish-Wright (Community Organizer), Nikkia Rhodes (youth participant with Youth Build) and Prasanthi Persad (Health Impact Analyst at Louisville Metro Department of Public Health and Wellness).
- The Special Project team is planning to engage the community of families and children in Louisville affected by incarceration in focus groups and dialogues. Through the community engagement process of this HIA, children and families of individuals convicted of a crime will participate in the HIA process.
- The Special Project team, with input from Louisville judges, parole officers, and families and children of individuals convicted of a crime, will craft the Family Responsibility Statements to yield the best possible health outcomes, as per this HIA's recommendations.

SCOPING DIAGRAM



Children of Incarcerated Parents Bill of Rights

1. I have the right to be kept 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.

Source: San Francisco Children of Incarcerated Parents Partnership (2003).

Child Reactions to Parental Incarceration

- Identification with the incarcerated parent, awareness of social stigma
- Change in future orientation and intrusive thoughts about their parents
- Concern about outcomes of case, unsure and worried about how to live without mother, concern about an uncertain future
- Flashbacks to traumatic events related to arrests
- Embarrassment and anger
- Fear, sadness, loneliness, guilt, low self-esteem, depression, emotional withdrawal from friends and family
- Separation anxiety and fears of abandonment
- Eating and sleeping disorders
- Aggression, anxiety and hyperarousal, attention disorders and developmental regression
- Physical aggression, withdrawal, acting out, academic and classroom behavior difficulties, truancy

Source: Wright, L. E. and Seymour, C. B. (2000). *Working with Children and Families Separated by Incarceration: A Handbook for Child Welfare Agencies*. Washington, DC: CWLA Press.

Methodology

In order to find resources for this Health Impact Assessment, Prasanthi Priya used the following search terms: family responsibility statements, parental incarceration effect on children and parental incarceration during childhood. She then completed the screening and scoping. Having determined the need for a Health Impact Assessment of the Family Responsibility Statement, she conducted a thorough review of the literature and research and completed the initial draft of the fully Health Impact Assessment Report. She continued her work with the Center for Health Equity, Special Project and KY Youth Advocates data and communications staff to develop this final report.

Dr. Judi Jennings provided the link to a document by The Osborne Association pertaining to its work on Family Impact Statements. As of the writing of this paper, the link to this July 2012 document was no longer available online.

The Special Project team conducted two focus groups to discuss the use of Family Responsibility Statements at the local district court level in Jefferson County:

- Dr. Judi Jennings organized a focus group with 11 practitioners including local and state corrections workers, a pediatrician, and two case managers. This focus group was facilitated by Patricia Tennen of Kentucky Youth Advocates.
- Dr. Jennings also conducted three key interviews, one with a retired judge and two with attorneys working with clients in the local criminal justice system.
- Special Project team member Shameka Parrish-Wright organized a focus group for 12 family members affected by incarceration. This focus group was facilitated by Gwendolyn Kelly who works with the Center for Neighborhoods. The family focus group participants received 10 bus tickets or a gas card in recognition of their time and knowledge and the transportation costs of participating in the focus group.

Dr. Judi Jennings worked with Amy Swann of Kentucky Youth Advocates to identify and train four survey administrators who worked 21 Sundays in the visitors lobby of the jail. This diverse group of survey administrators were experienced in social services. Each survey administrator received pay of \$25 per hour for two hours each Sunday session in recognition of her time and expertise.

The Special Project team warmly acknowledges and greatly appreciates the advice and assistance of:

- Dr. Charleyne Harper Browne of the Center for the Study of Social Policy,
- The staff of Kentucky Youth Advocates, especially Amy Swann, Jessie Whitish, Tara Grieshop-Goodwin and Patricia Tennen,
- The staff of the Health Impact Project, especially Emily Bever, and
- The staff of the Human Impact Partners, especially Jonathan Heller and Kim Gilhuly.