

A Pilot Program Evaluation of Extended Visiting at the Minnesota Correctional Facility - Shakopee

Department of Pediatrics
University of Minnesota

Mother & Caregiver Experiences

Executive Summary

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Rebecca J Schlafer, PhD
University of Minnesota
717 Delaware Street SE, 3rd Floor
Minneapolis, MN 55414
Phone: 612-625-9907
E-mail: shlaf002@umn.edu

Erin C Casey, MA
University of Minnesota
51 E River Road
Minneapolis, MN 55455
Phone: 414-305-6494
Email: ecasey19@gmail.com

Evaluation of the Extended Visiting Program

The Extended Visiting (EV) program serves mothers incarcerated at the Minnesota Correctional Facility – Shakopee (MCF-Shakopee). Through the program, mothers living in the Anthony Unit, a privileged living unit, are able to participate in highly-structured, child-centered visits with their minor children (infancy to age 17). The visits offered through this program differ from the regular visits that are available to all women at MCF-Shakopee in several important ways, including length (3.75 hours vs. 1 hour), location (Children’s Room and Gym vs. Visiting Room), structure (planned activities vs. no activities, and permissible physical contact (allowed vs. not allowed).

The current study grew out of a desire from Minnesota Department of Corrections (MnDOC) staff to know more about participants’ perceptions of the benefits of and barriers to participation in the EV. The evaluation was conducted by members of Dr. Rebecca Shlafer’s research group at the University of Minnesota, in collaboration with Ms. Lori Timlin, the coordinator of the parenting program in the Anthony Unit at MCF-Shakopee. The current study examines mothers’ and their children’s caregivers’ perceptions of participation in EV. This pilot evaluation represents a critical first step in examining program satisfaction and program outcomes in relation to EV. The study’s three research aims are described below.

Study Aims

1. Describe mothers’ and caregivers’ perceptions of the benefits of their participation in Extended Visiting.
2. Describe mothers’ and caregivers’ perceptions of the barriers to participation in Extended Visiting and potential areas for program improvement.
3. Compare mothers’ and caregivers’ experiences with Extended Visiting to their experiences with regular visits.

Method

A total of 24 mothers and 19 caregivers participated in the current study. University research staff conducted 30-minute, one-on-one interviews with mothers at MCF-Shakopee regarding their experiences with EV, perceived benefits and barriers to participation, overall satisfaction with the program, and suggestions for improvement. Following mothers’ consent and participation, University research staff conducted interviews with caregivers over the telephone. As caregivers do not participate directly in the extended visits, but instead participate indirectly (e.g., communicating with the incarcerated parent, transporting the child to and from prison, financially supporting the visits), caregivers were asked to reflect on their experiences in this regard. When a mother had more than one minor child that had participated in EV, researchers choose one child at random as the subject of the interview (henceforth referred to as the “target child”).

Participant Characteristics

Figure 1. Race & Ethnicity of Mothers, Caregivers, and Target Children

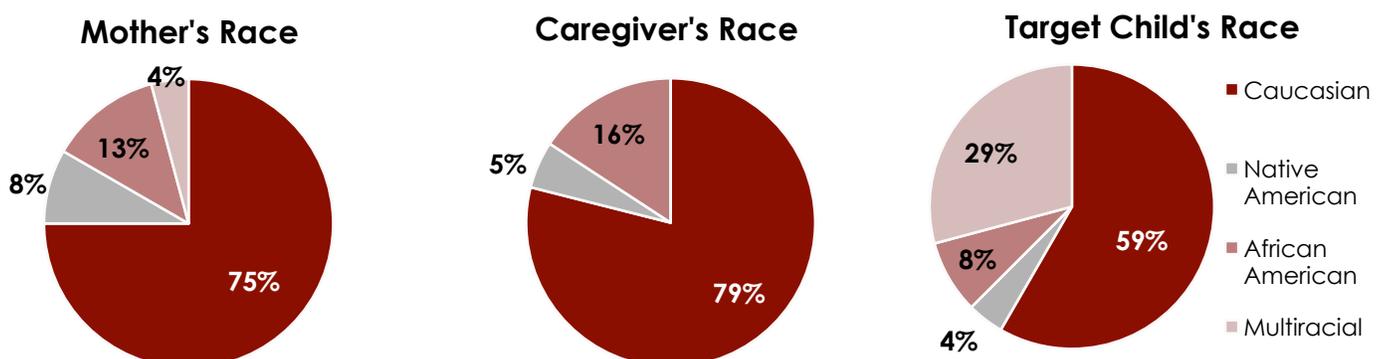


Table 1. Demographic characteristics of Mothers, Caregivers, and Target Children

	Mothers	Caregivers	Target Children
Sample Size	24	19	24
Female	100%	73.7%	50%
Age Range (in years)	26 – 54 (M = 38)	27 – 68 (M = 62)	0 – 17 (M = 10)
Education < HS or GED	4.2%	15.8%	-
Employed	50% ¹	68.4%	-
Yearly Income < \$25,000	62.5% ⁶	26.3%	-
Avg. Sentence Length (in months)	57.1	-	-
Previously Arrested > 5 Times	41.7%	-	-
Avg. Total Number of Children	3.1	2.2 ²	-

Figure 2. Caregiver Relationship to Child

Caregiver Relationship

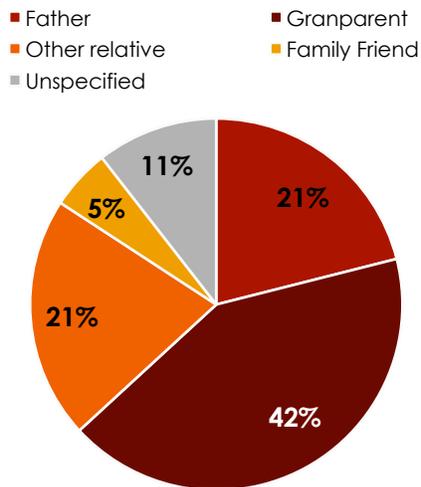
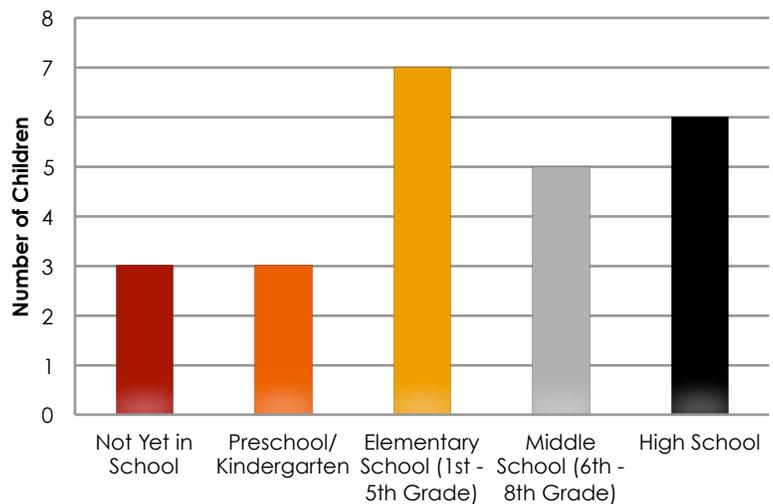


Figure 3. Child Grade in School

Child Grade in School



¹ Prior to incarceration

² Total number of children in care (i.e., including biological children of caregiver and any other children in his/her care)

Interview Responses

Mothers and caregivers shared their perceptions of the benefits and barriers to participation in EV in response to several open-ended interview questions. The following sections describe common themes in participants' answers, with the most frequent responses listed first.

Mothers' Perception of Benefits

1. **Building & maintaining a relationship with children:** Participation in EV allowed many mothers to build and maintain strong relationships with their children. Several mothers reported that during visits, they felt that they were able to reassume their roles as mothers. One mom reported that the visits make her "still feel like their mom when they're here." Mothers of infants were especially appreciative of the opportunity to bond with their children, stating that, "being in the program is the only way to have a relationship with your baby. Otherwise, they wouldn't know who you are... I had him in here."
2. **Physical contact with children:** Nearly all mothers mentioned enjoying the physical contact (e.g., hugs, hand holding) they were allowed to have with their children during EV. Allowing physical contact and expression of affection between mothers and their children is notably different than the restrictions on physical contact during regular visits (e.g., brief hug & kiss on cheek).
3. **Motivation:** Many women reported that the program and its associated benefits serve as a source of motivation. One mother shared that participating in EV is "making me a better person in controlling myself with the other offenders. In this unit, you have to be on your best behavior," while another stated that the program has, "kept me focused on what my purpose is when I leave here."
4. **Privacy from children's caregiver and from MnDOC staff:** During EV, mothers and their children are afforded more privacy than during regular visits. Most notably, the children's caregivers do not participate in EV. Having the caregiver present for the entire duration of a visit, as occurs during regular visiting, can be uncomfortable and may prevent mothers and children from openly discussing certain issues. EV was also more intimate in terms of MnDOC staff involvement. One mother stated, "In the visiting room, I'm under surveillance and their dad is there. [In EV], it's more open."
5. **Support of peers:** Both mothers and children were able to form relationships with peers through the program. Being surrounded by other women in the Anthony Unit, mothers were able to share priorities (e.g., "we are all reaching for the same goal – our kids"), as well as garner emotional support, (e.g., "There are other parents around who we can connect with and know we aren't alone"). Mothers weren't the only ones forming emotionally supportive relationships with peers. Children also benefitted in this way. One mother shared, "My kids have made friends with other kids coming to visit. My daughter texts with the other girls she has met here. It's a sense of they're not alone in this."
6. **Personal growth:** Several mothers mentioned areas of personal growth through their residency in the Anthony Unit including "forgiveness," "learning how to handle anger," increased patience," and "increased confidence" in one's parenting ability.

Caregivers' Perceptions of Benefits

1. **Building & maintaining a relationship with mother:** Like mothers, many caregivers reported that the primary benefit of the program was building or maintaining the relationship between the mother and her child, stating that the program helps children "know mom is in [their] life," and allows both parties to feel "still connected." Caregivers also echoed the special importance of this bonding between mothers and infants, stating, "He was just 5 months old when she went in. Without the program, he wouldn't know his mom at all."

2. **Physical contact with children:** Similar to many mothers, caregivers recognized the benefit children get from having natural physical contact with their mothers.
3. **General support and positivity:** Caregivers were overwhelmingly positive about the program, saying the following: "I believe in it and hope it continues for the kids' sake." Other caregivers stated, "I really support the program and want to do anything I can to make sure it happens for other families" and "[The kids] really need those visits. It's like therapy. They were so insecure when I got them, but now they're strong and happy because they see her."

Mothers' Perception of Barriers

1. **Desire more time for visits, including overnight visits**

Many mothers felt the visit was too short, noting that the time, "goes by too fast." One mother stated, "no mother can ever have enough time with her children."

2. **Desire for more unstructured time during the visits**

A common suggestion for improving the program was to allow more unstructured time if the mother and child would rather not participate in structured activities. Many mothers mentioned, especially those with teens, a desire for more time to "just talk" and to "spend time alone hanging out with [each other]."

3. **Need for more age-appropriate activities**

Although mothers seemed satisfied with the activities provided for school-aged children, a few mothers mentioned that the activities offered were sometimes inappropriate for teenagers and very young children (i.e., infants).

Caregivers' Perception of Barriers

1. **Travel time**

Most frequently, caregivers noted that the long travel presented a large challenge in bringing the child[ren] to participate in EV. This concern was especially pronounced for caregivers who lived out of state, but was also significant for many in-state families, as many still had to drive long distances.

2. **Associated cost**

Traveling long distances to get to MCF-Shakopee has many associated costs. Among those mentioned by caregivers were the price of gas, plane tickets, overnight accommodations, and food. Additionally, as caregivers are not allowed to participate in the visit themselves, they must find something to do during the time children are with their mothers, which many said was "difficult to do without spending money."

3. **Children's adverse reactions**

A handful of caregivers mentioned that children's reactions before and after visiting posed a challenge. One caregiver shared that "a few days after the visits, his anxiety level soared. He would get all stirred up." Another caregiver noted that "as much as she completely looks forward to seeing her mom, there was always a major behavioral issue before going, which was not fun for anyone."

4. **Strictness of drop-off rules**

A couple caregivers noted that the strictness of the rules surrounding the drop-off of children for visits was problematic, including rules about appropriate clothing to issues with the Minor Escort paperwork. One caregiver explained that they were "frustrated with the check-in process," while another shared their "disappointment around a cancelled visit due to Minor Escort paperwork not being filed out on time."

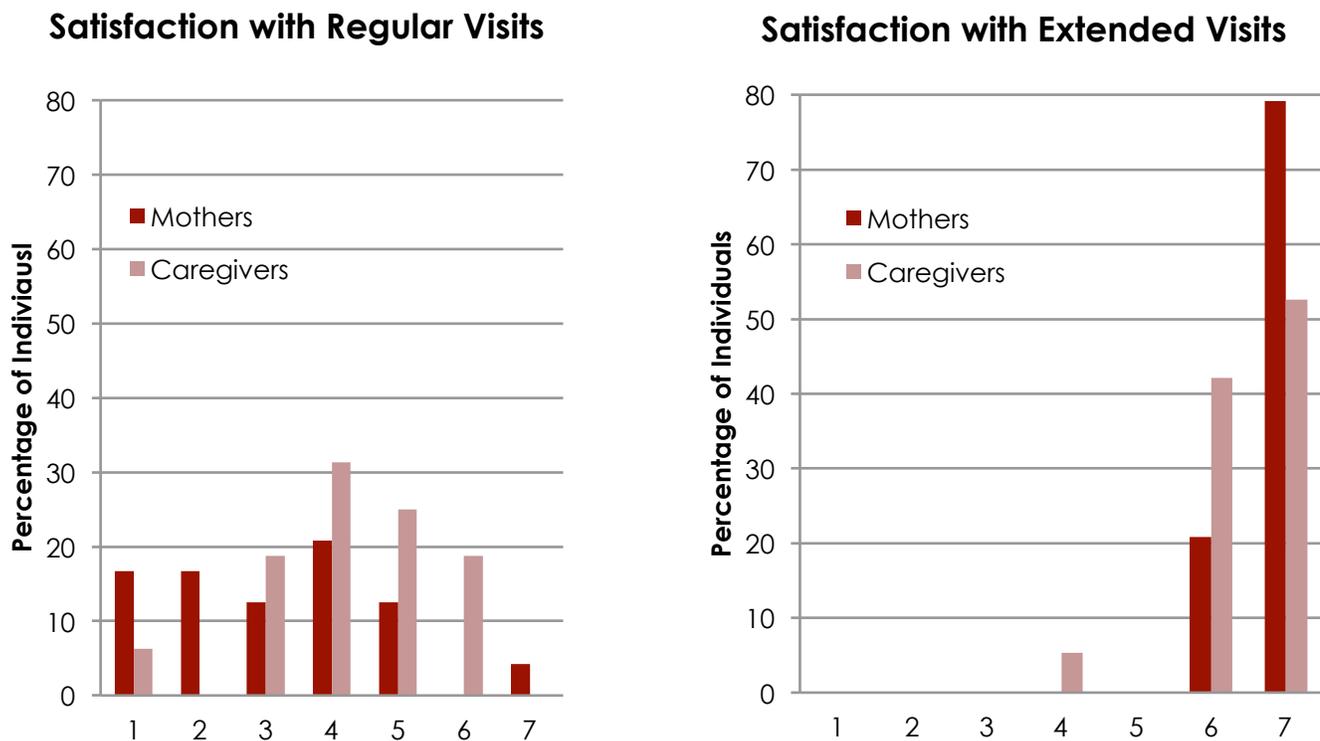
Comparing Extended Visits to Regular Visits

For those families who had also participated in regular visiting (20 families), we asked mothers and caregivers to compare their experiences in EV to their experiences in regular visiting. Mothers unanimously preferred Extended Visiting, with 100% of mothers reporting that they, and their children, preferred EV over regular visits. All but one caregiver reported the same preference. See *Figure 4* for additional information about participants' satisfaction.

The reasons for this preference centered on three themes: the importance of physical contact between mothers and children, difficulty (especially for young children) in following strict visiting room rules (e.g., those restricting movement), and the lack of activities and structure provided in the visiting room.

"My kids didn't even want to come [to regular visits] when they couldn't touch me. It's too painful."

Figure 4. Mother & Caregiver Satisfaction with Regular & Extended Visits



Conclusions & Future Directions

In conclusion, women and caregivers were both overwhelmingly positive about EV and preferred them to regular visits. Mothers felt supported in the program, both through their interactions with other mothers and in their relationships with their children. This building and maintenance of strong relationships with their children has implications for successful reintegration into the community following their release from MCF-Shakopee.

In the original conceptualization of the project, we planned to include children's perspectives. While the current study did include mothers' and caregivers' reports on children's behavior and their interpretation of children's feelings about visitation, the current project does not include children's own perspectives of EV. Future research on EV at MCF-Shakopee, as well as research on visiting and parenting programs in general, should certainly assess the experiences of participating children.