

The Annie E. Casey Foundation

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kids count

ESSAY





## Helping Our Most Vulnerable Families Overcome Barriers to Work and Achieve Financial Success

Every year, the Annie E. Casey Foundation reports on the well-being of America's children. And every year, our KIDS COUNT data underscore the fact that kids from poor families too often lack the opportunities and assets that will enable them to become successful adults. Compared to their more affluent peers, kids from low-income families are more likely to suffer from preventable illnesses, fail in school, become teenage parents, and become involved with the justice system. As a result, these young people frequently reach adulthood without the necessary tools, experiences, and connections to succeed. At Casey, we've long believed that the most powerful approach to altering the future of our nation's most disadvantaged kids is to enhance the financial security of their parents in the present. The most basic and best way to do this is to help parents connect to and succeed in the workforce.

Over the past decade, states have made significant strides on this front—partly due to changes in our nation's social welfare policies that placed time limits on the receipt of welfare benefits and allowed states more flexibility to set new work standards. These changes also helped channel more effective federal and state spending to support low-income working families. Coupled with the robust economy of the late 1990s, these new policies caused welfare rolls to decline significantly and increased the employment rate of single parents substantially.



Although progress has been made toward helping struggling parents become employed, far too many have not successfully connected to the workforce, despite the best intentions of states. This sizeable and growing population of poor families remains entirely disconnected from employment. In 2004, almost 4 million American children lived in low-income families where neither their parent(s) nor any other adult in the household worked at all in the past year. U.S. Census Bureau data show that during the late 1990s, as new welfare work rules took effect and the economy surged, the number of children living in non-working, low-income families dropped considerably. But since then, largely unacknowledged by policymakers or the media, the figure has been rising. Between 2000 and 2004, the number of children in low-income households where no adult worked grew from 2.9 million to 3.9 million. One million of these children live in the suburbs, and 600,000 live in rural America.<sup>1</sup>

Many of the obstacles that impede parents from steady employment have been well researched and well documented in Casey publications and in various policy research venues. These barriers include an inability to secure affordable and accessible child care; low literacy levels; limited transportation options that make it difficult for parents to commute to available jobs; and disincentives that strip government benefits from families when they become employed and earn wages. In addition, a significant number of parents face debilitating physical and mental

health barriers to employment. For example, an estimated 40 percent of children in non-working households live in homes where the head of the household suffers from serious physical or mental health problems.<sup>2</sup>

This essay examines four employment barriers that policymakers and others consider among the most difficult to overcome: substance abuse, domestic violence, a history of incarceration, and depression. These burdens can diminish a person's motivation and ability to find work. Furthermore, they can make it particularly difficult to demonstrate the workplace skills (for example, attendance, punctuality, collegiality, ability to take direction) that employers view as a foundation for success—even for entry-level jobs. Far too often, particularly for the formerly incarcerated, they can also negatively influence potential employers' hiring decisions.

In the pages that follow, we examine each of these issues in more detail and highlight a number of state and local initiatives across the country that are successfully addressing them. Because many people face more than one of these barriers simultaneously, we believe that it is critical for policymakers to champion interventions that are integrated, flexible, and comprehensive in their scope.

### **A Closer Look at America's Most Persistently Unemployed Parents**

What lies behind the inability of more than 2 million parents to enter the world of work? The answer is both clear

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and compelling: In study after study, the cumulative impact of multiple barriers severely limits workforce success.

Thus, while none of the four factors that we highlight necessarily precludes employment for low-income parents, each one makes it that much harder for parents to connect successfully to the workforce and provide the economic stability that kids need. Depression makes it difficult, but not impossible, for a single mother to find a job. If that mother also has an abusive partner or suffers from substance abuse, then she's highly unlikely to get a job. Should she have a history of incarceration, her chances are slimmer still.

In 1997, the Urban Institute compared a nationwide sample of current welfare recipients with parents who had recently exited the welfare rolls. Of those still on the welfare rolls, 44 percent had two or more obstacles, compared with 24 percent of those who had left welfare.<sup>3</sup> The welfare "leavers" were almost twice as likely as welfare "stayers" to report no work barriers. Among current welfare recipients in 2002, the Urban Institute found that 51 percent of those with none of six key work impediments had jobs, compared with 30 percent of welfare recipients with one barrier and only 14 percent of those with two or more barriers.<sup>4</sup>

Despite this, programs and services typically address these barriers in isolation, in large part because that is how federal, state, and local funding streams (and the agencies that administer them) are usually organized. However, the fol-

lowing discussion about the prevalence and impact of the four key workforce barriers—substance abuse, domestic violence, prior incarceration, and depression—reveals that many of the hardest to employ need integrated, multi-dimensional supports.

## Substance Abuse

The National Survey on Drug Use and Health estimated that in 2003, there were 19.4 million adults who abused or were dependent on alcohol or illicit drugs.<sup>5</sup> Although overall rates of alcohol and illicit drug use are down from peak levels in the late 1970s and early 1980s, substance abuse still affects millions of families from all walks of life.<sup>6</sup> While the majority of substance abusers were employed (77 percent had either a full- or part-time job), heavy use of alcohol and illicit drugs clearly makes it harder to find and keep a job.<sup>7</sup> This is especially true among low-income populations.

Parental substance abuse can also have devastating effects on the well-being of children. In 2001, an estimated 6 million children lived with at least one parent who abused or was dependent on drugs or alcohol.<sup>8</sup> One study of families receiving aid under the federal Temporary Assistance for Needy Families program (TANF) found that children, especially adolescents, whose parents abused drugs or alcohol experienced significantly more behavioral, emotional, and physical problems and were more likely to engage in risky behaviors than children whose parents did not suffer from addiction.<sup>9</sup> The unemploy-

ment and poverty that can result from substance abuse frequently compound the risk of child abuse or neglect.<sup>10</sup> Furthermore, while substance abuse affects families of all economic, ethnic, and cultural backgrounds, its impact is even more profound if the family has limited access to adequate health care, child care, housing, and jobs that would provide economic stability.

Substance-abusing parents are also more likely to have other problems that impede their ability to gain employment and provide for their children. Substance abuse and dependence rates are more prevalent among those with low education levels, serious mental illness, and/or a history of incarceration.<sup>11</sup> One recent study of women on welfare found that substance abusers were far more likely to need mental health services (46 percent vs. 15 percent) and to have ever been arrested (56 percent vs. 15 percent) or incarcerated (25 percent vs. 5 percent) than non-abusers.<sup>12</sup>

Among welfare recipients, the precise incidence of substance abuse is difficult to measure. Since the data are self-reported, estimates vary widely. Even so, in 2000, the U.S. Department of Health and Human Services estimated that as many as 460,000 families on welfare were affected by substance abuse.<sup>13</sup> Moreover, both unemployment and substance-abuse rates are particularly high among individuals who have been arrested. The 2003 Arrestee Drug Abuse Monitoring Program, a survey that measures the extent of drug and alcohol use among people who were

in city and county detention facilities, found that 74 percent of males tested positive for drugs or alcohol at the time of arrest. One in three of those arrested was found at risk for alcohol dependence, and 39 percent were at risk for drug dependence. Of all males arrested in 2003, 41 percent were unemployed at the time of arrest.<sup>14</sup>

### **Impact of Substance Abuse on Employment**

Serious addiction to drugs and alcohol is one of the most significant barriers to finding and keeping a job. Substance abuse sets up a vicious cycle: The addiction can trigger unemployment, and unemployment can trigger or exacerbate the addictive behavior.<sup>15</sup> The typical substance abuser is more likely to have additional barriers to employment. Research has shown that a welfare recipient who suffers from substance dependence combined with one or two other barriers to employment is highly unlikely to be able to meet work requirements.<sup>16</sup> The New Jersey Substance Abuse Research Demonstration Project found that 49 percent of the TANF recipients who had substance-abuse problems also suffered from severe or moderate depression; that 44 percent had chronic health problems; and that 32 percent were victims of sexual abuse.<sup>17</sup>

In addition, job opportunities are limited for those who cannot pass a drug screening test or who have prior convictions related to substance abuse, such as driving under the influence or drug possession. Many positions that

would normally be available to people who lack advanced education, such as machine operators and commercial vehicle drivers, are no longer practical options because applicants must undergo routine drug testing. Likewise, service-sector jobs in child care, education, and health care are often not accessible to people with a history of alcohol- and drug-related arrests, since employers usually restrict those with criminal records from becoming licensed.<sup>18</sup>

In addition to the impact that substance abuse has on the earning potential of vulnerable families, the overall economic costs of substance abuse to the country are staggering. The Office of National Drug Control Policy in the Executive Office of the President estimated that in 2000 alone, the cost of substance abuse was more than \$160 billion. Nearly three-quarters of this cost resulted from productivity losses associated with absenteeism, drug-abuse-related illness and hospitalization, incarceration, and premature death.<sup>19</sup>

### **Domestic Violence**

Every year, an estimated 1.5 million women are victims of domestic violence.<sup>20</sup> Although domestic abuse occurs across all classes and races, data show that the poorest women endure the most violence. In the National Family Violence Survey, rates of “abusive violence” against women with annual incomes below \$10,000 were more than 3.5 times those found among households with incomes above \$40,000.<sup>21</sup> While domestic violence is not confined



to women, women are about 6 times more likely to experience serious aggression in an intimate relationship than are men.<sup>22</sup> The effects of domestic violence vary according to how recent the experience of abuse has been, the duration of time over which the victim has suffered abuse, and the severity of the abuse.

Domestic violence has multiple and long-ranging effects on every member of the family. Its victims experience a variety of physical, psychological, and economic hardships. Children, in particular, suffer profoundly. It is estimated that between 3.3 million and 10 million children witness domestic violence annually,<sup>23</sup> and research shows that just being exposed to violence can have serious detrimental effects on child development. For example, children who witness assaults against a parent have a greater likelihood of exhibiting aggressive and antisocial behavior (especially among boys) and experiencing depression and anxiety, traumatic stress disorders, and slower cognitive development.<sup>24</sup> Children of abused mothers are themselves more likely to suffer maltreatment. In a survey of more than 6,000 American families, researchers found that 50 percent of the men who frequently abuse their wives also assault their children.<sup>25</sup>

### **Impact of Domestic Violence on Employment**

Many studies show that abusive male partners often oppose their female partners' efforts to go to work and stay employed. A Massachusetts study found

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that abused women were 10 times more likely to have a current or former partner who objected to their going to school or work, compared to women who had a non-abusive partner.<sup>26</sup> There is a consensus in the literature that abusers not only oppose the idea of work, but often actively undermine employment in both direct and indirect ways. According to a Government Accountability Office (GAO) study, up to 50 percent of female employees who have experienced domestic violence have lost a job in part because of partner intrusions. Direct interference in partners' employment is documented in a range of studies: Between 35 percent and 56 percent of employed battered women were harassed at work in person by their abusive partners. In a Wisconsin study, 63 percent of women surveyed reported that they had been fired or had to quit a job because their partner threatened them; half of these women reported incurring absences at work due to severe beatings.<sup>27</sup>

In Colorado, an assessment of 1,082 new applicants for public assistance found that 44 percent of those who reported being victims of domestic violence claimed that their abusive ex-partners had prevented them from working.<sup>28</sup> In a Utah survey of women receiving long-term welfare benefits, 42 percent reported having been harassed at work by abusive partners, and 36 percent reported having to stay home from work due to domestic violence at some point in their lives. Among these Utah women, 29 percent said that their

partner's objections were a barrier to employment; almost all of these women (80 percent) said that this abuse prevented them from working; and the rest said that it adversely affected their work.<sup>29</sup>

Abusers also use less direct and violent tactics to undermine their partners' success in the workplace. One common tactic is phone harassment. An Ohio study found that about 25 percent of women seeking services in domestic violence shelters said that their current partner had made harassing calls to the workplace or job training site. In a Wisconsin study of women on welfare, the rate was even higher, with 42 percent saying that they had received harassing phone calls at work. The same study found other kinds of abusive interference outside the workplace, including the abusive partner's failure to provide child care as promised during working hours (50 percent) or to provide needed transportation to working women (33 percent) to or from their workplace.<sup>30</sup>

Domestic abuse undermines the ability of women to work in other ways, as well. For example, there is a clear connection between abuse and mental health. In a Utah study, domestic violence survivors reported much higher rates of depression, post-traumatic stress, and substance abuse than individuals not subjected to violence.<sup>31</sup> Similarly, abused women in a Michigan study were twice as likely to report a physical limitation or rate their health as "poor" compared to those who had never been abused. Michigan researchers



also found that women who had experienced severe physical violence in the past 12 months were significantly more likely to be alcohol dependent (8 percent) than those who had never experienced severe physical violence (1 percent).<sup>32</sup> In addition, active drug and alcohol problems were reported by 18 percent of currently abused women in a New Jersey study, compared to 10 percent of the entire sample.<sup>33</sup> Homelessness—which poses a huge obstacle to employment—is another all-too-frequent consequence of domestic violence, particularly among those who flee their home to escape an abusive partner.<sup>34</sup>

The impact of these abuses on women's employment is dramatically evident in the welfare statistics. Surveys of current and former welfare recipients reveal alarming levels of sexual abuse and other domestic violence. Fifty percent to 60 percent of women on welfare say that they have been abused in their lifetimes, compared to 22 percent of the general population. Numerous studies confirm that a majority of women receiving welfare have been subjected to domestic violence as adults, with as many as 30 percent reporting being subjected to abuse within the past year. This is substantiated by studies of women on welfare in Massachusetts, New Jersey, Pennsylvania, and Utah. A New Jersey study indicated that a majority of shelter residents use welfare as a way to gain some measure of economic independence as they attempt to end reliance on an abusive household member.<sup>35</sup>

### Prior Incarceration

Another crippling employment obstacle confronting many low-income parents is a criminal record. Finding a job can be immensely difficult, particularly for the ever-growing number of parents returning to their communities from prison each year.

Between 1980 and 2003, the number of adults incarcerated in the United States quadrupled, from 504,000 to 2.1 million.<sup>36</sup> It is estimated that by the end of 2001 approximately 5.6 million U.S. adults had served time in prison at some point in their lives. This included one of every six black men nationwide.<sup>37</sup>

The incarceration rate in recent years has grown even faster among women than men. The number of women confined in federal prisons, state prisons, and local jails nationwide climbed from 12,300 in 1980 to 182,271 in 2002.<sup>38</sup> Although women still make up a small share of the total prison population, their incarceration has a much bigger impact on children than does the incarceration of men: More often than not, women are their children's primary caregivers. In both state and federal prisons, women inmates are much more likely than men to have lived with their minor children at the time of arrest, and they are many times more likely to have had sole custody. In 1999, more than 1.5 million children nationwide had a parent in prison, up from less than 1 million children in 1991.<sup>39</sup> Including parents who have recently been re-

leased from jail or prison, and those on parole, the number of children experiencing the effects of parental incarceration rises to 3.2 million.<sup>40</sup>

Parental incarceration takes an obvious toll on children, which typically reveals itself in lower self-esteem, depression, emotional withdrawal, and disruptive and delinquent behavior.<sup>41</sup> It also has a significant impact on their economic well-being. This is especially true when the imprisoned parent is a primary caregiver, and even more so when the inmate is a single parent. In 2000, an estimated 344,100 households with children were missing a resident parent who was being held in a state or federal prison.<sup>42</sup> Nearly 650,000 inmates, including 400,000 parents, were released from U.S. prisons in 2004—almost 4 times the number released in 1980<sup>43</sup>—and many of these parents will remain jobless well after their release. A 1997 study found that only 21 percent of California parolees had full-time jobs, while 9 percent had “casual jobs,” and 70 percent were unemployed.<sup>44</sup>

### **Impact of Prior Incarceration on Employment**

While parents who are released from prison face many of the same barriers to employment that stymie other persistently jobless parents, they often face even steeper odds, as they have even more limited or sporadic work histories.

Parents returning to society from prison also face a number of specific job and income obstacles directly related

to their incarceration. State and federal laws often prohibit parents with criminal records from accessing welfare benefits, Food Stamps, subsidized housing, or tuition assistance that can help them temporarily stabilize their lives while looking for work. Furthermore, many states have laws barring those with criminal records from entering a variety of occupations, such as child care, health care, finance, and security. Even when formerly incarcerated adults are legally eligible to work, employers may be reluctant to hire them. One survey found that only 40 percent of employers would consider hiring someone who has been incarcerated, whereas 90 percent were willing to consider welfare recipients for similar positions.<sup>45</sup>

Issues of race make it even harder for persons of color who have been incarcerated to get a job. A 2002 survey of 200 Milwaukee employers found that among job applicants with identical education and employment backgrounds, just 5 percent of formerly incarcerated African Americans were offered jobs, compared with 14 percent of formerly incarcerated Caucasians.<sup>46</sup>

Despite the severe barriers facing ex-offenders upon their return to society, and the proven link between unemployment and recidivism, people who have been incarcerated typically receive little help in preparing for employment, either while they are in prison or in the crucial period immediately after their release.

For example, U.S. Bureau of Justice research shows that only 27 percent of soon-to-be-released prisoners took part

in vocational programs in 1997, and 35 percent took part in educational programs—down from 31 percent and 41 percent, respectively, in 1991. Just 10 percent of prison inmates received professional substance-abuse treatment services in 1997, down from 25 percent in 1991.<sup>47</sup> Likewise, as they leave prison, inmates commonly receive little help in finding jobs. “Most prisoners are released with little more than a bus ticket and a nominal amount of spending money,” concluded one prominent study on prison inmates’ re-entry to society. The study also found that “prisoners are often returned home without the important pieces of identification necessary to obtain jobs, get access to substance-abuse treatment, or apply for public assistance.”<sup>48</sup> Most prisoners return home without a driver’s license, and some states even prohibit ex-offenders from obtaining licenses.

### Depression Among Low-Income Mothers

Each year, between 4 percent and 10 percent of American adults suffer from major depression. Many more suffer depressive symptoms that do not meet the clinical criteria for a diagnosis of major depression. Women are 1.5 to 3 times as likely as men to report depression. Mental health researchers also consistently find that depression is significantly correlated to income: Those in poor homes are roughly twice as likely to suffer depression as those in more affluent households.<sup>49</sup>

A nationwide survey of women in the early 1990s found that 12.9 percent reported bouts of depression in the previous 12 months (compared with 7.7 percent of men). Among poor single women, the rate was 18.4 percent.<sup>50</sup> Other research finds that depression is especially prevalent among low-income mothers, particularly welfare recipients. In a national evaluation of the Early Head Start Program, 48 percent of low-income women who were pregnant or had infant children were depressed, and one-third of mothers with 1-year-old children and 3-year-old children were depressed.<sup>51</sup>

In Michigan, a detailed study of current and former welfare recipients found that 25.4 percent suffered a major depression in the prior 12 months.<sup>52</sup> Analyses of welfare recipients in Kern and Stanislaus counties in California found depression rates of 22 percent and 36 percent, respectively.<sup>53</sup> Among long-term welfare recipients in Utah, 42 percent met diagnostic criteria for major depression, and 57 percent suffered symptoms of depression.<sup>54</sup> In the New Chance welfare-to-work demonstration project for young mothers, 53 percent of participants were found to be at high risk for clinical depression.<sup>55</sup>

In 2003 and 2004, the Annie E. Casey Foundation sponsored several focus groups nationwide to better understand the dynamics and impact of depression on low-income minority mothers, particularly immigrant mothers. Although the meetings were held in several different languages and involved

women from a wide variety of cultures, all groups indicated that symptoms of depression were commonplace in their communities. Moreover, mothers from all immigrant groups reported that the special pressures of finding jobs, resolving immigration status, learning English, and finding transportation and housing—often without support from their children’s fathers—created serious emotional distress. This distress was often compounded by substance abuse and/or domestic violence.

#### **Impact of Depression on Employment**

Though the connection between depression and employment has not been studied extensively, available evidence suggests that although many depressed women do work, they are less successful in the labor force than non-depressed women. In Michigan, for instance, current and former welfare recipients who suffered from depression were significantly less likely than those without depression to work more than 20 hours per week (48 percent vs. 61 percent).<sup>56</sup> A national evaluation of welfare-to-work programs in 2001 showed that welfare recipients who did not suffer from depression (based on screenings) had higher earnings than recipients who did.<sup>57</sup>

As with other barriers described here, studies suggest that mild depressive symptoms can measurably diminish employment when they are compounded by additional barriers, such as substance abuse, domestic violence, or limited education. Unfortunately, all of these barriers are disproportionately higher in

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low-income families than among more economically stable households. Low-income single mothers with any mental health disorder (of which depression is the most common) are 25 percent less likely to work and 38 percent more likely to receive welfare than adults with no disorders.<sup>58</sup>

As with substance abuse, there can be a symbiotic relationship between depression and employment. Mental health scholars find that joblessness can trigger depression and other mental health problems. And besides jeopardizing economic stability, parental depression can put children at heightened risk of developing behavioral problems, school difficulties, and physical health problems, as well as depression and a variety of other psychiatric illnesses.

### Addressing the Needs of America's Most Persistently Jobless Families

Looking at the range of employment barriers facing America's most persistently unemployed families, it is easy to become discouraged. Clearly, some of the hardships confronting them—substance abuse, domestic violence, prior incarceration, and depression—represent daunting challenges that are difficult to address. However, not focusing time, attention, and resources on these issues will, in the long run, be far more costly to society. Ignoring them will help to perpetuate a new generational cycle of poverty, compromised outcomes, and unmet potential for some 4 million children and, ultimately,

their children. Not addressing these issues will also bring into question our nation's ability to fulfill the promise of welfare reform policies: Employment is the path out of poverty.

There is good news, however. A number of efforts in states and communities across the country are successfully taking on these challenges to employment and self-sufficiency. All of the promising programs noted here help people overcome individual or multiple barriers, while preparing them for and connecting them to the workforce. Several of these efforts are described in the following pages.

### Breaking the Chains of Substance Abuse

Programs that effectively help people with substance abuse connect to the workforce tend to require that participants focus on recovering from their addiction while improving their employment skills.<sup>59</sup> New Jersey's **Intensive Case Management** program used this approach to increase the chances of successful abstinence over the long term and bolster the probability that participants would successfully remain in the workforce.

Participants were assigned a team of case managers who helped them overcome barriers to entering and staying in treatment, such as securing child care, transportation, and housing assistance. Case managers made home visits, contacted family members when necessary, and continued to be connected to participants, helping them coordinate

services throughout the treatment period. Findings from a group of 155 female TANF recipients show that intensive case management interventions are more effective in increasing rates of abstinence and promoting employment than more typical approaches that primarily offer only treatment referral.<sup>60</sup>

**CASAWORKS for Families** is a national demonstration program that provides families receiving TANF with integrated services, including drug and alcohol treatment; literacy, job, parenting, and social skills training; family violence prevention; and health care. Funded by the Robert Wood Johnson Foundation, the City of New York, the U.S. Department of Health and Human Services, and the Annie E. Casey Foundation, the mission of CASAWORKS for Families is “to help poor women achieve recovery, employment, family stability and safety, and strong parenting skills.” The pilot program began in 10 cities and is currently operating in two sites in New York City.

Referrals into the CASAWORKS for Families program come from welfare offices, other state agencies, and community organizations. After the client is assessed, the client and case manager jointly develop goals and a plan for economic self-sufficiency. A typical plan includes substance-abuse treatment, literacy, job training, and other services, depending on the individual’s needs. Periodic evaluations occur throughout the 1-year program. Early results have shown that after 12 months, the proportion of enrolled women who abstained

from using alcohol increased by 60 percent; the proportion who abstained from marijuana use grew by more than 20 percent; and the proportion who stopped using cocaine rose by 34 percent. During the same time period, enrollees more than doubled their rates of employment.<sup>61</sup>

**Pioneer Human Services (PHS)** is a human services organization in Seattle, Washington, that offers transitional employment and training opportunities to high-risk populations, including people who have been incarcerated or who abused drugs or alcohol. Through a “social enterprise” model, PHS helps people operate self-supporting businesses, while providing an array of client services, including substance-abuse treatment, employment training, and housing services. PHS is funded almost entirely by income from goods and services that are sold through contractual relationships with such companies as Boeing, Microsoft, and Nintendo.

A study of participants in the Pioneer program found that they were far less likely to be re-incarcerated, earned more money, and worked more hours than people in a comparison group.<sup>62</sup>

**Delancey Street Foundation** is a San Francisco-based residential education center that helps people who have been incarcerated or had substance-abuse issues move toward self-sufficiency. The program currently works with about 1,000 residents across the nation. Participants are required to stay involved in the program for 2 years, although the average stay is closer to 4. The program

is based on the concept that participants learn from each other; graduates hand down skills to new participants so that they can advance, as well.

After participants “get clean,” one of their first goals is to earn a high school equivalency degree. Then they work in one of the foundation’s vocational training programs, which include a moving and trucking school, a restaurant and catering service, a print and copy shop, transportation services, Christmas tree sales, and an automotive center. More than 14,000 people have graduated from the program in its 30-year-plus history. In addition, 10,000 participants have received GEDs, and the program has developed more than 20 enterprises run by Delancey graduates.<sup>63</sup>

**Jobs for Oregon’s Future** reflects an innovative approach to integrating drug and alcohol programs into state and local welfare departments. In 1992, Oregon began requiring that local welfare offices become more accountable for providing effective services to clients with alcohol and drug problems. Although welfare applicants are required to seek employment immediately, the program places treatment professionals in every welfare office so that substance-involved clients can participate in treatment and work-related activities at the same time. Studies have found that people who participated in the program earned wages that were 65 percent higher than similarly affected clients who had not participated in the treatment component.<sup>64</sup>

## Coping With the Effects of Domestic Violence

People working in the field of domestic violence have long promoted the idea that policies and programs that help bolster a mother’s ability to provide for her family economically (for example, job training, job placement, child care, child support, and Food Stamps) must deliberately and creatively incorporate a response to domestic violence, as well.

Under the TANF program, the Family Violence Option allows states the flexibility to modify program requirements for individuals who are victims of abuse. This provision is optional, and the terms of implementation vary across the 48 states that have either selected the option or implemented equivalent policies independently. In the majority of those states, victims of abuse can receive exemptions from many of the requirements concerning time limits for benefits, work participation, and child support enforcement.

For example, in Alabama, a special program for victims of domestic violence provides financial assistance such as deposits for housing, moving expenses, and other services for up to 4 months for extremely low-income women with young children. That assistance does not count against a TANF recipient’s time or financial assistance limits. Other states, such as California and New Mexico, in addition to providing time and participation waivers, also classify participation in domestic violence services as “work activity.” This inclusion is a clear recognition of the level of time and effort it takes to deal with these issues.<sup>65</sup>

**Offering transitional support to prison inmates—many of whom are parents—can substantially increase their chances of finding jobs and helping their families achieve self-sufficiency.**

Just as important as a state's willingness to exercise TANF policy options around domestic violence is the ability of front-line workers to collaborate across agencies and disciplines to best serve victims of abuse. Because TANF programs represent only one aspect of the job training and readiness universe, it is critical that the field in general be "cross-trained" on this issue and ready to work with a more diverse set of service agencies.

The Kraft Domestic Violence Services Project, a 2-year national demonstration project, was created to investigate how domestic violence affects outcomes in the employment and training field and to explore what interventions are most effective in reducing those barriers. Demonstration sites in Chicago, Houston, and Seattle were created with the intent of integrating domestic violence programs within job training environments and build a model for future collaborative efforts between domestic violence and employment service providers.<sup>66</sup>

The Kraft project found that issues related to client confidentiality, privacy, and security were among the most critical challenges in effectively meshing domestic violence and employment training services. The project also highlighted the need for states to take advantage of flexible federal policy options by establishing additional supports and alternative requirements for clients who are not likely to succeed in regular programming. In addition, it recommended that front-line service providers expand their

capacity to provide necessary services while maintaining the levels of confidentiality and security that are essential when domestic violence is a factor.<sup>67</sup>

Some states are actively putting in place efforts that reflect these principles. In Anne Arundel County, Maryland, for example, the Department of Social Services began linking domestic violence screening to other services as early as 1995. In conjunction with a local domestic violence agency, the county developed a training curriculum for its human services workers to ensure that clients had several opportunities to report domestic violence during the child support and TANF intake processes. Clients were then able to avail themselves quickly of domestic violence services, and caseworkers were able to factor those issues into decisions regarding child support and work requirements.

Using the Family Violence Option, the state human services agency in South Carolina works with a statewide domestic violence coalition to provide training to case managers. In exchange, the state provides training to domestic violence advocates working in shelters on the basic TANF requirements. This cross-training has enabled staff from both systems to communicate better and to provide their clients with more accurate information about available services. It also has created policies that better respond to the needs of domestic violence survivors.

In Kansas, the **Orientation, Assessment, Referral, and Safety (OARS)** program addresses domestic violence

issues within the TANF/KansasWorks employment services structure. The KansasWorks caseworkers act as service brokers for clients with multiple needs. Under this model, case managers are trained to create multidisciplinary teams that can respond to whatever employment barriers are hindering their clients. The OARS work component is designed to help Kansas TANF participants who are victims of domestic violence or sexual assault develop an employment plan, which includes goals for resolving these issues. Other components of the program include on-site domestic violence counselors, strict confidentiality guidelines, and full training support on domestic violence issues for frontline welfare and child support workers.

### Moving From Incarceration to Economic Stability

Offering transitional support to prison inmates—many of whom are parents—can substantially increase their chances of finding jobs and helping their families achieve self-sufficiency. Several types of programs are improving the prospects of former prisoners who are trying to find work and avoid recidivism. Programs that are achieving significant results include education, training, and treatment services prior to release, as well as post-release programs offering job placement, treatment, and case management support.

According to a recent Urban Institute study, “The emerging research knowledge about effective prison programs suggests that [they] produce pub-



lic safety benefits and increase social functioning overall.” The study also concluded that, “ironically, the research consensus comes at a time when smaller shares of prisoners seem to be receiving treatment and training than in the past.”<sup>68</sup>

A comprehensive study of quality in-prison education programs in Maryland, Minnesota, and Ohio found that participating inmates were less likely to be arrested, convicted, or re-incarcerated upon release than those who did not take such classes. The education program participants also earned higher incomes.<sup>69</sup> Similarly, a Virginia study spanning 15 years found that prisoners who completed education programs while incarcerated had 59 percent lower recidivism rates than inmates who did not.<sup>70</sup>

Given the prevalence of significant drug and alcohol abuse among those incarcerated, effective in-prison treatment is critical. However, research shows that in order to produce positive results, treatment programs must develop clearly defined goals, use comprehensive assessment tools, match participants to appropriate therapy programs that build in strong incentives and behavioral contracts, provide reliable drug testing, and offer a continuum of care at various levels of intensity. Studies consistently show that programs that keep participants in treatment longer and achieve high completion rates produce the best long-term outcomes.<sup>71</sup>

One example is Delaware’s **Key-Crest** substance-abuse treatment program, which works with people before

and after their release from prison. The multi-stage Key-Crest approach includes substance-abuse treatment inside the prison, a period of community-based work-release plus treatment, and after-care support. The program substantially reduces recidivism rates and measurably increases employment rates after release. Inmates who completed both the in-prison and community treatment phases were less than half as likely as non-participants (23 percent vs. 54 percent) to be re-arrested in the 18 months after release, and they were 3 times more likely (47 percent vs. 16 percent) to be drug-free at 18 months.<sup>72</sup>

A number of promising programs offer job readiness training, work experience, and job placement assistance for people returning to society from prison. The **Center for Employment Opportunities (CEO)** in New York City temporarily places ex-inmates on five- to seven-person work crews that provide maintenance, repair, and sanitation services for state and local government agencies. The CEO model has three key features: (1) immediate income for people returning home from incarceration; (2) intensive job placement assistance, aided by CEO job developers whose pay is based on the number of participants they place into jobs; and (3) ongoing support from employment specialists to help participants keep their jobs, once hired. The 1,500 to 1,800 ex-offenders whom CEO serves each year are required to complete a 1-week job readiness workshop before being placed on a work crew. CEO pays

**Faith-based institutions also have been very active in supporting efforts to move formerly incarcerated individuals into employment.**

participants minimum wage for their work on the crews, and it helps them to prepare for and find better-paying jobs in the competitive labor market. Participants work on their crews 4 days each week. On the fifth day, they meet with a job counselor or interview for permanent jobs.

In the 2004 program year, 62 percent of men and 71 percent of women who entered the program and met with a job developer found jobs, usually within 2 or 3 months, earning an average wage of about \$8.00 per hour. With ongoing support from CEO staff, 75 percent of participants remained employed for at least 1 month. Of those remaining employed for 30 days, two-thirds retained their jobs for at least 3 months, and half retained employment for at least 6 months.<sup>73</sup>

The **Safer Foundation** in Chicago works with more than 8,000 incarcerated or formerly incarcerated men and women each year, providing employment services both inside correctional facilities and in community settings. The Safer Foundation itself operates two Adult Transition Centers, locked facilities with a combined 500 beds, where inmates spend the last 30 days to 24 months of their sentences while participating in work-release programs.

Since January 2004, the Safer Foundation also has been working with inmates at the Sheridan Correctional Center, recently reopened by Illinois Governor Rod Blagojevich, to focus exclusively on drug treatment and re-entry preparation. Individuals released from



Sheridan and other Illinois facilities take part in the Safer Foundation's community-based job preparedness and placement programs. The programs begin with a 5-day pre-employment training seminar, followed by a job search. Safer Foundation employment specialists reach out to employers and offer to pay for drug testing services when requested, as well as help in accessing available employer tax credits and incentives. Once placed into a job, each participant is assigned a "lifeguard"—a case manager who will work with the participant for a full year to help address any problems that arise and pursue opportunities for advancement.

In 2004, the Safer Foundation placed 1,700 former prisoners into jobs, and 54 percent were still employed after 30 days. A 2004 study found that just 21 percent of Safer participants placed into jobs returned to prison within 3 years of release, compared with the statewide re-incarceration rate of 54 percent.<sup>74</sup> In 2005, the Safer Foundation also began offering temporary jobs for up to 300 of its participants, emulating the model that has proven successful for CEO and other employment initiatives for hard-to-employ workers.

Faith-based institutions also have been very active in supporting efforts to move formerly incarcerated individuals into employment. For example, **Bethel New Life** is a nationally recognized faith-based organization that began with a focus on housing in Chicago's West Side. In 2002, Bethel New Life launched an initiative aimed at reducing

recidivism, promoting the successful re-entry of former prisoners, and advocating policies to remove employment barriers for people formerly incarcerated.

To better serve the large numbers of ex-inmates involved in its programs, Bethel New Life's Welcome Home program formed a network with other faith-based institutions, businesses, and other organizations to provide needed services, as well as internships, full- and part-time employment, job references, and guidance about workplace conduct. To date, the program has provided 32 internships and 11 jobs to people who had been incarcerated. Even those not selected to participate in Welcome Home receive similar services, including life-skills training, job readiness, anger management, skill assessment, and referrals for job placement and supportive services.

Since 1985, Texas's **Project RIO** (Re-Integration of Offenders) has been providing employment support for former inmates. A partnership between the Texas Workforce Commission and the state's adult and juvenile corrections agencies, with an annual budget of \$13 million, Project RIO offers career exploration, job readiness, basic education, and job counseling support to young people and adults before they leave their facilities. After release, the project offers job search and placement assistance in partnership with the state's 270 workforce development centers.

Of nearly 73,000 inmates released from Texas prisons in 2003, almost 28,000 (more than one-third) participated in Project RIO while in prison,

and more than 26,000 signed up with a local workforce development center. Of these job-seekers, nearly 19,000 (70 percent) found jobs.<sup>75</sup> An independent evaluation in 1992 found that 69 percent of Project RIO participants found jobs, compared to 36 percent of a comparison group who did not participate. Furthermore, just 23 percent of Project RIO participants deemed at high risk of recidivism were re-incarcerated, compared with 38 percent of high-risk inmates who did not participate. The benefits of participation in Project RIO were especially salient for African Americans and Hispanic re-entrants.<sup>76</sup>

### Treating Depression in Low-Income Mothers

Research clearly shows that a variety of mental health treatments can effectively address depression. These include various forms of psychotherapy, as well as two major types of medications.<sup>77</sup> Some recent studies have found that combining medication and psychotherapy produces better results than either form of treatment on its own.<sup>78</sup> Despite these breakthroughs, depression often goes undiagnosed and untreated, particularly among low-income and minority populations. Moreover, even when diagnosed, getting appropriate treatment is often problematic. A 2001 study on treatment for depression and anxiety found that only 25 percent of depressed individuals nationwide received minimally adequate care (at least four counseling sessions, or 2 or more months of medication).<sup>79</sup> Low-income patients are even less likely

than those with higher incomes to receive specialized mental health care services, and Medicaid recipients (all of whom have low incomes) are far more likely than those with private insurance to receive older types of anti-depressants that are less effective. Low-income individuals also are far less likely to receive psychotherapy services or continuing care for depression. Many studies find that most of these patients never complete the prescribed treatment.<sup>80</sup>

Lack of quality treatment for low-income individuals plagued with depression stems from cultural barriers (such as mistrust of providers, fear of stigma, and lack of familiarity with the language and culture of mental health) as well as serious shortcomings in the mental health care system (such as lack of screening and outreach, staffing problems, and large gaps between best practices and usual services). Studies of mental health treatment in the Medicaid program have also found that low-income minorities diagnosed with depression are less likely to receive anti-depressants than whites, and when they do, they are less likely to receive newer types of medication with fewer side effects.<sup>81</sup>

Compounding this issue is the fact that low-income and minority individuals are often hesitant to accept care from mental health specialists. Focus group data in minority communities indicate that individuals are more likely to seek support from “natural helpers” such as family members, friends, and clergy. Given this, the challenge of diagnosing

and medically treating their depression is often left to primary care doctors in community health care clinics. Unfortunately, these general practitioners are far less likely than mental health specialists to identify depression accurately or to administer medications properly, once depression is diagnosed.<sup>82</sup>

### **Effective Approaches to Combat Depression**

For job-seeking parents suffering from depression, there is a crucial need for effective screening, followed by high-quality, culturally sensitive treatment. One promising strategy is the E-Smart Project, in Boston's Dorchester neighborhood, which uses pediatricians in two community health clinics to identify depressed young parents and help steer them into treatment. While many low-income parents lack a regular health care provider, the vast majority do take their children for required health checkups and immunizations. Most pediatricians recognize the importance of parents' mental health in the healthy development of children, but they often lack expertise in how to screen for mental illness and how to advise and refer parents who exhibit mental health problems. By training pediatricians on maternal depression, informing them about appropriate referrals, and developing a quick and easy-to-use depression screening tool, the E-Smart Project has begun routinely referring parents for depression treatment.

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In Washington, DC, **Mary's Center for Maternal and Child Care** employs paraprofessional home visitors to conduct depression screening among high-risk mothers. Initially, home visitors could only refer parents found to be at risk for depression to existing mental health programs—and despite their urging, few moms attended steadily and received a full course of treatment. Recognizing this, Mary's Center secured additional funding and added two mental health specialists to its staff—one African American and one Hispanic. Now, parents identified as at risk for depression (roughly 60 percent to 70 percent of parents in the program) are offered quality therapy without leaving home. Program evaluations show that women diagnosed with depression now see reductions in symptoms in just 6 months, compared with the previous time frame of 12 months to 24 months.

It is also important to help combat the social isolation felt by many depressed low-income mothers. One approach is to build on their willingness to lean on family, friends, and clergy for support. Informal neighborhood support groups, such as the **Reaching Out About Depression** project (ROAD), in Boston, are showing positive results. ROAD is a “supportive action” group by and for low-income women who are struggling with depression and related issues, such as trauma, addiction, and domestic violence. The project began with a core group of women who studied depression and wrote a 12-week workshop curriculum based on the effect of the disease on their lives.

Women who participated in the ROAD project have achieved positive clinical outcomes: Through focus groups and individual interviews, an evaluation team has concluded that women who take part in the workshops feel much more hopeful and functional; have fewer symptoms of depression and fewer “struggles” with them; and feel increasingly integrated into their communities. Other efforts, such as **Sisters of Color** in Denver and **Community Moms** in Brooklyn, cite similar good outcomes through the provision of group support, affirmation, and social networks for women suffering from depression and other problems.

Some of the most promising strategies systematically integrate quality mental health services with employment assistance. For example, in the Seattle site of the Annie E. Casey Foundation's Jobs Initiative, local leaders developed a concerted strategy to ensure that participating adults were effectively screened for depression and that they received appropriate mental health services.

The **Seattle Jobs Initiative** routinely trains case managers to recognize depression and other mental health issues. The program's case managers do not administer formal assessments to diagnose depression or other specific problems, but they build relationships with program participants and determine whether they may need mental health services. During the training phase of the program, mental health



counselors administer an assessment (dubbed a “stress test”) to all participants. Then the counselors meet individually with participants to discuss the test results. Counselors also consult with case managers regularly to determine the need for referrals to treatment services. The Jobs Initiative also funds private agencies to offer on-site counseling for program participants with mental health problems.

Another promising approach is the **Michigan Prevention Research Center’s JOBS Project**, a series of workshops designed to help unemployed adults improve their job-seeking skills and increase their confidence and self-esteem. Initially designed for the recently unemployed, rather than persistently jobless adults or welfare recipients, this series of five to eight half-day workshops helped participants secure significantly better and higher-paying jobs compared to a control group of jobless adults who did not participate in the workshops. In addition, workshop participants proved significantly less likely to suffer depression in the 2.5 years after completing the program. The effects were particularly strong for women and for less-educated and more-disadvantaged participants. Recently, the program has been adapted for use in welfare-to-work programs. An initial test in Baltimore County, Maryland, led to rapid reductions in welfare caseloads and high job placement rates since implementing the workshops.<sup>83</sup>

## Comprehensive and Integrated Approaches to Workforce Connection

Successful programs demonstrate that no matter what barrier(s) a poor, out-of-work parent is facing, the best solution is to build a system of comprehensive, flexible, work-based supports to help that person connect to the workforce.

**Tennessee’s Families First** program provides TANF clients with screening, assessment, solution-focused therapy, clinical case management, advocacy, and referral to long-term treatment. Families First is the state’s TANF program and operates under their Department of Human Services. Families who receive Families First cash payments and who are transitioning from welfare to work may receive assessment, home visits, counseling, and intensive clinical case management services through the Family Services Counseling program (FSC). FSC screens for domestic violence, substance abuse, and mental health issues, including depression.<sup>84</sup> Counselors are located in each of the 95 social services agencies across the state. The department considers these services a work component that Families First case managers can suggest as part of a work plan. On average, participants spend about 3 months in the program.

A recent study suggests that participation in the FSC program has a positive impact on employment outcomes. Whereas 14 percent of participants were employed prior to counseling, employment rates increased to 49

percent after completing the program. For participants who were employed when they began the program, 38 percent saw an increase in earnings as a result of their participation.<sup>85</sup>

**Project Match** works with long-term welfare recipients in Chicago's housing projects and low-income neighborhoods. This program has achieved notable success not only in placing jobless parents, but also in helping them remain employed and become steady workers. Project Match offers participants continuing assistance—including job preparation, job search, re-employment, and job retention and advancement—over several years.

For the least job-ready, the program can begin with basic mental health or substance-abuse counseling. Gradually, participants pursue more work-centered activities, such as education and training, volunteering, subsidized jobs, and part-time jobs. Unlike most welfare-to-work initiatives, Project Match recognizes that for many, finding a first job is not the end of a journey toward self-sufficiency. Many inexperienced workers lose their initial jobs quickly and need to follow a multi-stage process to economic independence. Project Match routinely monitors and supports participants over several years.

An evaluation in the early 1990s found that the percentage of Project Match participants working year-round rose from 26 percent in the first year of participation to 54 percent after 5 years. Currently, Project Match is working with several welfare-to-work agencies

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nationally to integrate its case management system and philosophy into their programs.

Launched in 1999, the **Georgia Goodworks!** program offers temporary jobs and intensive support services to welfare recipients approaching Georgia's 48-month limit for TANF eligibility. The voluntary statewide program, which has served 5,000 participants since 2000, targets TANF recipients who have received benefits for at least 30 months.

Program staff members visit the homes of potential participants and conduct an outreach interview. More than most transitional employment programs (and most other welfare-to-work programs), Georgia Goodworks! conducts intensive assessments to identify barriers faced by participants, including in-depth screening for mental health and substance abuse. Personal counselors are available 24 hours per day, 7 days per week, to offer advice, encouragement, and life-skills instruction. They also help program participants identify work barriers and access services to address them.

Job coaches interact with participants regularly at the workplace and help address any problems that arise on the job. Temporary work assignments begin at 20 hours per week and increase to 30 hours over the course of 6 to 9 months. Participants earn \$5.15 per hour while retaining their TANF benefits (such as child care assistance and Medicaid).

Most Goodworks! sites hire job developers to help participants find permanent jobs, while other sites rely



solely on one-stop employment centers. Once participants find work, Goodworks! provides ongoing job retention and advancement help until the 1-year anniversary of participants' entry into the program (or longer, in some cases). In a 2002 evaluation of the original Goodworks! site (Augusta), 70 percent of all program participants were placed in unsubsidized jobs, in spite of the fact that only one-fourth were high school graduates.<sup>86</sup> Overall, the Georgia Department of Labor reports that through June 2004, 54 percent of all Goodworks! participants found unsubsidized employment, earning an average starting wage of \$6.33 per hour.<sup>87</sup>

Washington State's **Community Jobs** program, the first large-scale transitional employment program for welfare recipients, was launched in 1998. Initially piloted in five sites, the program expanded statewide in July 1999 and has served more than 14,500 participants since its inception. Program participants spend 20 hours per week at transitional jobs, earning \$7.35 per hour, plus an additional 20 hours per week in job search, education, or training activities. Community Jobs is open only to TANF recipients who fail to find work during a 12-week "structured jobs search" workshop. Most participants have low education levels, very limited work histories, and a variety of other employment barriers. Nonetheless, 64 percent of participants from July 2003 through May 2005 found employment after leaving the program, most within 3 months.<sup>88</sup>

A 2002 evaluation found that program graduates steadily increased their earnings during the first 2 years after leaving the program, with average quarterly incomes rising from \$1,811 in the first quarter after leaving Community Jobs to \$2,891 in the eighth quarter.<sup>89</sup> A 2001 analysis concluded that Community Jobs participants were 33 percent more likely (47 percent vs. 14 percent) to find jobs than TANF recipients with similar characteristics who did not participate in Community Jobs.<sup>90</sup>

## Recommendations and Conclusions

This year's *KIDS COUNT Data Book* essay has examined four important, but still widely unaddressed, obstacles facing parents who are disconnected from America's workforce: substance abuse, domestic violence, prior incarceration, and depression. These issues, individually and in combination, prevent too many parents from providing their kids with the economic stability they need to thrive and succeed.

The strategies and programs reviewed in this essay can help these parents overcome obstacles and become productive workers and providers. These promising initiatives demonstrate that many people who are considered the most difficult to employ can indeed become successful, both as workers and parents.

Although these initiatives provide direction, they do not sufficiently address the needs of those persistently jobless Americans who can't connect

to the workforce. Put simply, if we're really going to build on successful welfare reforms and make good on our national aspiration to make work the pathway to self-sufficiency, then we must address the needs of this population in a more systematic, comprehensive, and integrated way. We need to enable states to craft policies and programs that will help people overcome multiple barriers, while assisting them to secure jobs. We support the idea of offering states more flexibility, including the use of waivers, to combine welfare and workforce resources into a more robust, integrated support system for the most challenged job-seekers. In addition, we offer the following recommendations:

**First, given the time limits (5 years or less) imposed on low-income families under the 1996 welfare reform law, states should screen and assess TANF recipients aggressively to uncover hidden barriers to employment.** This screening should be conducted early enough so that an individual's time clock is not substantially exhausted—and it should be done by trained professionals using sophisticated methods, rather than by rank-and-file caseworkers with limited training, high caseloads, and competing incentives.

**Second, states must do a better job of collecting and analyzing data on the number and characteristics of TANF recipients with serious employment barriers.** A 2001 GAO study found that only two of nine

states surveyed were able to provide GAO with any data on the number of adult TANF recipients with substance-abuse issues, exposure to domestic violence, other mental or psychological conditions, criminal histories, and other issues that may impair job success.<sup>91</sup>

**Third, more emphasis should be placed on helping those TANF recipients who suffer from severe and/or multiple barriers and do not succeed in standard job search programs. Specifically:**

- TANF recipients should receive additional monitoring and case-management support from staff with specialized expertise and smaller than normal caseloads.
- TANF work rules and time limits should be applied more flexibly to suit the individual needs, capabilities, and circumstances of those plagued by employment barriers.
- Specialized and evidence-based services should be available to help recipients overcome their barriers and succeed in the workplace. In particular, services to address employment barriers (substance-abuse treatment, mental health counseling, etc.) should be combined with employment-focused activities. Moreover, these services should not have short and arbitrary (3-month, 6-month) time limits.



**We can and must finish the work begun under welfare reform and make good on the promise of helping all of those who want to work—even those facing the most formidable barriers—connect to a job, become self-sufficient, and find a path out of poverty. Almost 4 million kids are depending on us.**

Finally, for individuals transitioning from incarceration to society, states and localities must do more than provide work experience in prison to help them successfully connect to the workforce upon release.<sup>92</sup> Specifically:

- Prisoners should receive job search assistance prior to their release. One idea would be to connect prisoners to online job banks. In addition, prisons should help soon-to-be-released prisoners write resumes and secure the credentials and identification required for job applications. They should also consider transitional work options, which have been shown to be particularly effective for those transitioning from prison to society.
- Prisons should provide an entree to local community-based organizations and faith-based institutions that can serve as intermediaries and references to potential employers in sectors that are most likely to hire individuals with criminal records, such as construction, transportation, and food distribution.
- States and localities should also educate employers about incentives for hiring former prisoners. These include the Federal Bonding Program, which enables employers to request free fidelity bonds to cover individuals who, because of prison records, might not be able to secure insurance under traditional commercial business policies, as well as various federal and state tax credit programs.

- States should review, amend, and repeal employment laws that prohibit people with criminal records from working in certain jobs. (The exception should be those instances where doing so would prove a clear potential threat to public safety.)
- Community-based organizations, faith-based institutions, and local government agencies should be encouraged to actively sponsor former prisoners seeking employment. Research indicates that employers are more likely to hire former prisoners if they believe that these individuals have the support of local groups that can provide them with counseling and help in such areas as housing, transportation, and child care to improve the odds of successful employment.<sup>93</sup>

Clearly, the issues in this year's *KIDS COUNT Data Book* essay represent some of the most formidable barriers facing parents who are trying to connect to the workforce. Substance abuse, domestic violence, prior incarceration, and depression can potentially paralyze even the most eager and enterprising parents and jeopardize the economic security and future of their children. But we believe—and the evidence affirms—that it is possible to help these particularly vulnerable parents address and overcome these obstacles. Taking these solutions to scale, however, will require a significant commitment on the part of federal, state, and local leaders. Poli-

cies need to be reconsidered, resources need to be redeployed, services need to be integrated, skills need to be bolstered, and new partnerships need to be forged. Although this is a significant challenge, it is also an absolute necessity.

Today, too many parents want to work their way out of poverty, but are unable to do so, and as a result, the futures of too many kids are severely compromised. As a nation, we can and must do better than this. We can and must finish the work begun under welfare reform and make good on the promise of helping all of those who want to work—even those facing the most formidable barriers—connect to a job, become self-sufficient, and find a path out of poverty. Almost 4 million kids are depending on us.

**Douglas W. Nelson, President  
The Annie E. Casey Foundation**



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