Evaluation of the Mothering at a Distance Program

An Australian Government Initiative

Evaluation of the Mothering at a Distance Program

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"Neither a criminal record nor the use of illegal drugs is synonymous with inability to parent. There must be a distinct delineation between, on the one hand, a person's anti-social behaviour or use of illegal drugs and, on the other, her ability and right to care for her own children"

(NSW Taskforce on Women in Prison, 1985).

Acknowledgements

Preface

The Mothering at a Distance (MAAD) Program is a 10-session parenting program, which has been conducted at a number of NSW Department of Corrective Services correctional centres for female inmates.

The MAAD Program commenced at Emu Plains Correctional Centre (EPCC) in October 2006, and has since been conducted at Berrima, Dillwynia, and Silverwater Women's Correctional Centres, Jacaranda Cottages, and Bolwara Transitional Centre.

Funding, provided by the Australian Government, has made it possible to employ a full-time co-ordinator throughout the evaluation period. The current MAAD program coordinator assumed the role in February 2008.

This evaluation commenced in 2006 and gathered information pertinent to those who participated in all groups conducted between October 2006 and December 2008.

The central purpose of the program is to break the inter-generational cycle of crime by providing early parenting education and support intervention to incarcerated mothers which will enhance their ability to provide appropriate and sensitive parenting, and reduce the emotional and social impact of separation due to incarceration on their children. This current evaluation will endeavour to gather information on the program's effectiveness in achieving its objectives.

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Executive Summary

The Mothering at a Distance (MAAD) Project is a collaborative project between Tresillian Family Care Centres and NSW Department of Corrective Services. It has been funded by the Australian Government.

The Project consists of four complementary programs that aim to provide early parenting education and support intervention to incarcerated mothers with an aim of enhancing their ability to provide appropriate and sensitive parenting, and reduce the emotional and social impact of separation due to incarceration on their children 0-5 years with the aim of breaking the inter-generational cycle of crime.

The MAAD programs include:
- an orientation program consisting of an information session for the mothers on entry to the corrective services system;
- a supported play program (stay and play) for the children during visiting times;
- a mothers group focused on the development of parenting and maternal/child relationship skills; and
- an education and support program for corrective services staff to enable them to assume ongoing responsibility and facilitation of the program enabling sustainability beyond the three years of funding.

Aims of the Evaluation

The aims of the current study were to assess the development, implementation, effectiveness, and sustainability of the Mothering at a Distance Program.

Key Findings

During the evaluation period, between October 2006 and December 2008, the Program was conducted at Berrima, Dillwynia, Emu Plains and Silverwater Correctional Centres, as well as Jacaranda Cottages and Bolwara Transitional Centre. In total, the Program was conducted sixteen times. Seventy-five (68.2%) of the 110 female inmates who commenced the Program received a certificate of completion.

In addition, thirty-nine staff members attended the education and support program to enable them to facilitate the program. These training sessions including staff from Grafton and Wellington Correctional Centres to enable the Program to be conducted at these centres in the near future.

Overall, the self-reported outcomes were positive for participants and facilitators, indicating that the Program was successful in meeting its primary objective of enabling the women to develop and enhance their parenting strategies. In particular, comments suggested that the Program has been successful in assisting some women to:
- acknowledge the similarities and differences between their parenting style and that of their parents;
- recognise that their child is an individual with thoughts and feelings of their own;
- manage their feelings of guilt and loss resulting from the separation from their child;
- recognise their strengths and weaknesses in relation to parenting;
- enhance and maintain the relationship with their child through improved communication;
- increase confidence about looking after their child;
- increase their awareness about their needs and their children's needs; and
- increase their feeling of worth as a parent.

Due to the lack of exposure to interactions between participants and their children, few staff were able to confirm whether the program has met its objectives of reducing the distress caused by separation due to incarceration for female offenders and their young children, and

reducing the trauma for young children caused by separation and visiting their mother within a prison setting.

Furthermore, while it can be argued that the reported changes in parenting attitudes and increases in self-esteem may result in positive changes in criminogenic attitudes and behaviours, and ultimately decrease the intergenerational cycle of crime, this is a preliminary study only and a longitudinal study of the children involved would be required in an attempt to ensure the objective of reducing this cycle has been met.

As effectiveness was primarily measured through feedback provided by participants themselves, rather than through the objective observation of mother-child interactions, caution is needed in interpreting the results. To more conclusively determine the effectiveness of the MAAD Program, further evaluation is required, preferably using a quasi-experimental design.

Due to these methodological limitations, the results of this evaluation cannot be regarded as conclusive evidence to support the effectiveness of this Program. However, as the preliminary results suggest that MAAD may have significant benefits for inmates and their children, it is recommended that the Department of Corrective Services continue to support the facilitation of the Program and that further evaluation be conducted.

Recommendations

The following recommendations are intended to improve the delivery and sustainability of the Mothering at a Distance Program within the New South Wales Department of Corrective Services.

1.   Continuation and Expansion of the Program

1.1   Continue to run the Program in the correctional centres where it was conducted during the evaluation period.

1.2   Assess the feasibility of expanding the delivery of the Program to regional centres, Community Offender Services (COS), and Community Offender Support Program (COSP) Centres.

1.3   Identify an existing position within the Department of Corrective Services (e.g. Coordinator, Mothers and Children's Program) to oversee and maintain the coordination, promotion and expansion of the Program.

2.   Referral Processes and Program Content

2.1   Increase the focus on issues of separation and dealing with carers as these have been areas of concern identified by those who are 'mothering at a distance'.

2.2   Separate participants according to their level of contact with their child(ren) in order to address specific issues of separation in groups where participants have little or no contact.

2.3   Implement the playgroup component where participants have a reasonable level of contact with their children. This will enable participants to practise skills, and for the staff to identify strengths, areas for improvement, and changes in mother-child interactions.

2.4   Reconsider the name of the Program, particularly for those whose children reside with them in custody, as they are not mothering 'from a distance'. While this group of women may require parenting skills, they are less likely to require a focus on separation and dealing with carers.

2.5   Modify the Program to provide age-appropriate information to women with older children in order to address their specific parenting needs where necessary.

3.   Further Evaluation

3.1   Utilise a quasi-experimental design to incorporate a comparison group into the study design for future evaluation of the Program.

3.2   Continue to conduct pre- and post-program interviews for the purpose of any future evaluation of the Program.

3.3   Improve measures of maternal sensitivity and behavioural change for future evaluation of program. For example, undertake objective pre- and post-program observation of interactions between mothers and their child(ren) where possible.

1. Introduction

1.1 Background

The Mothering at a Distance (MAAD) Program commenced in 2006 with funding and support provided by the Australian Government in the form of a three (3) year grant. The development and implementation of this program was achieved through a partnership between NSW Department of Corrective Services and Tresillian Family Care Centres.

The development of the MAAD Program was in response to an identified need for parenting programs to be provided for incarcerated mothers. This program focuses on the relationship between the mother and young child, rather than on the mechanics of parenting. It is well accepted that the relationship between a young child and their main caregiver is critical in influencing the child's social, emotional and physical development. Unfortunately, many incarcerated mothers have experienced family and other violence as children. In many instances, this perpetuates the cycle of intergenerational violence as they lack positive parenting models.

The MAAD Program aims to assist incarcerated mothers gain skills to start to enhance their ability to provide appropriate, sensitive and timely parenting. Strength and relationship based approaches are used to work with the women. When possible, a playgroup is provided during visiting time to enable the mothers to practise their new skills.

The evaluation of the MAAD Program was identified as of crucial importance due to the paucity of evidence for the effectiveness of parenting programs within the correctional system. This report provides the outcome of this evaluation work.

1.2 Literature Review

1.2.1 Extent of the problem

Between 1998 and 2008, Australia experienced a 39% increase in the prison population, with the most recently published Australian prison census, conducted 30 June 2008, counting 27,615 people in custody (Australian Bureau of Statistics, 2008). Whilst women are a minority within the prison system, accounting for a total of 7.4% of the New South Wales (NSW) full-time inmate population in 2006/07, their rate of imprisonment is steadily increasing, and at a greater rate than that of their male counterparts. In fact, the NSW female inmate population increased by 99% between 1997 and 2007, in comparison to a 46% increase in the male prison population (calculated from the NSW Inmate Census 2007, Corben, 2008).

Incarceration does not just adversely affect those residing within the prison walls. For example, children of inmates are at increased risk of experiencing mental, emotional, physical and financial hardships as a result of the incarceration of a parent.

With the rates of imprisonment increasing, particularly for women who are often the primary caregivers of children, there can be no doubt that the lives of an increasing number of children are being dramatically affected by the incarceration of one, or both, parents. According to the 2001 NSW Inmate Health survey (Butler & Milner, 2003), 57% of female inmate participants and 49% of male inmate participants reported having at least one child (including step and foster children). More specifically, 41% of the mothers and 30% of the fathers reported that they had at least one directly dependent child at the time of their incarceration (Butler & Milner, 2003).

In 2004, it was estimated that approximately 60,122 children in NSW under the age of 16 years had experienced parental incarceration at some point, representing 4.3% of all children and 20.1% of all Indigenous children (Quilty, Levy, Howard, Barratt & Butler, 2004). Moreover, based on a study carried out in 1999, Dr Michael Levy, from the NSW Corrections Health Service, stated that on any given day there was estimated to be in excess of 11,000 children in NSW with a parent who is imprisoned (cited in Loy, 2000). When considering the

substantial increase in number of people in custody since this study was conducted, it is likely that this figure is now considerably higher.

1.2.2   The effects of an incarcerated parent on a child and their family

Despite a relative paucity of information investigating the effects and impact incarceration of a parent has on a child, and the variability within each situation, most literature agrees that the effects of parental incarceration on a child are very real and profound. Most literature suggests that the children of incarcerated parents will experience a wide range of adverse effects. These effects can be social, such as stigmatisation, financial strain and relocation (possibly foster care) resulting in disrupted education and feelings of safety and security (Tudball, 2000; Cunningham, 2001; Miller, 2006).

Due to guilt, embarrassment, shame, or perhaps to protect the child, some families may not truthfully explain to the child where their parent has gone, for example, some well-meaning families may tell the child that their parent has gone away on business. Such 'deception' can lead children to be mistrustful, confused, angry or scared they too may 'disappear' (Tudball, 2000; Cunningham, 2001; Travis, 2005; Miller, 2006).

The effects of parental incarceration can also be psychological and may include experiences of anxiety, depression, shame and guilt, particularly if the child witnessed their parent's arrest (Tudball, 2000; Cunningham, 2001; Miller, 2006). If relocation occurs, children may experience further strain through the loss of support networks, and separation from siblings if they cannot continue to be housed together (Travis, 2005).

Additional trauma may be experienced by the child if separated from the primary caregiver (Travis, 2005; Woodward, 2003). As women are often the primary caregiver and, in the majority of cases, the sole parent before imprisonment, it has been argued that the "children of female inmates may experience greater disruption as a result of incarceration than those of male inmates" (Woodward, 2003, p.viii). In support of this argument, Healey, Foley, and Walsh (2000) found that the gender of the incarcerated parent was a significant factor in the stability of care arrangements for the children of inmates with the children of male inmates being more likely to be cared for by the non-incarcerated parent, that is the mother, than children of female inmates, who are more likely to be cared for by grandparents, aunts and uncles or a foster carer.

Arguably, the most detrimental effect of parental incarceration is the risk it poses to the child-parent attachment, especially if the relationship was close before the incarceration. In particular, early *maternal* separation and interruptions to the attachment-bonding process have been identified as causing serious long-term emotional difficulties (Woodward, 2003, p.viii). The impact of a break in parent-child attachment can lead to maladaptive coping mechanisms by the child, including truancy at school. This may, in turn, lead to a decrease in school attainment or cognitive development, drug and alcohol use, and other disruptive or antisocial behaviours. Not only will this behaviour pattern be difficult for the carer to manage, but it may also have long-term consequences for the child, particularly if no intervention occurs (Travis, 2005).

It is often very difficult to maintain the parent-child bond when a parent is incarcerated. Inmate parents may be housed in correctional centres far away from the family home, making it difficult to visit. In addition, carers may delay or decline the child's visit, believing it to be too distressing for the child to visit their parent in prison (Miller, 2006). Although written contact is encouraged, some parents may be illiterate or children too young to benefit from this type of communication. Telephone access can be expensive, and calls may not be allowed until night time, when children may already be asleep and unable to talk (Bushfield, 2004).

Such difficulties in maintaining relationships with their children also have implications on inmates' parenting roles. Studies conducted by the Victorian Association for the Care and Resettlement of Offenders (VACRO) (Tudball, 2000) in Victorian prisons, and Healey et al. (2001) in Queensland prisons, found that a variety of parenting issues were of concern for inmates. The range of parental concerns most commonly identified by inmates include:

- their loss of parental authority over their children;
- their inability to protect their children;
- their physical separation from their children;
- the emotional distancing in their parent-child relationships;
- their decreased capacity to participate in decision-making regarding their children;
- their loss of day-to-day contact with their children; and
- feeling out-of-touch with details of their children's lives such as their likes and dislikes, accomplishments and developmental stages.

Research has suggested that separation from their children causes a considerable amount of distress among mothers in custody. As reported by Stanley and Byrne (2000), incarcerated mothers have reported feelings of anger, anxiety, sadness, depression, shame, guilt, decreased self-esteem and a sense of loss when separated from their children. Such anguish can not only affect the inmate's mental health, but also their behaviour in custody. A summary of the effects of maternal incarceration, and its contribution to the intergenerational cycle of crime, can be seen in Figure 1 below.

Figure 1: The Contribution of Maternal Incarceration on the Intergenerational Cycle of Crime

Maternal Incarceration

Primary caregiver is removed from the child's daily life

| Children with a parent in gaol often feel stigmatised – some may appear boastful as they defend against the pain and embarrassment | Moved from family and friends and/or ostracised by and isolated from them (other parents don't want their children to be friends with them "in case it is contagious") (McCormack evidence to Report No. 12, page 61) | Feelings of rejection, loss, guilt, blame, in conjunction with the physical separation, may result in the development of bonding and attachment issues |

Emotional, social, behavioural, and health problems – many exhibit symptoms of Post Traumatic Stress Disorder(PTSD), Attention Deficit Disorder (ADD), with or without hyperactivity, and attachment disorders

| Drug and/or alcohol use in order to cope and/or as a result of peer pressure | Identify with and gravitate towards other children in similar circumstances for support | Difficulty in school – experiencing academic and/or social problems at school |

Peer 'support' deteriorates into antisocial and/or criminal behaviour

Lack of support people &/or agencies

Child engages in offending behaviour

Lack of support people &/or agencies

Child becomes involved in the criminal justice system

1.2.3 The Intergenerational nature of crime and delinquency

It has been well documented that children of parents who had served time in custody are also at risk of coming into contact with the juvenile and/or adult justice systems (Dallaire, 2007; Murray & Farrington, 2005). In fact, Woodward (2003) argues that "imprisoning a parent increases the likelihood of their children becoming incarcerated by up to six times" (p.vii).

While results differ slightly, surveys of juvenile and adult offenders in NSW have consistently shown that there are a high number of individuals in custody that have had an incarcerated parent. For example, the 2003 Young People in Custody Survey reported 43% of the respondents (n=242) as having had one or more parents incarcerated at some point in their life, with 11% of the respondents reporting a parent as being currently incarcerated (NSW Department of Juvenile Justice, 2003). Similarly, the NSW Young People on Community Orders Health Survey (2003-2006) reported 27% respondents as experiencing one or more parental incarcerations at any time, with 5% reporting a parent currently incarcerated (Kenny et al, 2006) and the 2001 NSW Inmate Health Survey found that 16% of the 914 respondents reported having had at least one parental incarceration experience during their childhood (Butler & Milner, 2003).

Inadequate parenting has long been reported to be a major precursor to a pathway of delinquency (Dowling & Gardner, 2008) with early experiences of parenting likely to influence the societal choices made by a child or young adult and the likelihood of involvement in criminal behaviour (National Crime Prevention, 1999). It has also been suggested, that the mental, emotional, physical and financial hardship experienced by children of incarcerated parents may be a contributing factor to the intergenerational nature of crime and delinquency (Codd, 2007). Whilst these two contributing factors may overlap, this is not always the case.

Although poor parenting skills may attribute to an increased risk of a child with an incarcerated parent exhibiting offending behaviour, "imprisonment in itself is neither evidence of a mother's lack of desire nor of her ability to perform her parental duties" (Loy, 2000, p.2). Conversely, while a child's antisocial or delinquent behaviour patterns may surface during their parent's imprisonment, "it is difficult to untangle the impact of imprisonment from the pressures to which prisoners and their families are often subject prior to imprisonment" (Healey et al, 2000, p.23).

Whilst the finite correlation between parent and child criminal activity is still debateable, the possibility of such a correlation is notable when designing intervention programs. Consideration should still be given to the cyclical nature of intergenerational violence and dysfunction, and to the effects on children of having incarcerated parents. It is possible that the promotion of healthy child-parent relationships, and responsive parenting, through the provision of a parenting program for incarcerated parents may act in the prevention of intergenerational incarceration.

1.2.4 Parenting programs for incarcerated parents

Parenting programs within prisons are varied and widespread. With the aim to improve parenting skills and promote healthy child-parent relationships, such programs are likely to focus on parenting skills, relationship development and cohesion, child development, communication and self esteem (see for example, Luke, 2002; Thompson & Harm, 2000). It has been proposed that improvement in parent-child communication would be especially beneficial for families in which the child's behaviour, or the parent-child relationship, has been affected by parental incarceration, and where subsequent parenting skills will be required to manage difficulties experienced (Lange, 1997).

Parenting programs may also ease re-entry of the incarcerated parent into a parental role on release (Hairston, 1998). This may be of paramount importance to incarcerated mothers who are most likely to return to a primary caregiver role (Bruns, 2006). As most mothers intend to reunite with their children upon release it has been suggested that strengthening and improving family interactions during incarceration should be a high priority (Young & Smith, 2000). Furthermore, maintaining family and community ties during and after incarceration, as

promoted in parenting programs, may also decrease the possibility of recidivism (Hairston, 1998). Research has found that, along with substance abuse treatment, education, and job skills, "having a family to return to is one of the most important factors in an offender's successful re-entry into society" (Howard, 2000, p2). In fact, studies have shown that inmates who repair and maintain family relationships have reduced disciplinary problems in custody, improved mental health during their incarceration and on release, post-release success, and decreased recidivism (Fuller, 1993; Klein & Bahr, 1996, cited in Stanley & Byrne, 2000). Whilst reducing the negative effects of maternal incarceration on the child, such programs may result in a reduction in re-offending behaviour of the mothers, as well as the alleviation of the distress and anxiety associated with forced separation from their child.

While social support theories suggest that strong primary relationships may contribute to self-worth, provide motivation for treatment, and potentially reduce re-offending (Finkelstein & Peidade, 1993), the impact of parent education on recidivism is difficult to measure (Johnson, Selber & Lauderdale, 1998).

Evaluations of parenting programs with inmates are restricted in number and methodological limitations. Much of the research to date utilises non-standardised assessments, a lack of comparison groups, and an absence of follow up or long term assessments. That said, the available studies indicate significant positive changes in self-esteem, appropriate expectations of behaviour, corporal punishment, parent-child roles, and knowledge about child development (see: LaRosa & Rank 2001; Showers 1993; Thompson & Harm 2000). As a result of these positive attitudinal and behavioural changes, Stanley and Byrne (2000) argue that such interventions "might help these women, whilst imprisoned and upon release, to raise their children in more positive environments, reducing not only their own offending but the potential for their children in becoming the next generation of offenders" (p5).

Despite evidence of positive outcomes in parenting programs for incarcerated parents, the introduction of parent education within the correctional system is a complex endeavour. Complexities include; constraints relating to access, security, availability of resources, and the differing needs and experiences of incarcerated parents. The current investigation aims to assess the effectiveness and sustainability of the development and implementation of the Mothering at a Distance Program within this complex environment.

2.   Method

2.1   Aims and Objectives of the study

The aims of the evaluation were to assess the development, implementation, effectiveness, and sustainability of the Mothering at a Distance Program.

The objectives of the evaluation were to:
- document a detailed description of the Program;
- map the implementation process undertaken with the Program;
- identify and collate demographic, criminogenic, and heath-related details of those referred to, and completing, the Program;
- document participants' immediate and delayed feedback as a result of their participation of the program;
- examine the outcomes of the Program, including its impact on the communication and decision-making skills of mothers with young children;
- document the effectiveness of the Program in relation to participants' parenting attitudes, specifically maternal sensitivity;
- examine the re-offending patterns of participants of the Program;
- identify any issues which may facilitate or impede the implementation, delivery, and outcome of the Program within a correctional setting;
- provide recommendations for improvements to the development, implementation and delivery of the Program, in order to assist in its cost-effectiveness and/or sustainability; and
- produce a report covering the findings of the evaluation.

A Research Advisory Group has provided guidance and assistance on a number of research tasks. This Group consisted of experts in the areas of child development, mental health, and correctional criminology.

2.2   Procedure

The method for the evaluation of the 'Mothering at a Distance' Program was multi-staged and incorporated both qualitative and quantitative research methods.

2.2.1   Quantitative Research Method

(a)   Descriptive Statistics

The evaluation utilised descriptive statistics to present a profile of program participants, and to report on the number of women offenders commencing and completing the Program.

(i)   Demographic and Criminogenic Profile

Descriptive statistics were used to present a profile of the demographic and criminogenic characteristics of all consenting participants of the Program. This profile includes the following factors:

- *Demographic factors of participants* – age, ATSI, country of birth, language spoken at home, employment status, marital status, level of carer (primary/secondary/tertiary), number of dependents, number of pregnancies, number of children born, age left home, self-harm history, health issues, mental health issues, education attainment, and location of participant.

- *Demographic factors of participants' children* – age, gender, birth order, single or multiple birth, identified health issues, identified behavioural issues, current medication(s), developmental delay, current carer, frequency of visits.

- *Parenting characteristics of participants* – parenting style and main parenting challenge(s) identified by the mothers.

- *Criminogenic factors of participants* – sentence length, court level, most serious offence, prior convictions, prior sentence type (imprisonment, periodic detention, community-based order), Level of Service Inventory-Revised (LSI-R)[i] risk rating, security classification, and disciplinary charges/offences in custody.

Data on the above factors was extracted from the Department of Corrective Services' Offender Integrated Management System (OIMS) and associated Departmental case management files, as well as participant questionnaires.

While the initial research proposal suggested accessing Justice Health records to gather relevant health-related data on participants, the Research Advisory Committee decided to remove this from the study design as the time and cost involved in gathering this data was determined to be greater than the benefit to be gained by its use.

(ii)   Trend (Output) Analysis

The output analysis has employed descriptive statistics to identify trends in the number of referrals and placement of participants to the Program. The analysis uses flow data and includes the number of participants in each program group over the duration of the evaluation period, as well as the attrition rate for each of these groups.

Analysis of the usage of the Program has been conducted on data collected from all groups run from the commencement of the MAAD Program in October 2006 until December 2008, and includes the following factors:
- number referred to the Program;
- ATSI status of participants;
- self-reported NESB status of participants;

- location where the Program is conducted;
- program participation;
- attrition from the Program; and
- outcomes for participants of the Program (i.e. changes in parenting, maternal sensitivity, and communication with their children).

While it was proposed that the re-offence rates of participants would be examined, this was not done as there were insufficient numbers to conduct an accurate analysis. In fact, only two participants met the criteria for the nationally accepted definition of "recidivism" – the *return to Corrective Services following the imposition of a new sentence (full-time custody, periodic detention or community-based order) within* <u>*two years*</u> *of release following a term of supervised imprisonment or final discharge from community corrections supervision*.

Furthermore, as a reduction in re-offending is not one of the documented objectives of the MAAD Program, it would be inappropriate to link program outcomes too closely with re-offending outcomes.

(b)   The Efficacy of the MAAD Program in a Correctional Setting

In order to examine the efficacy of the Program in a correctional setting, it was necessary to examine the evidence-based literature in relation to best practice principles when working with offenders.

According to the 'what works' literature in relation to reducing re-offending, there appears to be a level of consensus that interventions are more likely to be effective if they "adhere to a number of key principles" (Harper, Man, Taylor & Niven, 2004, p. 26). These *'Principles of Effective Correctional Treatment'* suggest programs:

- are based on research;
- are valued and supported by the institution and/or community;
- have leadership and use qualified staff;
- are implemented as designed, with clearly stated goals and objectives;
- assess offenders on risk, need and responsivity factors using an objective and standardised method;
- target crime producing behaviours;
- use treatment models that have demonstrated effectiveness on offenders (e.g. cognitive behavioural, social learning);
- vary treatments based on risk and/or needs;
- are behavioural in nature with duration and intensity based on risk or need levels;
- disrupt criminal networks by monitoring the offender's whereabouts and associates;
- provide structured aftercare;
- evaluate what they do through quality assurance processes; and
- maintain stability, resources and support (Latessa, 2006).

Based on these principles, Gendreau and Andrews (1989) developed the Correctional Program Assessment Inventory (CPAI), which was to be used to assist in determining *"how closely a correctional treatment program meets the principles of effective correctional treatment"* (Latessa et al., 1999, p. 3).

In 2005, in response to studies of over 400 adult and juvenile correctional programs in the United States, the CPAI underwent a revision and the Evidence Based Correctional Program Checklist (CPC) was developed in its place. While this checklist was modelled on the CPAI, the CPC includes only those CPAI items which were found to be statistically related to outcomes (Gnall, 2006). Further items were added, and a number of items were weighted according to their significance. As a result, according to the University of Cincinnati's Dr Edward Latessa, the CPC has been found to be correlated with reductions in recidivism and provides a measure of program integrity and quality.

The CPC is divided into two basic areas; content and capacity. The Content area focuses on the domains of Offender Assessment and Treatment, and the extent to which the program meets the principles of risk, need, responsivity and treatment. The Capacity area focuses on

the domains of Leadership and Development, Staff, and Quality Assurance, and measures whether a correctional program has the capability to deliver evidence based interventions and services for offenders.

The current evaluation has adopted the general principles of the CPAI and CPC, and utilised a modified version of the CPC Scoring Sheets[ii] to determine how closely the Mothering at a Distance Program's development, implementation, and quality assurance processes comply with known principles of effective correctional intervention. Referring to the principles underlying this checklist also enables the evaluation to identify the strengths and weaknesses of the Program and to provide recommendations for improvement in its integrity, which may assist to increase its effectiveness.

While no significant changes were made to the questions themselves, minor modifications to the format were undertaken to ensure the form was user-friendly and applicable to the Australian reader. In addition, in order to focus the evaluation on the processes involved in the Program's implementation within a correctional setting, rather than its outcomes, the CPC ratings which indicate levels of "effectiveness" were replaced with ratings indicating levels of "compliance".

The checklist includes a total of seventy-eight items, worth up to 83 total points. Each item is scored as "0", where the program does not comply with the criteria, and "1", "2"or "3", where the program does comply with the criteria. It should be noted that not all of the items are given equal weight.

Where the presence of the criteria is not applicable to the program, the reviewer has been asked to mark "N/A" on the scoring sheet. These items are ignored in the scoring (i.e. the reviewer should subtract any "N/A" items from the total number of items prior to calculating the percentage and determining the appropriate rating). Where the presence of the criteria is not known by the reviewer, they have been directed to mark "DK" ("*Don't Know*") on the scoring sheet. These items are included in the scoring, however are given a score of 0.

Each area, and each domain, is scored, and a percentage is calculated based on the number of applicable items. Once this percentage has been calculated, the reviewer can determine the rating according to the following scale: "highly compliant" (65% to 100%); "compliant" (55% to 64%); "needs improvement" (46% to 54%); or "non-compliant" (45% or less). The scores in all five domains are totalled and the same scale is used for the overall assessment score.

In order to gauge a more objective evaluation of the compliance level of MAAD Program with its stated objectives and design, responses have been sought from the two Program Coordinators, as well as the Program Manager and Research Officer. The sets of scores have been averaged to provide mean scores and ratings for each area and domain.

2.2.2   Qualitative Research Method

In addition to the collection of quantitative data, the evaluation includes the use of qualitative research components to examine attitudinal and behavioural changes in participants' parenting, maternal sensitivity, and interactions with their children.

(a)   Appreciative Inquiry

Appreciative Inquiry is an approach which is based on identifying strengths rather than weaknesses. As such, data collection and analysis focuses on the successful processes and outcomes, rather than the problems and their causes. When used in program evaluation, Appreciative Inquiry involves "collecting data about peak experiences of program participants and identifying factors that have contributed to the program's success" (Preskill & Catsambas, 2006, cited in Hollero, 2008, p.4).

In accordance with this method of inquiry, the evaluation includes the administration of three narrative-based questionnaires that have been designed to measure levels of trust and

personal security that may lead to positive change in offender behaviour, and participants' understanding of issues affecting their child/ren's perception of trust and security.

(i)   The Participant's Pre- and Post-Program Interview Schedule

The two interviews aim to elicit indications of individual offenders' capacity for positive change in the following ways:
- positive language and narrative system change;
- positive images of their future;
- positive action in their relationships and appreciation of pro-social relations;
- positive reinforcement and modelling uptake in social learning environment; and
- increased motivation to decrease offending behaviour.

(ii)   The Staff Post-Program Interview Schedule

This interview aims to elicit indications of individual staff members' capacity for positive change within a correctional program setting in the following ways:
- positive language and narrative system change;
- positive images of their future in correctional setting programs such as 'Mothering at a Distance';
- positive action in their work relationships and appreciation of pro-social relations with offenders;
- positive reinforcement and modelling in social learning environment; and
- increased motivation in their duties as Departmental staff to promote the Program.

(b)   Measures of Changes in Maternal Insightfulness and Behaviours

As part of the evaluation, it was initially proposed that interactions between the participants and their children during the playgroup component of the program would be videotaped and that these interactions would be coded using the Nursing Child Assessment Satellite Training (NCAST) Parent-Child Interaction (PCI) Feeding and Teaching Scales. The outcome of this procedure was to determine behavioural changes in parent-child interaction and maternal insightfulness, or the mother's understanding of how the child might be experiencing the interaction. Unfortunately, however, due to concerns of the Department of Community Services about videorecording children under their responsibility and the difficulties implementing the playgroups as a result of the small numbers of children regularly visiting their mother in gaol, this process was not possible. As a result, this section of the study design required amendment.

Instead, in order to measure any changes in maternal insightfulness as a result of their completion of the Program, participants were asked a number of questions in relation to pictures that represent: a child coming to a visit (girl with her face covered), a child leaving a visit (girl walking away with an adult), a child having a tantrum (boy on the ground), and an unwell child (boy with a blanket). The women were interviewed pre-and post-group and their responses were recorded.

This protocol was developed in conjunction with Dr Catherine McMahon, a developmental psychologist from Macquarie University and member of the project's Research Advisory Group. It was anticipated that participants would provide more empathic responses after completing the program.

(c)   Satisfaction Questionnaires

(i)   The Participant's Evaluation Questionnaires

A questionnaire was provided to participants at the completion of the group, and again 8 weeks after the group, to evaluate the mothers' group and playgroup sessions. These questionnaires include questions on: overall satisfaction with mothers' group and playgroup sessions; participant's perceptions of their learning outcomes, and suggestions for improvements to the Program.

In relation to the follow-up questionnaire, only those participants who were still in custody, or had been released under the supervision of Community Offender Services, at the time were approached to respond. Due to the voluntary nature of the questionnaires, and the difficulty in obtaining responses from participants 8 weeks after the program's completion, the Research Advisory Group decided that three attempts would be made at follow-up before regarding the data as 'lost'.

(ii) *The Staff Questionnaires*

At the completion of the groups, a questionnaire was also provided to staff members who had been involved in the facilitation of the Program. This survey included questions in relation to: overall satisfaction with their participation, staff members' perceptions of their learning outcomes, staff members' perceptions of behaviour changes in participants (if observed), and suggestions for improvements.

A further questionnaire was provided to staff who had completed the facilitation training, but had not had the opportunity to facilitate the program. The aim of this questionnaire was to determine whether there were any training needs or systemic issues affecting the Program's implementation throughout the Department.

2.2.3   Analysis

Given the relatively small number of participants, the evaluation report provides mainly descriptive statistics, such as frequencies, percentages and averages. In addition, themes have been identified from the qualitative data collected.

Where offenders participated in the Program more than once, the participant's demographic details are only counted once, however their level of participation is counted for each group they commenced so as to reflect more accurate completion rates.

The qualitative content analysis was used to manage the qualitative data collected from participant interviews and written comment on the questionnaires. The a priori themes based on the questions within the interviews and questionnaires were used to code these qualitative data.

2.2.4   Ethics Approval

A Human Research and Ethics Application was submitted to the NSW Department of Corrective Services Human Research and Ethics Committee (HREC) for approval to implement this process. Approval was provided. HREC Applications were also submitted to the University of Technology Sydney (UTS) and NSW Department of Justice Health. Approval was provided to commence the study. As a condition of approval from UTS the group program was submitted to Jumbunna Indigenous House of Learning for review to ensure that the program content complied with the needs of Aboriginal mothers.

2.2.5   Data Storage

Data storage and handling complies with the three HREC requirements. NSW Department of Corrective Services has taken responsibility to manage the handling and ongoing storage of these data.

3.   Results

3.1   Description of the MAAD Program

The MAAD Program consists of four complementary programs that aim to provide early parenting education and support intervention to incarcerated mothers which will enhance their ability to provide appropriate and sensitive parenting, and reduce the emotional and social

impact of separation due to incarceration on their children 0-5 years with the aim of breaking the inter-generational cycle of crime.

The programs include:
- an orientation program for the mothers on entry to the corrective services system;
- a supported play program (*'Stay and Play'*) for the children during visiting times;
- a mothers' group focused on the development of parenting and maternal/child relationship skills; and
- an education and support program for corrective services staff to enable them to assume ongoing responsibility and facilitation of the program enabling sustainability beyond the three years of funding.

3.1.1   Objectives of the MAAD Program

The primary objectives of the MAAD Program (as stated in the Mothering at a Distance Program Facilitator's Manual) are to:
- reduce the distress caused by separation due to incarceration for female offenders and their young children;
- reduce the trauma for young children caused by separation and visiting their mother within a prison setting;
- enable the women during the short contact period with their young children to develop strategies to:
  - enhance the mother-child relationship,
  - increase maternal sensitivity and appropriate responsiveness to infant's signals,
  - increase ability to reflect on their own and infant's behaviour, thoughts and feelings in regard to attachment – care giving interactions,
  - build on maternal and infant strengths,
  - increase mother's knowledge and skills to care for her infant to enhance the positive impact of their current care giving patterns and behaviours,
  - reduce negative (punitive) parenting interactions, and
  - develop pro-social play skills and behavioural management,
  with the aim of breaking the intergenerational cycle of crime; and
- develop, implement and evaluate an education and support program for Corrective and Tresillian staff who will act as facilitators for the educational and therapeutic interventions.

3.1.2   Program Structure and Content

The MAAD Program consists of two groupwork components; Stay and Play Supported Play Groups and a Mothers' Group.

Stay and Play Supported Play Group

According to the Program's design, Stay and Play Supported Play Group sessions are to be conducted weekly, commencing two weeks prior to the commencement of the Mother's Group and finishing one week after its completion. The Facilitators Manual provides outlines for ten sessions, with each session running for up to an hour.

This component of the program aims to enable mothers and children to re-establish their relationship in a supported environment, while assisting mothers to engage and attend to their children's play and encouraging the children to explore and participate. Each session begins with the *'Introduction Song'* and concludes with the *'Conclusion Song'* and *'Fruit Time'*. Such structure provides a familiar and enjoyable routine for the children.

The part of the session entitled *'Learning New Skills'*, where the mothers are asked to teach their child an age appropriate skill, assists mothers to learn about appropriate growth and development expectations for their children and to develop maternal insight into the child's experience of interactions and events. Throughout the sessions, the facilitators model positive interactions with the children and assist the women to develop attending and listening skills, as well as other appropriate parenting behaviours. Through observing mother-child

interactions in these sessions, facilitators can identify strengths which can be discussed during the groupwork component of the program.

Each Stay and Play session can accommodate up to 10 to 15 children with their mothers or carers and, while these sessions are primarily for the children of those participating in the Mothers Group, other visiting children aged 0-5 years and their mothers may participate if there are vacancies.

Mothers' Group

Mothers' Group is the therapeutic groupwork part of the program. This component consists of 10 sessions of 2 hours, which can be offered twice a week for five weeks or weekly over 10 weeks. Alternatively, the program can be offered as a 2-day workshop. In this instance, the Play Group component will be conducted prior to and after the completion of the workshop.

The Mothers' Group enables the mothers and carers to explore and develop maternal insights and experience, non-punitive approaches to child discipline, and relationship skills. It also aims to assist participants to identify and reinforce maternal and infant strengths. In order to do this, the Mothers' Group covers the following key themes (listed in alphabetical order);
- Acknowledgement of children
- Building and valuing relationships
- Child development
- Child's needs
- Communication – active listening and responding
- Dealing with anger
- Discipline
- Effective parenting
- Expectations of parents
- Exploring the child's perspective
- Feeling safe and secure
- Growth as a parent
- Issues of loss and distrust
- Limit setting
- Modelling behaviour
- Negative messages – being aware of and eliminating
- Parent's needs – self-care and self-worth
- Positive interactions
- Teaching your child a new skill
- Temper tantrums

Discussion groups focusing on a number of these themes aim to assist participants to explore their mothering experiences and develop alternative behavioural management strategies.

The maximum group size has been identified as ten women. Tresillian's experience in facilitating parenting groups over many years has demonstrated that this is the optimal number in terms of group dynamics, with an advantage that if a participant withdraws, the group remains viable.

The Mothers' Group is a closed group. Accordingly, new participants will not be permitted to join the group once it has commenced.

3.1.3   Program Staffing

The MAAD Program was coordinated by a full-time Project Coordinator who reported to Tresillian Family Care Centres. This was a temporary position, which had been funded by the Australian Government from February 2006 until February 2009.

The original Coordinator was involved from the implementation of the first group in October 2006 until her resignation in December 2007. During this time, she facilitated the groups, liaised with correctional centres in relation to the program's implementation, conducted

training in the facilitation of the program, and collected data for future evaluation. The current Coordinator commenced in February 2008 and has continued the work of her predecessor.

Due to the therapeutic nature of the group, two trained facilitators are required for the groupwork component of the program. The number of facilitators required for the play group sessions is dependent on the number and ages of the children attending. During the evaluation period, all groups were facilitated by the Project Coordinator and correctional centre and/or Tresillian staff who had completed the facilitator's workshop.

3.1.4   Program Location

Since commencing in October 2006, the MAAD Program has been conducted at a variety of women's correctional centres throughout New South Wales. These include: Berrima Correctional Centre, Bolwara Transitional Centre, Dillwynia Correctional Centre, Emu Plains Correctional Centre, Jacaranda Cottages, and Silverwater Women's Correctional Centre. The choice of location has been dependent on the amount of inmate interest, availability of space and staff to facilitate, and the ease of access for children to attend playgroup sessions.

Unfortunately, due to difficulties accessing children for the playgroup sessions, this component of the Program has only been successfully implemented at Dillwynia Correctional Centre and Jacaranda Cottages.

3.1.5   Application Process

The Mothering at a Distance Program is aimed at female inmates with children under 5 years of age.

Inclusion criteria for participants of the MAAD Program include:
- women who are the mother/carer of a child/children 0-5 years,
- women who are pregnant with their first child,
- women who are grandmothers/aunties of children 0-5 years who, or who will, have significant input into the care of a child due to kinship or other cultural reasons,
- mothers/carers whose *Child Safety Check* deems them appropriate to have contact with children,
- mothers/carers with a Category 1 or Category 2 security classification, although Category 3 inmates are considered on a case by case basis.

Those excluded from participating in the MAAD Program include:
- women with a Category 4 or Category 5 security classification,
- child sex offenders,
- child homicide offenders,
- women who have more than 18 months of their sentence to serve,
- women who will be at the facility for less than the 5 weeks program duration, and
- women with significant mental health or alcohol and other drugs problems affecting their current capacity to learn parenting skills, e.g. drug withdrawal, psychotic symptoms.

The criteria stipulating that women with Category 4 or Category 5 security classification were to be excluded from participating was modified in August 2007, in order to include inmates from Silverwater Women's Correctional Centre in the program.

Promotion of the program, and recruitment of participants, varied between correctional centres. At some correctional centres, posters were placed in the visits area and wings to advertise the program to the inmates. Interested inmates were advised to approach Programs and Services staff to have their name put on a waiting list from which suitability and eligibility for participation in the program was determined. In addition to this process, inmates were approached by staff and encouraged to apply.

At other centres, however, Programs and Services staff determined which inmates should attend and approached these inmates to suggest their participation.

3.2 Participation in MAAD Groups

3.2.1 Level of Participation and Completion

Between October 2006 and December 2007, MAAD was conducted sixteen times. On nine occasions, it was conducted at a regular pace with sessions being conducted twice a week for 5 weeks, while on six occasions the Program was condensed into 2 or 3 full days.

As a result of an identified need, one of the condensed groups was specifically offered to Koori inmates, with minor adjustments being made to the program to ensure that it was culturally appropriate.

In addition, on one occasion, the Program was conducted on a one-to-one basis over a number of weeks. This format was initiated after a need was identified for a particular inmate who did not meet the criteria for inclusion in a group program of this nature.

Table 1 provides details of the location, date, mode of presentation, and enrolment numbers for each group conducted throughout the evaluation period.

Table 1: Overview of All MAAD Programs Conducted Between October 2006 and December 2008

Group Location	Commencement Date	Presentation Mode[iii]	Number Enrolled
Emu Plains	October 2006	Regular	6
Emu Plains	May 2007	Regular	6
Dillwynia	May 2007	Regular	8
Dillwynia	August 2007	Condensed	8
Silverwater	September 2007	Regular	6
Emu Plains	October 2007	Regular	5
Jacaranda	November 2007	Regular	8
Dillwynia	November 2007	Regular	8
Berrima	November 2007	Condensed	10
Dillwynia	April 2008	Condensed	9
Bolwara	May 2008	Condensed	10
Berrima	June 2008	Condensed	7
Silverwater	June 2008	One-to-one	1
Dillwynia	July 2008	Condensed	7
Jacaranda	September 2008	Regular	6
Jacaranda	September 2008	Regular	5
TOTAL			**110**

While Table 1 indicates that 110 inmates enrolled in the Program, 11 of these women commenced the program twice. As a result, there were actually 99 unique individuals who participated in the Program. Of those who commenced twice, three completed the program twice, whereas the others chose to re-enrol after failing to complete in the first instance. These participants had left the program the first time for the following reasons: three had been enrolled in a group that was cancelled; two had voluntarily withdrawn due to work or court commitments; one had withdrawn due to language issues; and two had been removed as a result of poor attendance.

In total, 75 (68.2%) participants completed the program, counting both instances for those who completed it twice. Unfortunately, eight of the participants failed to complete the program after group dynamics dramatically affected the amount of interest shown by those referred to their group, and led to its cancellation on the day it was scheduled to commence. In addition,

one inmate failed to complete the program due to their release into the community, and another two were transferred from the correctional centre where the program was being conducted prior to completion.

As can be seen in Table 2, twelve of the participants voluntarily withdrew from the program. According to the Program Coordinator, the reasons for withdrawal included: work, court, or other program commitments; language issues; and illness.

Conversely, eleven participants were removed from the program, or regarded as failing to complete the Program, as a result of their poor attendance and/or attitude, as determined by the Program Co-ordinator. Poor attendance was considered for those missing three or more of the ten sessions.

Table 2: MAAD Completion Rates (N=110)

Completion or Reason for Non-Completion	Number of Participants	%
Completed program	75	68.2%
Group cancelled	8	7.3%
Transferred prior to completion	2	1.8%
Released prior to completion	1	0.9%
Withdrew from the program (voluntarily)	12	10.9%
Removed from program (involuntarily)	11	10.0%
No information available	1	0.9%
TOTAL	**110**	**100.0%**

3.2.2   Profile of Participants

Quantitative data was collected from participant questionnaires and the Department of Corrective Services' Offender Information Management System (OIMS). The following summary of data provides a profile of the demographic and criminogenic characteristics of all consenting participants of MAAD programs run between October 2006 and December 2007.

So as not to duplicate (or skew) the data, information relating to the eleven women who were enrolled in the program twice has only been counted once. Of these 99 individuals, 90 consented to participate in the research. The following profiles are based on information provided by these women.

(a)   Demographic Profile of Participants

The mean age of participants was 29 years, and ranged from 19 to 45 years. As Table 3 shows, the majority of the women (52 or 57.8%) were between 21 and 30 years of age. Five (5.6%) of the participants were under 21 years of age while four (4.4%) were over 40.

Table 3: Age Categories of All Consenting MAAD Participants (N=90)

Age Category	Frequency	Percentage
<21 years	5	5.56%
21-25 years	26	28.89%
26-30 years	26	28.89%
31-35 years	17	18.89%
36-40 years	12	13.33%
>40 years	4	4.44%
TOTAL	**90**	**100.00%**

Eighty-three percent (75) of the participants reported Australia as their country of birth, with four participants (4.4%) advising that their country of birth was New Zealand and three (3.3%) advising that Vietnam was their country of birth. The majority of participants (49, or 54.4%) reported being of Aboriginal or Torres Strait Islander background.

Nineteen participants (21.1%) advised that they had spoken a language other than English during childhood, while thirteen (14.4%) reported that they spoke a language other than English at home.

In regards to the age they left home, 34 (37.78%) of the participants reported leaving home under the age of 16 years, while an additional 27 (30%) reported leaving home between 16 and 18 years of age.

The majority of participants (67, or 74.4%) reported completing "up to 4 years of secondary education", with thirteen (14.4%) completing "5 or 6 years secondary", and five (5.5%) completing a "diploma or professional certificate" or "university/college".

(b)   Criminal History of Participants

Of the 90 consenting participants, 50 (55.6%) had previously spent time in custody. Twenty-four (26.7%) of the participants had previously received a Community Service Order, 58 (64.4%) had been given a Bond, four (4.4%) had previously received a Home Detention Order, and 36 (40%) has served a Parole Order.

Historically, the most serious categories of offence committed by the majority of participants were *Acts Intended to Cause Injury* (23 participants), or *Robbery, Extortion and Related Offences* and *Theft and Related Offences* (12 participants respectively).

In relation to the offence for which participants were in custody at the time of the program, 23 (25.6%) had been sentenced by a Local Court, 49 (54.4%) by a District Court, and 10 (11.1%) by the Supreme Court. A further 8 (8.9%) were sentenced by the Parole Authority. The breakdown of categories of current offences can be seen in Table 4.

Table 4: Most Serious Offence Category of MAAD Participants' Current Sentence (N=90)

Offence Category	Frequency	Percentage
Homicide and Related Offences	8	8.9%
Acts Intended to Cause Injury	18	20.0%
Abduction and Related Offences	1	1.1%
Robbery, Extortion and Related Offences	11	12.2%
Unlawful Entry With Intent / Burglary, Break and Enter	10	11.1%
Theft and Related Offences	13	14.4%
Deception and Related Offences	5	5.6%
Illicit Drug Offences	8	8.9%
Weapons and Explosives Offences	1	1.1%
Property Damage and Environmental Pollution	1	1.1%
Public Order Offences	2	2.2%
Road Traffic and Motor Vehicle Regulatory Offences	5	5.6%
Offences Against Justice Procedures, Government Security, and Government Operations	6	6.7%
Miscellaneous Offences	1	1.1%
TOTAL	**90**	**100.00%**

Forty-one (45.6%) of the women had had a Level of Service Inventory-Revised (LSI-R) assessment conducted at the time of commencing the Program to determine their level of risk of reoffending. Of these, three (3.3%) had been assessed as being a low risk, six (6.7%) had been assessed as being a medium-low risk, seventeen (18.9%) had been assessed as medium risk, thirteen (14.4%) as medium-high, and two (2.2%) as a high risk of re-offending.

At the time of commencing the Program, 62 (68.9%) participants were classified as Category 1 or 2 inmates, requiring a minimum level of supervision, and another 15 (16.7%) were classified as Category 3 inmates, requiring a general level of supervision. A full breakdown can be seen in Figure 2, with explanations of classifications outlined in Appendix R.

Figure 2: Security Classification of MAAD Participants (N=90)
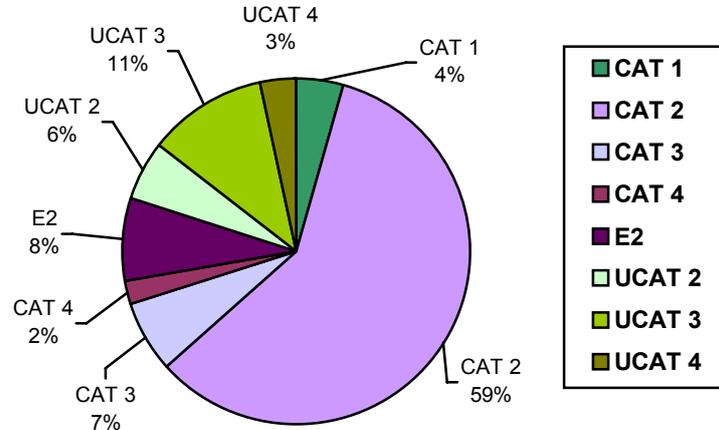
(c)   Profile of Participants' Children

The majority (84, or 93.3%) of the participants reported being the primary carer of at least one child, with three (3.3%) reporting being a secondary carer (i.e. grandmother, aunt, etc.), and two (3.3%) reporting to be pregnant with their first child.

The 90 participants reported experiencing a combined total of 336 pregnancies prior to commencing the Program, with the number of pregnancies ranging from 1 to 16 for individual participants. Fourteen (15.6%) of the women reported having had one pregnancy, 20 (22.2%) reported having had two pregnancies, 11 (12.2%) reported three pregnancies, and 14 (15.6%) reported four. The remaining 27 participants reported having between 5 and 16 pregnancies. Data was missing from four of the participants.

From the 336 reported pregnancies, 251 children were reported to have been born to the participants. While two of the participants were pregnant with their first child at the time of the interview, 23 (25.6%) of the participants reported having had one child, 27 (30%) reported having had two children, 10 (11.1%) reported having had three children, and 11 (12.2%) reported having had four children. The remaining 14 women reported having given birth to between 5 and 16 children. Data was missing from three of the participants. See Figure 3 for a comparison of the number of reported pregnancies and children born to participants.

**Figure 3: Frequency of reported pregnancies and
children born to MAAD Participants.**
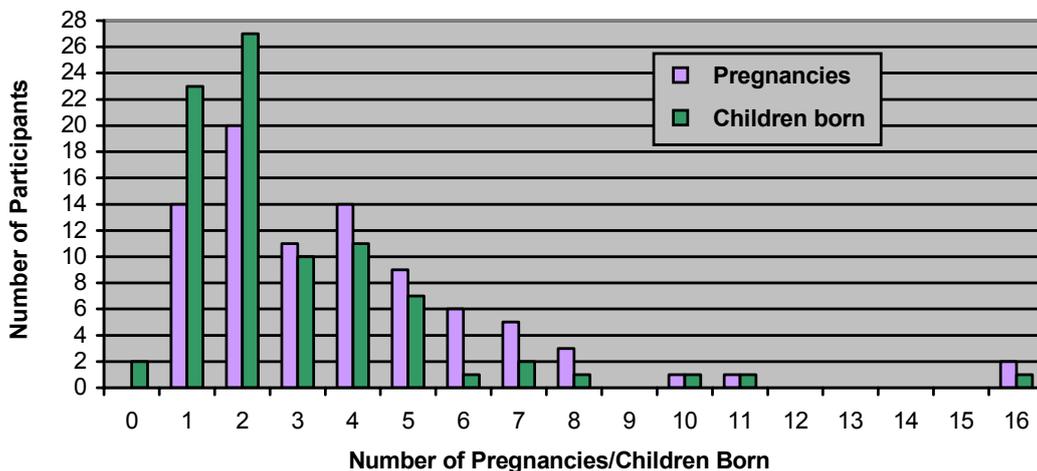
Twenty-seven (30%) of the participants reported that they lived as a family unit with their partner and child(ren) prior to their incarceration. In addition, twenty-one (23.3%) reported living with their children only, thirteen (14.4%) reported living with their partner only (no children), four (4.4%) reported living alone (with no children present), nine (10%) reported living with parents or in-laws, and two (2.2%) reported being homeless, or in insecure accommodation, prior to their incarceration. In addition, four participants stated that they had lived with their grandparent(s) and their child(ren), and four reported that they had lived with their parents and child(ren), prior to their incarceration. Three of the participants reported living with their partner, children and parents.

When asked how many dependents they had, 28 (31.1%) of the women stated that they had one dependent, 27 (30%) advised that they had two dependents, and 9 (10%) reported having three dependents. In addition, three (3.3%) participants reported having no dependents as two were pregnant with their first child at the time of interview and the third had identified as a secondary carer. The remaining 20 participants reported having between 4 and 8 dependents, with data missing from three participants.

Other than the two who were pregnant with their first child, a further six of the participants reported having no children under five – stating that their children were older. While data was missing from two participants, the remaining 80 participants reported having between one and four children under the age of five. In total, participants reported having 119 children in this age range, with 50 (55.6%) reporting that they had one child between 0 and 5 years, 22 (24.4%) reporting that they had two children of this age, and 7 (7.8%) reporting that they had three children under five. The majority of these children (42, or 35.3%) were reported to be between the age of 4 and 5 years at the time of the program (a breakdown of children's age categories can be found in Table 5).

Table 5: Age Categories of Children of MAAD Participants (0-5yrs) (N=119)

Age of Children	Frequency	Percentage
Less than 1 year	15	12.60%
1 to less than 2 years	20	16.80%
2 to less than 3 years	20	16.80%
3 to less than 4 years	22	18.50%
4 to 5 years	42	35.30%
TOTAL	119	100.00%

Of the 119 children under 5 years of age, 63 (52.9%) were boys and 56 (47.1%) were girls. With regard to birth order, 30 (24.8%) of these children were reported to be the participant's first child, 29 (24%) were born second, and 56 (46.3%) were reported to be the third or subsequent child born to the participant. The birth order of the remaining four children was not reported. There were two sets of twins amongst these children as reported by participants.

In relation to current care arrangements, whilst their mothers were in custody, the majority of these children (91, or 76.5%) were living with relatives, with 54 (44.6%) reportedly living with their grandmothers and 19 (15.7%) with their fathers. A further 19 (16%) of these children were in care, while 7 (5.9%) were living with their mother in custody.

Figure 4: Care Arrangements of Children of the MAAD Participants.
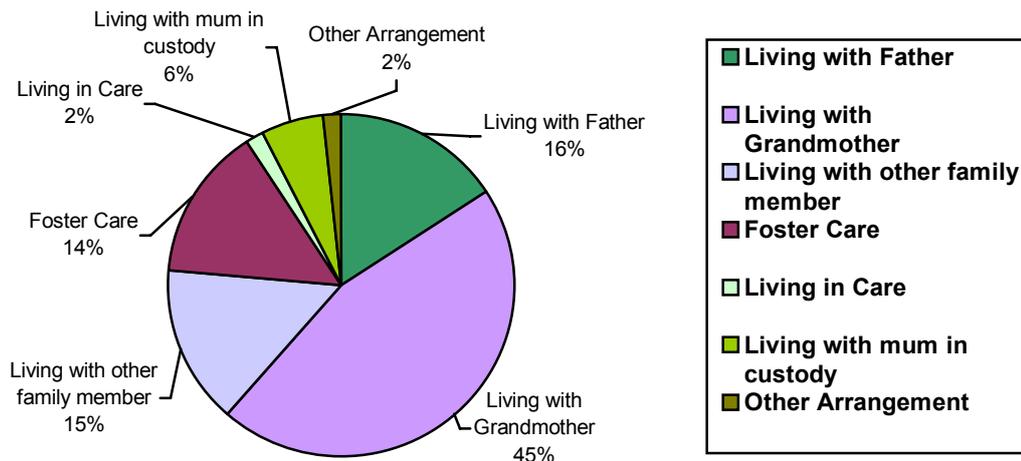
While data was missing in relation to 21 of the children, participants reported that 57 of the children had been breastfed – eighteen were reported to have been breastfed for less than three months while seven of the children were reported to have been breastfed for 12 months or longer. Table 6 provides a further breakdown of these responses.

**Table 6: Reported Length of Time Children were
Breastfed by MAAD Participants (N=57)**

Length of Time Child was Breastfed	Frequency	Percentage
Less than 1 month	16	28.1%
1 to less than 3 months	2	3.5%
3 to less than 6 months	15	26.3%
6 to less than 9 months	10	17.5%
9 to less than 12 months	3	5.3%
12 months or longer	7	12.3%
Length of time not reported	4	7.0%
TOTAL	**57**	**100.0%**

Eleven (9.2%) of the children between 0 and 5 years of age were reported to have been born prematurely (prior to 36 weeks gestation).

With regard to health concerns, 11 were reported to have had a physical disability (including anuresis, eczema, allergies, and colour-blindness), 4 reportedly had a developmental delay, and 4 were reported to have had speech difficulties (including problems with pronunciation and comprehension).

Twenty-seven (14.3%) of the children were reported to have been born with a methadone dependency, which resulted in a number of these children reportedly being on morphine for up to 12 weeks after their birth.

3.2.3 Outcome Measures

Outcome measures are based on feedback provided by program participants through the satisfaction questionnaires (immediate and follow-up questionnaires) and during post-group interviews.

Due to implementation difficulties, the observations and recording of mother-child interactions during visits has not been undertaken as yet.

(a)   Participant Feedback about MAAD

Of the 75 participants who completed MAAD, 73 (97.3%) completed a survey at the conclusion of the Program, in which they were asked to comment on their experience of MAAD. Approximately eight weeks after completion of the Program, 36 (48%) of the participants completed a follow-up survey.

The majority of respondents reported finding the group useful (100% of respondents in the immediate survey and 92% of respondents in the follow-up survey) with one respondent stating *"it gave me inspiration to not give up. I thought it was great"*, and another stating *"it was the best group I'd done"*.

Some of the 'best things about the group', as identified by respondents, included learning about child development and *"learning to see the world through toddlers' eyes"*, *"learning new ways on how to cope with tantrums"*, and *"learning techniques to help discipline children"*. In addition, a number of respondents identified learning to understand their child's behaviour and why they do the things they do, and learning to communicate and interact with their child as the best things about the group. One respondent stated *"I really like the fact that I have a better understanding now why my child reacts in different ways and what I can do!"*, while another commented that she learnt *"ways to cope without going off, e.g. being patient and considerate to my children's needs"*.

The group process itself also appears to have been a positive aspect of the Program, with respondents identifying *"hearing others opinions"*, *"talking about different things with other mothers"*, and *"being able to participate in the group"* as '*the best thing'*. In fact, one of the respondents stated *"the best thing about the group for me is we have to share our parenting hood with each other"* while another seemed reassured by the learning *"that my child isn't the only difficult child in the world"*.

While a number of participants failed to acknowledge their need to participate in the Program, denying any deficits in their parenting skills, these women identified something they liked about the group – namely, confirmation and reassurance. Some of the comments to this end include:

- *"I found the group had confirmed things and skills that I already do";*
- *"The program was useful because it reassured me that the way I was already raising my son was good and a benefit to us both"; and*
- The Program provided me with *"the re-assurances that I am a good mother and can continue to be even though I'm not home"*

Of the three (8.3%) respondents who reported not finding the program useful in the follow-up survey, one stated that *"it was stuff I already knew"* and another reported finding it *"very patronizing… being told how to raise my child"*.

While a number of participants stated that there was nothing that was not useful for them, the most commonly identified aspect of the group as not being useful was the amount of information provided in relation to babies, infants and toddlers, as many of these women had children over the age of 5 years.

In addition to this, one participant stated that she did not feel that she *"learned how to mother from a distance"*, while another identified the separation from their child as a negative aspect of the group, stating *"I would like to know more about how to deal with not being with my child"*. Due to the emotional nature of the Program, one participant also identified the difficulty she experienced in *"talking in front of the other girls"* stating that she *"found (her)self holding back on what (she) said"*.

Both surveys asked participants whether they felt more confident about looking after their child since completing the group. A similar proportion of respondents (90.4% in the immediate survey and 80.6% in the follow-up survey) stated that they did. While a small number stated that they did not feel more confident, this appears to be due to the feeling that they *"have always been confident with (their) child"*.

Figure 5: Proportion of immediate and follow-up responses to feelings of increased confidence about looking after their child since the group
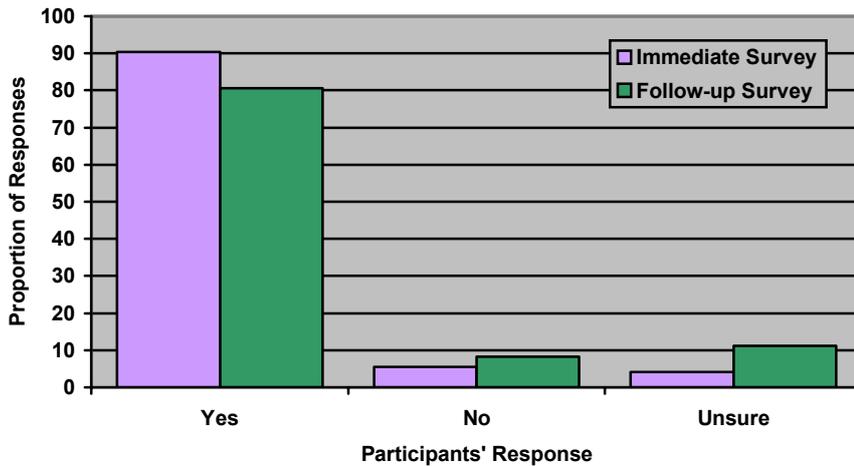
When asked about the ways they feel more confident, respondents provided the following comments:

- *"I am more confident that I can provide for their needs better and live up to their expectations of me"*
- *"I believe that I was a good mother but this group has reaffirmed that and also taught me things about behaviours that I was unsure about"*
- *"I feel I have more patience and more skills in how to deal with my children's behaviour in a civil way"*
- *"My confidence is better than before cause I know what to expect"*
- *"I feel more confident in myself now I know how to understand my child's needs"*
- *"I feel more informed and am reassured I am doing a good job in raising my child"*
- *"I feel more confident because I know how to tackle situations"*
- *"In a lot of ways I feel I'm more confident to be a mother and help them through strong decisions"*

Both surveys also asked participants whether the group helped them to understand their child. Again a similar proportion of respondents (91.8% in the immediate survey and 83.3% in the follow-up survey) stated that it did. As with the previous question, the small number of respondents who stated that the group did not help them to understand their child explained their response by stating that they *"already had those skills"* or *"it just re-enforced what I already practise".*

Figure 6: Proportion of immediate and follow-up responses to feelings of whether the group helped participants to understand their child
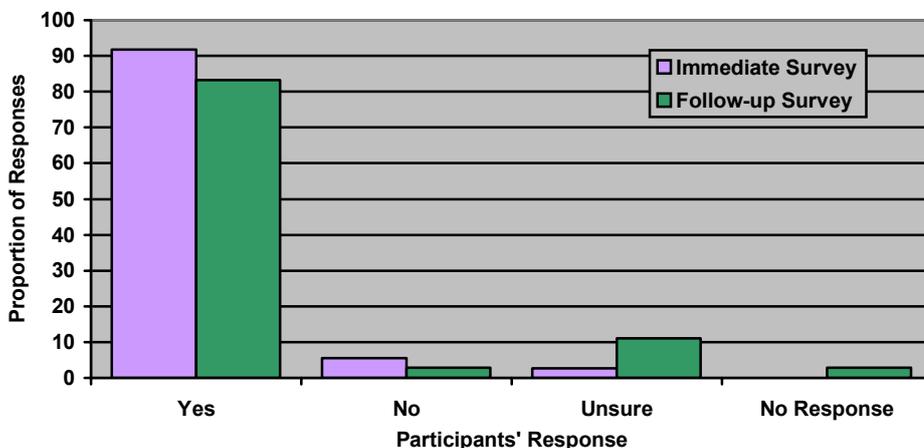
In the follow-up survey only, participants were asked whether they have changed how they react when their child is upset or demanding. In response, 25 (69.4%) of the respondents stated that they had changed, providing the following examples:

- *"I get down to his level and talk face to face and I find it works a lot"*
- *"normally when my son is upset or demanding something I'll raise up my voice, but now I manage to look at him on his level and talk to him nicely but firmly"*
- *"instead of being upset with them I try and come down to their level and try and understand them both more"*
- *"using positive reinforcement…I learnt to ignore negative behaviour and praise good"*

Due to the lack of contact with their children, five (13.9%) of the respondents were 'unsure' as to whether they had changed, while two (5.6%) respondents failed to respond to this question.

A similar number of respondents (29, or 80.6%) agreed that they had learnt new things to manage the situation when their child is being naughty or difficult, with one responded stating that she had *"learnt how to time the quiet corner duration time (1 minute for every age)"*.

When asked whether they enjoyed taking part in the group, 89% of respondents to the immediate survey and 91.7% of respondents to the follow-up survey stated 'yes'. The only negative comments in relation to participants' enjoyment were from a small number of respondents who had participated in the condensed version of the program. Their comments included *"I would have enjoyed it more if the classes were spaced out more"* and *"the classes were too closely spaced – I would have rather the classes been spread out more"*.

A high proportion of respondents of both surveys stated that they thought the facilitators understood what participants needed from the group (89% of respondents on the immediate survey and 75% of respondents on the follow-up survey).

Figure 7: Proportion of immediate and follow-up responses to whether participants believed the group leaders to understand what they needed from the group
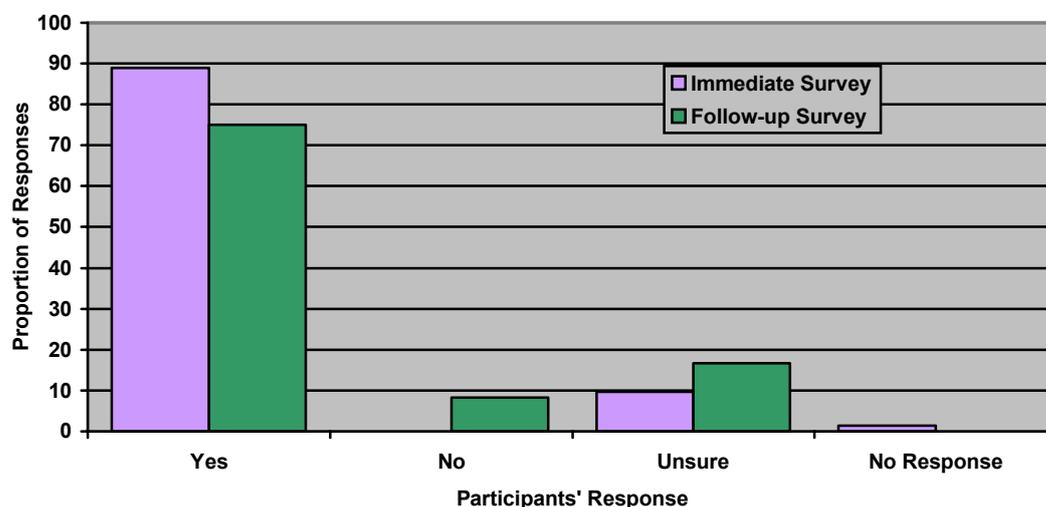
Some of the respondents' comments included:

- *"(the facilitator) took time to listen to each and everyone in the group"*
- *"they listened to what our difficulties were and acted straight away with good information"*
- *"when she learnt that I've got problems with Xxx's anger management she gave me a lot of tips"*
- *"they asked us too what kind of things we want to know and were open to answer all the questions!"*
- *"anything we wanted to discuss, or things we weren't sure of, would be explained thoroughly"*
- *"they understood that I hadn't seen my children for a while"*

- ▪ *"(the facilitator) was very helpful and understanding, I realised I'm not alone"*
- ▪ *"(the facilitator) was lovely and helpful. She took time to encourage our participation and took a genuine interest in what we had to say"*.

Conversely, the small number of respondents who did not think the facilitators understood their needs commented that they *"didn't understand our distance between our children outside whilst we are in"*.

While the majority of respondents stated that the content was sufficient, respondents provided suggestions for more information or time to be offered in the group about motherhood, babies, and other topics. In relation to motherhood, respondents suggested that more information be provided on coping skills as *"for first time mothers it is hard to cope"*. In addition, a number of respondents asked for more time, specifically *"to talk and listen to other people about their experiences of motherhood"*. Other suggestions included; learning more games to play with children and being provided with more information about parenting/mothers groups.

Although more information on babies was requested, *"because they can't explain what they need or want"*, many of the respondents asked that more information be provided for those with toddlers and older children (including teenagers). In addition, information on dealing with child interaction and sibling rivalry was requested.

With regard to more information or time being required in other areas, the main theme was time and opportunity to practise their skills, with one respondent stating *"they should have play groups so mothers can show their strengths they've learnt"*. Similarly, practical assistance dealing with their children's carers was suggested as an important component to their ability to care for their child whilst in custody.

The majority of respondents stated that they would 'strongly agree' or 'agree' with the comment *'I would recommend the group to other mothers'*, with 68 (93.2%) responding this way in the immediate survey and 34 (94.4%) responding this way in the follow-up survey.

Figure 8: Proportion of immediate and follow-up of agreement with the comment – *"I would recommend the group to other mothers"*
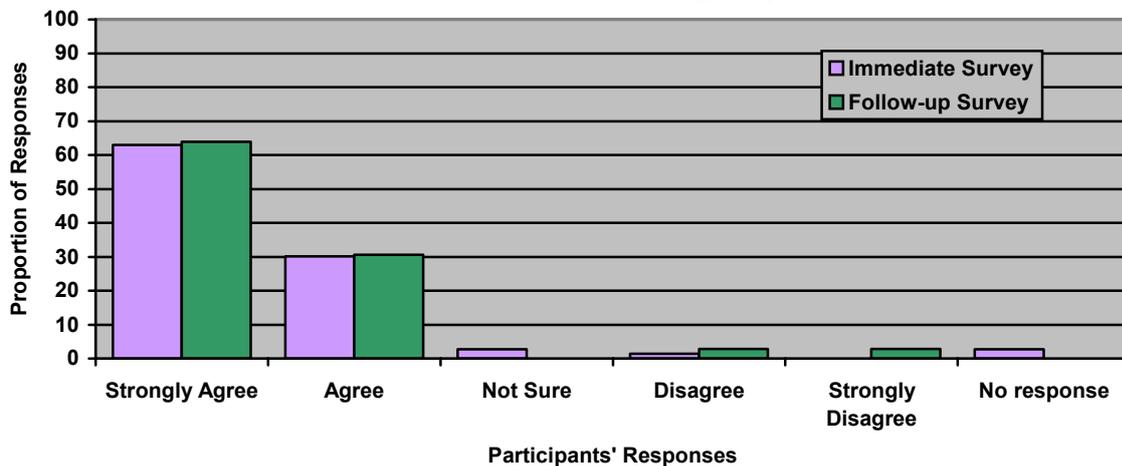
Similar numbers of respondents stated that they would 'strongly agree' or 'agree' with the comments *'the group has helped me feel closer to my child'* (82% immediately and 83% at follow-up) and *'the group has helped me feel better about caring for my child'* (89% both immediately and at follow-up).

In the immediate survey only, participants were asked to rate how much they agreed with the following statement: *'After participating in the groups I find visiting time more enjoyable with my children'*. In response to this statement, 38 (52%) of the respondents agreed or strongly agreed that they find visiting time more enjoyable with their children after completing MAAD. A further 18 (24.7%) of the respondents failed to respond to this question, primarily due to their lack of visiting opportunities.

In the follow-up survey only, participants were asked to rate how much they agreed with the following statements: 'I now don't get as angry with my child' and 'I listen more to what my child is telling me'. In response to these statements, 28 (77.8%) of the respondents agreed or strongly agreed that, since completing the program, they no longer get as angry with their child, while 31 (86.1%) of the respondents felt this way about listening more to what their child is telling them. A small number of respondents (1 and 2 respectively) again failed to respond to these statements, due to the lack of contact with their children.

Overall satisfaction with the group was high, with 75.3% of respondents to the immediate survey stating that they were 'extremely' or 'mostly' satisfied, and 77.8% of respondents to the follow-up survey reporting the same level of satisfaction.

Figure 9: Overall Satisfaction with the Group by Proportion of Responses to Immediate and Follow-up Surveys
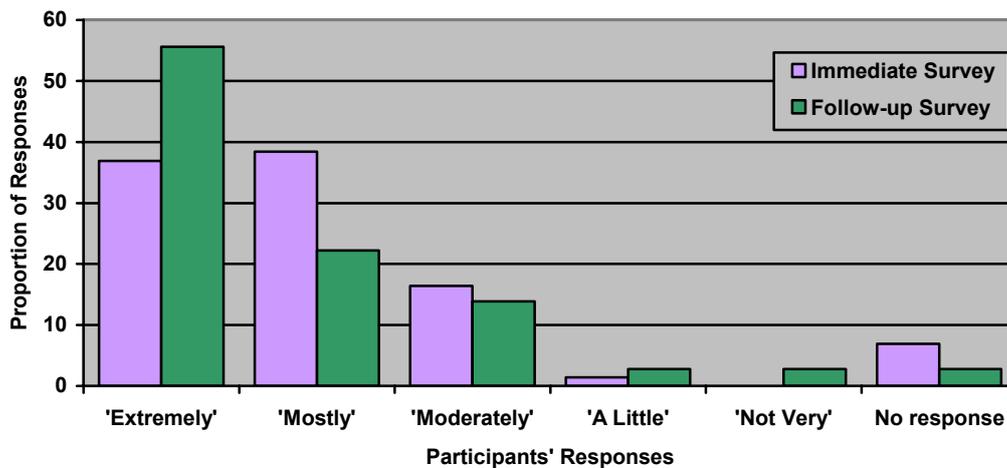
When asked whether there was anything else that might help to improve the group in future, respondents suggested more information on "*toddlers and teenagers*" and more involvement with their children – for example, implementing the "*playgroup with us and our kids*", and trying "*to do the videos with kids*", "*maybe a session with our children involved*", or even "*having a real baby or toddler or child or crying doll*"

Other comments related to the format of the program. Suggestions included offering "*some one on one with difficult issues*", with specific benefit being identified for mothers who are trying to "*reconnect with their children*' or "*get their kids back from DOCs*". Alternatively, it may be useful to allocate participants to groups according to their needs and/or level of contact with their children in order to focus on issues which are relevant to all those concerned. Some of the comments suggesting this included: "*work out who's there for the group, and not just for the games and activities*" and "*because some mums had a lot of contact and others didn't, sometimes the issues felt really different*". Another suggestion was to conduct "*outside groups in the community*", which would be beneficial to those on parole or community-based orders, who wish to improve their parenting skills whilst having custody of their children.

Comments about the length of the program seem to be conflicting, with some of the respondents providing comments such as "*to not have it go for so long*", while others requested "*longer running courses*".

While a number of respondents did not provide suggestions for improvement, many offered comments of appreciation, at the end of their survey. A selection of these comments are listed below.
- *"thank you for coming and taking the time out to spend with us girls. Thank you very very much"!*
- *"stick with it"*
- *"I loved the group the way it was"*
- *"its all good, just keep doing what there doing"*

- *"I got a lot out of it. It was emotional, I pushed my feelings down but now I want to move forward"*
- *"I just want to say that everything was great and I really hope this group does not end cause more women need these kinds of group support"*
- *"since the program I'd never read a book with (my daughter) and I have started now, she loved it and read it back to me. I asked her questions about her friends and school and I know her much better now. I'm thinking through what I'll do with her for the next visit. Its given me more confidence. It was perfect, great for me"*
- *"just continue introducing this program makes a big difference to every mother"*
- *"You're doing a good job. Thanx!!"*

(b)   Changes in Attitudes about Parenting

Participants were interviewed prior to commencing the program in order to gather information about their relationships with their children, their struggles with guilt and separation, and the parenting skills they wished to develop. They were interviewed again after completion of the program to gauge their thoughts about, and experiences whilst on the program.

(i)   Pre-Group Interview

In the pre-group interview, the majority of participants reported having help and support from family members in raising their children, and were able to recall a recent occasion when they felt as though they "really got along well" with their child.

When asked whether they "ever feel guilty as a parent", the majority of women reported that they did, with a number stating that they "always feel guilty". While some of the mothers reported feeling guilty for punishing their children's behaviour and sending them to their room, the majority of participants reported feeling this way as a direct result of being in custody, for example *"not being with him when he needs me"*, *"not watching him grow up"* or *"letting them down".* Some similar comments included:

- *"I feel guilty that I'm not there to protect her, to look after her and love her, to be the mother…I'm not the one there to put her to bed, I'm not the one that's getting up at night making her bed, I'm not the one to take her to the doctors if she's sick, I'm not there to nurture her, I'm not there to do nothing and that hurts me the most".*
- *"I feel guilty that I'm not a parent - that I've relied on my mum so much and that she's their mum more or less and she's the best and I've gotta grow up and I've got 5 children… its time for me to step up and be the person I want to be instead of taking the easy way out all the time knowing that mums always going to be there when I fall".*
- *"I feel guilty that I'm not there for him and if I didn't do what I did I would be out there with him".*

When asked how they handle these feelings of guilt, some of the respondents admitted to "lock(ing) them in", while others reported talking to counsellors, Services and Programs Officers, family, or other inmates. Some of the women stated that they keep in close contact with their children *"by phone, by mail, I always make her things and send them to her, I always write her letters".*

In contrast, a small number of respondents reported not feeling guilty as a parent, with one failing to acknowledge that her offending behaviour and incarceration may have had a negative impact on her children, stating "I've done no wrong to my kids and they know that".

Many of the women acknowledged that, while the children are happy that they've seen their mother, they are *"heartbroken"*, *"sad"*, *"empty",* and *"confused"* when they have to leave a visit in the gaol, with one mother stating *"they don't want to go and they cry and scream out and things and I don't like it and I don't think its fair on them…(they feel) angry, confused upset…they tell me they don't understand why mummy can't come home".*

When asked to describe what happens when their child has to leave after visiting time, the majority of the women reported crying and misbehaviour by their children. Some such comments included:

- *"sometimes she gives me dirty looks or frowns at me when she's leaving, like puzzled, like 'why am I going?'. It makes me upset too"*
- *"sometimes he's really good and other times…last week he kept coming back in and he knows I'm not allowed to walk out that gate and he really tested me and he gave me a big smile and he was on his little scooter and wanted me to chase him and I came out a bit and he pushed even more…why can't I just come and I just have to explain that I have to stay here and he really cried and xxx said 'come on, we've got to go' and he just wouldn't leave, he got half way up the road and xxx said that he threw a tantrum and threw his scooter at xxx and said he wanted to come back to mum. Other times he'll be really good"*
- *"my sister would bring him down to see me and she said he played up terribly when he left and I think that was really hard for my sister, or for both of them"*.

Alternatively, one woman reported that her son was happy when leaving, stating, *"he always comes back to say goodbye, he always waves and stops and stares but he's happy...and tired…he's got a big smile on his face"*.

In relation to what this separation is like for them, as mothers, many of the women said this was *"hard"*, especially *"not being there for … when she needs me the most and missing out on the best part of her life growing up"*. Another reported feelings of jealousy, stating *"I think you get kind of a bit jealous, or I did, because that was my family there doing that and I should be there to console him when he was upset and comfort him"*.

The main parenting skills that the women acknowledged as those they would like to develop during the program included discipline and re-connecting with their children post release. Discipline, or *"ways of dealing with children's behaviours, challenging behaviours…tantrums"*, was identified by a number of women, with one woman stating *"I think I'll have problems when I get home…how to say no, I don't want to feel bad for saying no"*, while another stated that she needed to learn *"patience, and how to deal with situations without getting angry"*. Mothers also wished to learn how to re-establish relationships with their children when they are released from custody, with one woman stating that she would like to learn *"how to connect with her again when I get out and see her…how to rebuild that trust"*.

Other parenting skills that the women identified as those they would like to develop during the program, included:

- *"making it easier to separate from children after visits"*
- *"more games and ways to play with them"*
- *"more about children – age and what they think and know and need to learn, how to teach them"*

In fact, a couple of the women just wanted to learn *"how to be a better mum"*.

(ii) ___*Post-Group Interview*___

Upon completion of the program, a high number of participants reported that they believed that the whole program would be helpful to them on release. More specifically, the majority of respondents reported that learning different ways of communicating and interacting with their children would be of great benefit to them on release, in particular, learning *"how to come down to their level and active listening"*.

Other beneficial skills identified by participants included learning *"how to discipline"*, *"limit setting"*, and *"how to talk to them when they have a tantrum"*. In addition, one participant acknowledged that she needed to change her own behaviours in order to be a good role-model for her children. She stated, *"you know how they're parrots…I swear a lot and I see my daughters acting the way I do even though I haven't been around all their lives. My daughter's even starting to dress like me...a 6 year old wanting to wear little skirts and stuff is just...just changing my behaviour and trying to be a good role-model"*.

It is interesting to note that when asked about what made them feel safe, the majority of respondents stated that having a stable home, being with their children, or knowing their children are happy and safe, made them feel safe. Similarly, when asked what makes their children feel safe, the majority of participants believed that this was having their mother there to look after them. Some such comments included:

- *"me being there for them and knowing that they are well looked after when they are with me"*
- *"knowing that I'm home, knowing that I'm there for them and that they can turn to me whenever they need me"*
- *"when I show them that I love them and care for them"*
- *"I make them feel safe…they've told me I do. They always crowd around me and one in particular never lets me go"*
- *"I think he feels safe when I'm there with him and he doesn't have the fear of me going away"*
- *"by protecting them and showing them how much you love them no matter what and you are always there for them"*.

A number of the women acknowledged putting their children first, when asked about the changes that should take place to improve the quality of your life with their children on the outside. In conjunction with eliminating the negative lifestyle choices that are likely to return the women to gaol (i.e. drug use, "house hopping", and associating with "the wrong people"), participants recognised the need to *"spend more time building the bond back"*, *"focus more on myself so I've got a safe atmosphere for her"*, and *"concentrate on my children's needs"*.

Similarly, when asked what their one wish for their relationship with their child on the outside would be, many of the participants identified the wish *"to all be together"* as *"a happy family"* and *"to have the security that I'd never leave them again"*.

Many of the participants felt that they were treated with fairness and/or respect throughout the program and were able to recall a time when they received help or support from a member of staff or another inmate during this time. They reported feeling *"like you were equal and shown respect"* and that *"you always had someone to listen when you voiced your opinion"*. The women specifically referred to the respect shown by the facilitators, with one stating that *"listening to us talk about our kids - giving us a chance to talk about our kids…everything that you did and said was with respect"*. In addition, they acknowledged the level of respect shown by the others in the group, with one stating *"no one mocked us or laughed at our answers, I suppose we felt comfortable 'cos we could just talk and know that it would stay in the room"*.

As a result of completing the program, participants appeared to recognise that their children are individuals with their own thoughts and feelings. For example, some of the things participants reported learning about their children during this program included:

- *"how much they miss me and how much they really do need me"*
- *"that she's at an age where I feel its so important for me to be there, turning into a young woman, and I actually feel very confident at being able to do that with her"*
- *"that he is his own person"*
- *"how much he really understands"*
- *"to understand him more, to take more notice of his reactions"*
- *"that they are normal children just like everyone else"*

When asked what they had learnt about themselves during this program, many of the participants reported increases in confidence, stating that they learnt that they are *"not such a bad mum"*, were *"doing an ok job and now I can do a better job"*, or *"that it can be done"* and they have *"got the potential to be a good mum"*. Others reported learning the following:

- *"not to get stressed when things get complicated, have a walk or a breather"*
- *"how to manage things from a different view, how to put things into routine, and take a different approach to things"*
- *"I've learnt not to discipline my kids like I used to. I've learnt to be a better mum and to be a better person. I've recognised that when my kids are naughty I shouldn't smack them. I should just sit down and talk to them"*
- *"how selfish I'd been to get locked up"*

- *"how much I've got to change my behaviour - I don't want my kids growing up and running a muck like I have"*
- *"Its opened up my eyes to a couple of things that I need to work on…like learning to not just push away but to actually include him in and explain things a bit better whether it be hanging the clothes on the line, just talk to him. Definitely, a lot of talking and communication to build a strong relationship"*
- *"how scared I am of failing. I've realised that I've only got 1 chance and I don't want to mess that up again"*
- *"not to go in my own mother's footsteps and to be there when she needs me the most"*

Receiving this feedback by way of the post-program interviews was a positive experience, as it reinforced that the inmates had listened, learnt and thought about their roles as mothers. Such input was especially important for the Program Co-ordinator, who suggested that this level of attention and interest was not often reflected in either the participants' conversation or body language during the program.

In addition to providing comments about what they had learnt throughout the program, many of the participants took the opportunity of the interview process to thank the facilitators for "the time and effort they put into it" and "helping me to learn these things". One participant stated *"I want more. I love it. I looked forward to it each week",* while another stated that she *"liked the program a lot and if I can do it again I would do it again".* One participant summed up her feelings about the program, stating *"I think it's really good when you come in you don't preach to us. You treat us like mothers, not like we were idiots that don't know what we're doing. I always felt comfortable".*

Figure 10: A copy of a letter, written by a mother to her daughter, completed as part of an activity of the Mothering at a Distance Program

Dear…,

*   I will try to be your best friend and be there for you always. I will help you and encourage you at all times. I will always love, respect and guide you. I want to make sure you know and understand how special you are and I hope that you always feel this. To me you are the most special little person in the world and always will be. I love you INFINITY.*

*   from Mummy.*

(c)   Changes in Maternal Sensitivity

'Maternal sensitivity' was measured by asking participants to look at four photographs of children in different scenarios and comment on how the child and mother would be feeling in the situation depicted. Participants were also asked how the mother would respond, and how the situation would end. This assessment was conducted prior to, and again after, participation in MAAD to identify any changes in participants' responses.

Unfortunately, participants from the first five groups were not subjected to this assessment, however, as this method was introduced as an amendment to the original proposal of assessing changes in the videotaped interactions between participants and their children. That said, the common themes identified from the responses of those who did participate in this assessment are outlined below for each of the depicted scenarios.

(i)   Photograph 1: A child arriving at a visit

While being shown a picture of a girl covering her face with her hands, participants were told that this was a child arriving at a visit. When asked how the child in this picture felt, and why she felt this way, a number of the women said she felt shy, nervous, or embarrassed because she is *"not used to seeing her mum'", "doesn't know what to expect",* or *"just doesn't understand".* Others suggested that the child might be sad or upset because *"she knows she can't stay with her mum"* or *"her mum can't leave with her".* Alternatively, a small number of women said they thought the child was *"happy or playing peek a boo".* Similar responses were given after completion of the program.

When asked how the mother in this scenario felt, and why she felt this way, participants said she would feel upset, *"thinking that the child doesn't know them because its always our fear when we're in gaol that our child is going to forget us"*; guilty *"for her child to have to go through that over something that they've done"* and *"for not being able to be there for her"*; or sad *"because she's put her baby through what she's putting her through"*. Again, participants provided similar responses when asked this same question after completion of the program, with a couple of women stating that the mother would feel *"heartbroken"* because *"she can't take the pain away to make things better"*.

Participants provided similar responses pre-group to those provided post-group when asked what the child will do and what the mother will do in this scenario. In relation to the child's actions, respondents suggested that she may *"run up and give mummy a big cuddle"*; *"take him a few minutes maybe to settle into the surroundings and then hopefully be very happy to see mum"*; or *"run away, or cry or hide"*. In relation to what the mother will do, respondents suggested that she may *"take it slow, don't try and force them but talk to them and try to reassure them"*; *"gently approach the child and try and talk to her"*; *"be happy and grab her and kiss her and cuddle her and tell her that she loves her and misses her"*; or *"get down on her level and draw her out"*

When asked how it ends, the majority of respondents stated that it would *"hopefully end happily ever after"* with her *"mum getting out and…not ever putting the child through that again"*. That said, a number of respondents acknowledged that it would most likely end *"in tears"*, with the visit being described as *"a huge high for the mother and then quite a massive low and maybe tears for the little bubba"*.

(ii)   Photograph 2: A child leaving a visit

While being shown a picture of a girl walking away with an adult, participants were told that this was a child leaving a visit. When asked how the child in this picture felt, and why she felt this way, a number of the women said the girl felt *"happy to see mum but sad to go…because she has to leave mum behind"* with one woman stating *"she looks like she's turning back to say goodbye, she looks like she's got a smile on her face, she looks happy but sad at the same time...she's had a good visit but now she has to go"*. A small number of the women suggested that the girl was "holding back" her emotions, stating *"she looks upset but trying to cover it up, trying to hide her emotions because she doesn't want to leave her mother but she knows she has to"*. Again, similar responses were given after completion of the program.

When asked how the mother in this scenario felt, and why she felt this way, a number of participants provided similar response to the previous question, that is, that she would feel *"happy she's seen her daughter, but sad as she's going away again"*. The majority of women stated that the mother would feel *"guilty and sad"*, feeling guilty *"that a child has to have those emotions through something that she's done"* and for what *"they've done that to their child"*, and sad because *"she's losing her child again"*. Interestingly, a couple of the women appeared to identify with the 'mother' from this scenario, answering this question from their own perspective. Some of these responses included: *"devastated because…you question yourself about how good of a mum you are"*; *"so disappointed and sad as you are helpless"*; and *"guilty, upset, but also I find myself feeling happy…that he's well looked after and…has good people around him"*. One woman actually corrected her response, stating *"I'm feeling ok, I mean the mother's feeling ok in knowing that the child still loves her"*.

Participants again provided similar responses pre-group to those provided post-group when asked what the child will do and what the mother will do in this scenario. Their responses in relation to the child's actions, however, were noticeably less emotional than their responses in relation to the mother's actions, with the majority of women stating that the mother would *"go back to her room and cry"* or *"talk to the counsellor"*. While a few of the women believed that the child would cry, the majority of responses referred to the child's resilience, with one woman stating *"they seem to be able to get over emotions quicker than us"* and others referring to the likelihood that they would *"learn to deal with it"*; *"be alright"*; *"probably go on with her life"*; and *"come back next weekend to see her mum"*.

When asked how it ends, the majority of respondents again stated that it would *"hopefully end happily ever after"*.

(iii)   Photograph 3: A child having a tantrum

Participants are shown a picture of a boy lying on the ground, and are told that this is a child having a tantrum. When asked how the child in this picture feels, the majority of women agreed that he was upset, unsettled, frustrated, or angry. When asked why he feels this way, responses included: *"he wants to be picked up"*, *"he's looking for comfort"*, *"he wants attention"*, *"he hasn't got his own way"*, or *"he wants something and he's not allowed to have it"*.

When asked how the mother in this scenario felt, and why she felt this way, participants said she would feel sad, as *"no mother likes to see her child cry"*; stressed and frustrated because *"she doesn't know how to settle him"*; and embarrassed as *"everyone is watching your parenting skills and judging"*

In response to being asked what the mother will do, the majority of participants said that she would pick up the child, *"give him a hug"*, and *"comfort him until he settles down"*. Some of the women also identified the need to *"sit him down...and see what he wants"*. In relation to the child's actions, some of the respondents suggested that he may "keep crying", while others stated that he would *"calm down if he's picked up"*.

When asked how it ends, the majority of respondents appeared to assume the tantrum had occurred during a gaol visit and responded accordingly. For example, one woman said *"he'll feel upset again and start crying and reach out to go back to her when he's leaving"*, while others said *"he's not crying, they're both happy and go on with their visit"* and *"he goes home, she stays, she feels guilt and he probably won't remember"*. Longer-term responses were similarly positive, with one participant stating *"eventually mum goes home and they are happy again"* and another stating *"she gets out and settles down and doesn't come back to gaol and looks after her baby"*.

(iv)   Photograph 4: A sick child

The last photograph is of a sick boy sitting on a couch covered by a blanket. When asked how the child feels and why he feels this way, the majority of women said he felt sad and miserable because *"he's sick and he wants his mum to be home looking after him"*. *"He wants his mummy, he wants comfort, he needs a lot of comfort and a lot of loving"*, however *"he hasn't got his mum with him"*. When asked how the mother feels and why she feels this way, participants' responses included: guilty *"that she's not there to look after him…she's locked up and she put her self there and she should be home with him"*; sad *"because she can't go and look after him and be with him and make his pain go away"*; and helpless *"because she can't comfort him the way she wants to"*.

Very few women responded when asked what the child will do in this situation, however the majority provided practical responses to help ensure the child recovers from his illness when asked what the mother would do. For example, the women stated they would *"cuddle the child"*, *"take him to the doctor"*, *"let him have his sleep"* and *"give him medication"*. In fact, one woman actually stated that she would *"do everything she can to comfort him, to make him better"*. Again, these responses were similar regardless of whether the participant was asked prior to, or after completion of, the program. When asked how this scenario would end, the majority of respondents again stated that it would end happily with the child *"eventually getting better"*.

While it was anticipated that participants would provide more empathic responses after completing the program, it can be seen that little change was identified. This is not to say that the program itself failed to produce change in its participants, but rather it is likely that the assessment method was too subjective and lacked appropriate standardised responses and baseline measures to assist with identifying change. In addition, it could be assumed that this assessment method is likely to have similar issues as most self-report measures, whereby

participants were providing socially desirable responses, rather than their actual attitudes which may develop as a result of their participation in a program.

Furthermore, while a small number of the women were unable to project their own feelings and attitudes onto the pictures, responding *"well, if it was my child, I would feel…"*, a similar number would appear unable to describe how the child in the photograph felt as they did *"not know that child"*.

3.3 Facilitator Workshops

Facilitator Training for the MAAD Program involves a 2-day workshop conducted by the Program Manager and Coordinator. All participants received pre- and post-workshop reading about child development, parenting and attachment.

As an introduction, the history, theoretical basis, and development of the Program are discussed, along with the Program's aims and objectives. While attachment theory and child development is briefly explained the majority of the workshop involves walking through the program materials, session by session.

As those facilitating MAAD require an understanding of the personal nature of a number of the topics covered by the Program, they are asked to take part in various sessions as if they themselves are participants. Equally, facilitators need to be able to interpret the materials and deliver sessions in an appropriate manner, and are given the opportunity to facilitate a session with the remaining staff acting as their participants. A mentoring system of co-ordinator or experienced MAAD facilitator was used to further support facilitators.

3.3.1 Level of Participation in Facilitator Workshops

Between February 2007 and December 2008, MAAD Facilitator Workshops were conducted 6 times.

To enable participation across the Department, sessions were run in a variety of locations including: Department of Corrective Services' Head Office, Tresillian Nepean, Grafton and Wellington Correctional Centres, and Jacaranda Cottages. In addition to these workshops, two staff members were provided with individual support and mentoring to facilitate the program on an individual basis – one through assisting with the co-facilitation of a program and another who was transferring from a metropolitan to a regional correctional centre.

**Table 7: Overview of All MAAD Facilitator Workshop Sessions
Conducted Between February 2007 and December 2008**

Workshop Location	Dates	DCS Staff	Non-DCS Staff	Total Trained
Head Office	February 2007	4	2	6
Tresillian Nepean	July 2007	3	0	3
Grafton CC	July 2007	6	0	6
Tresillian Nepean	May 2008	6	0	6
Wellington CC	June 2008	7	0	7
Jacaranda Cottages	November 2008	6	0	6
One-to-one		2	3	5
TOTAL		**34**	**5**	**39**

3.3.2 Profile of Participants in Facilitator Workshops

In total, 39 people completed the training to become facilitators of the MAAD Program. Of these, 34 (87%) were employees of the Department of Corrective Services, 4 (10%) were employed by Tresillian, and 1 (3%) was from an outside agency[iv] specialising in supporting children with incarcerated parents.

With regard to those employed by the Department of Corrective Services, 20 (58.8%) held Welfare, or Service and Programs, Officer positions, 2 (5.9%) were psychologists, 3 (8.8%) were teachers, and 2 (5.9%) were custodial officers. Those remaining included: an Alcohol and Other Drug Worker, a Transitional Centre Worker, Aboriginal Assessment Officer, Mothers and Children Program staff, and a Research Officer. The role of one of the participants is unknown.

Figure 11: Roles of Department of Corrective Services Staff Trained in Facilitating MAAD (N=34)
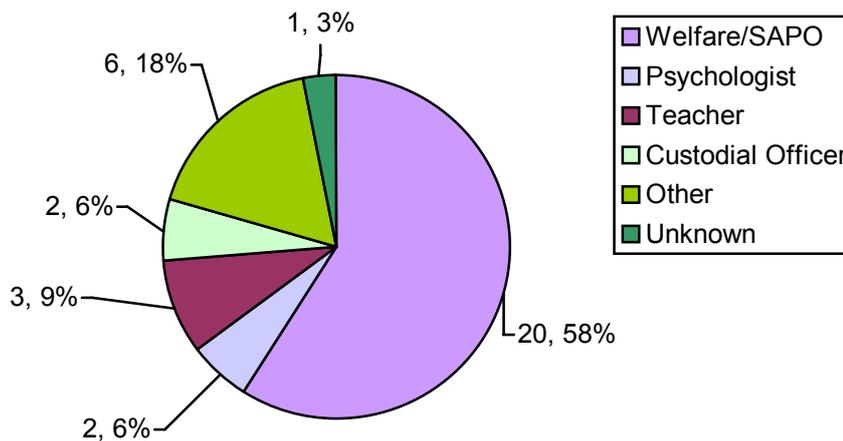
Based on the 30 Evaluation Questionnaires received at the conclusion of the workshop sessions, 11 of the trainees reported working for the Department of Corrective Services for 'less than 12 months', while 17 reported working for their employer for 'over 2 years'.

In relation to their experience facilitating groups, 27 (90%) of the facilitators reported having had such experience. Of these, two of the respondents advised that their experience was 'minimal', whereas eleven reported their level of experience as 'substantial'.

Twenty-four (80%) of the facilitators stated that they had experience working with young children, however only 6 (20%) reported having regular contact with young children as part of their work role. That said, 26 of the respondents reported having regular contact with young children during their personal life.

3.3.3 _Feedback on Facilitator Workshops_

Staff were given a number of opportunities to comment on the facilitators' workshop, and the Program as a whole. This has been through Evaluation Questionnaires, which were collected at the conclusion of each training session, Staff Questionnaires for those who had facilitated and those who had not, and individual interviews.

Based on the 30 (76.9%) Evaluation Questionnaires collected, a considerable increase in knowledge and confidence level was reported as a result of the facilitators' workshop. Specifically, while a number of respondents reported a low level of knowledge and confidence prior to the workshop, the majority reported having a _'substantial'_ level of knowledge and confidence when asked about their understanding of: the importance of the early years of a child's life; parenting concepts; and child development and behaviour concepts and ideas used in the facilitators' workshop.

Figure 12: Changes in Knowledge and Confidence Level as a Result of the Facilitators' Workshop - Understanding of the Importance of the Early Years of a Child's Life
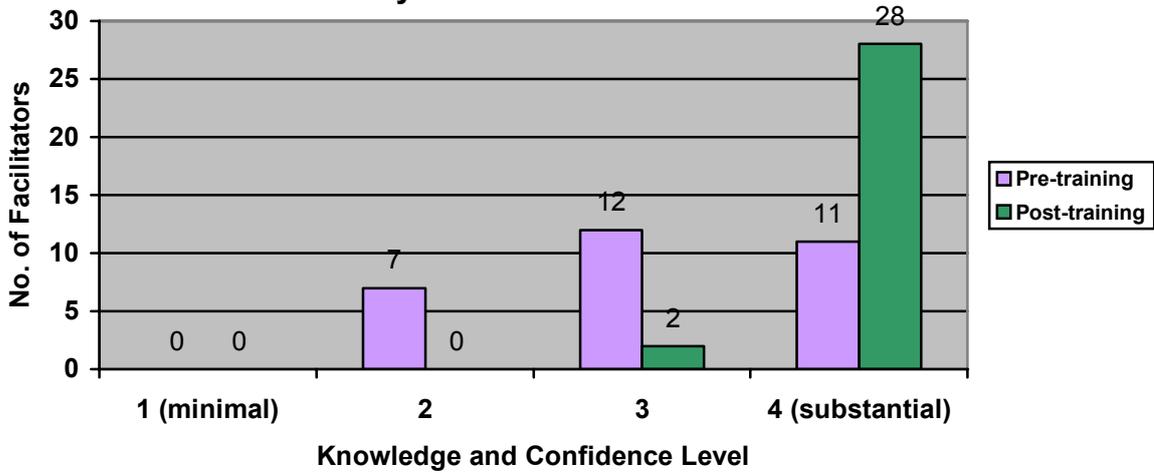
Figure 13: Changes in Knowledge and Confidence Level as a Result of the Facilitators' Workshop- Understanding of Parenting Concepts
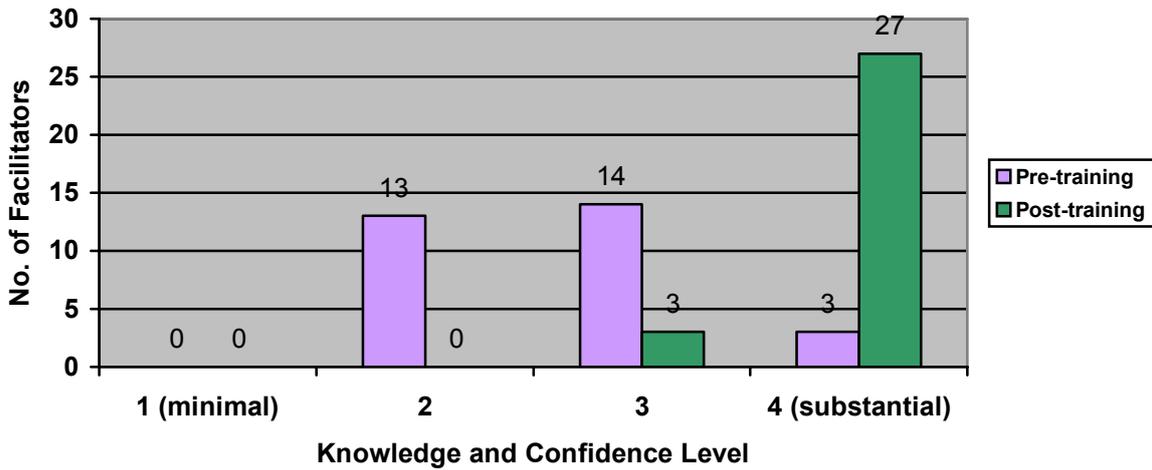
Figure 14: Changes in Knowledge and Confidence Level as a Result of the Facilitators' Workshop - Understanding of Child Development & Behaviour Concepts/Ideas Used in the Workshop
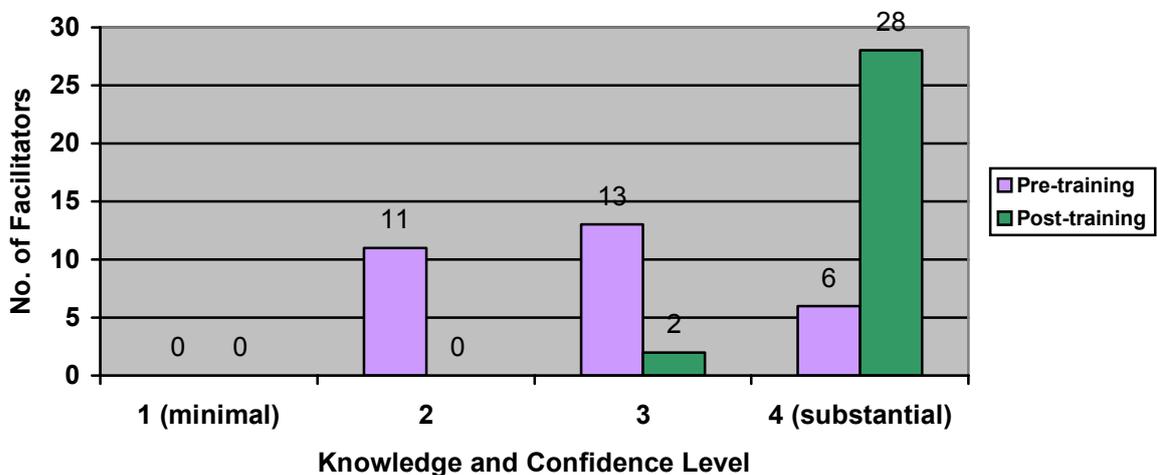
When asked whether they felt confident to use the knowledge and skills in their role as a MAAD group facilitator, 25 (83.3%) of the facilitators selected *'yes'* and 3 (10%) selected *'yes but will need more education'* as their response. The remaining two respondents reported feeling *'unsure'*, however qualified this stating that they would feel more secure co-facilitating in order to gain additional experience and confidence.

In relation to their feelings of confidence about working with parents and their children, as a result of the training, 7 (23.3%) of the facilitators reported feeling *'very confident'*, 20 (66.7%) reported feeling *'confident'*, and 3 (10%) reported feeling *'partly confident'*. Some of the additional benefits gained from the workshop included:
- *reflecting on situations from the child's perspective;*
- *learning different approaches to engage with children in play, communication, etc.;*
- *working from a strength perspective rather than a deficit perspective used in other programs;*
- *discovering alternatives and options to interacting, teaching, and disciplining children;*
- *learning about the cognitive development and its role in what a child knows/doesn't know about its own behaviour at different ages;*
- *learning strategies to use in coping with toddlers;*
- *understanding that getting it right 60% of the time is OK as long as you handle the 40% well;*
- *the importance of watching babies' and children's signs;*
- *seeing a program about developmental parenting rather than mothercraft was really good;*
- *gaining a more in-depth understanding of the bonding process; and*
- *remembering where the mothers are parenting from.*

3.3.4   Facilitators' Feedback on MAAD Program

(a)   Facilitator's Impressions of the Outcomes of MAAD

Twelve of those trained had the opportunity to facilitate the Program at least once during the evaluation period. When asked to complete a questionnaire about their experience and the outcomes of the group from their perspective, ten responses (83.3%) were received.

All of the respondents stated that they thought the Program had been positive for the women involved and eight (80%) agreed that it had been positive for their children. The remaining two respondents left the question about the experience of the children blank, as they had not had the opportunity to observe interactions to assist with their response to this question.

Some of the positive outcomes identified for the women included:
- *an increased awareness about their needs and their children's needs;*
- *a more empathetic approach to mothering;*
- *an increased sense of confidence around their parenting skills;*
- *an increased feeling of worth as a parent;*
- *learning positive ways to interact with, and parent, their children;*
- *having the opportunity, whilst in gaol, to re-focus on being a mum;*
- *development of maternal understanding;*
- *an increase in knowledge about child development;*
- *modelling of positive behaviours;*
- *a subtle effect on offending behaviour, specifically how their incarceration has affected their child; and*
- *having the opportunity to talk openly about their children and their own parenting experience.*

Some of the positive outcomes described for the children included:
- *more respectful treatment by their mothers;*
- *an increased consideration of needs from the child's point of view;*
- *closer links, bonds and attachments to their mothers;*
- *more understanding of, and appropriate responses to, their needs; and*
- *more verbal attention and playfulness from mothers.*

Similarly, all respondents agreed that the Program had been positive for the staff who were involved. Some of the positive outcomes identified included:

- *an increased level of trust from participants and improved worker/client relationships;*
- *a better understanding of the women and their backgrounds;*
- *a sense of competence and confidence in the areas of parenting knowledge/skills and attachment issues; and*
- *increased experience of facilitating / managing challenging group dynamics.*

Four respondents stated that they thought there were negative outcomes for the women, however only one felt this way about the program's effect on the children. The primary negative outcome reported was that the program forces participants to recall memories about their childhood, namely the way their parents raised them. According to one respondent, this led some of the women to think about their own mother's inappropriate behaviour, which had the potential to further disrupt their relationships.

When asked whether they thought the women were more confident in their ability to care for their child(ren), eight (80%) of the respondents said *'yes'*. The remaining two respondents advised that *'some were/some weren't'.* Comments in relation to this question included:

- *"I would like to think that they would try some of the ideas that were discussed in the group";*
- *"Most were excited and could not wait to put what they had learned into practice";*
- *"Some have commented on the program making them more aware of how hard they will need to work to re-establish bonds, others have said its made them realise how important their children are";*
- *"Even those who didn't think they needed anything seemed to learn something and, if confident already, group participation confirmed this for them";*
- *"Some mothers were very engaged and willing to look at their previous parenting – I noticed a change in the way they talked about their children and the expectations they had"; and*
- *"Most of the women commented at some time or other about how at least one element of the program had influenced their thoughts and practice about parenting".*

Ninety percent of respondents 'strongly agreed' with the statement *"I would encourage other mothers to participate in the program"*, while the remaining respondent 'agreed' with this.

Four (40%) 'strongly agreed' or 'agreed' that *"the program has helped the women to act in a more sensitive and responsive way when interacting with their children"*, with one commenting that *"most women were able to give examples of how they have or could use the parenting information and expressed pleasure in being able to manage parenting differently"*. The remaining six respondents stated that they were 'unsure' about this statement as they had not had the opportunity to observe such interactions.

Similarly, half (5) of the respondents 'strongly agreed' or 'agreed' that *"the women's level of negative language and/or negative behaviour towards their children has decreased"*, stating that *"women reported that they were at least sometimes trying to use more positive language"*. Again 50% were 'unsure' about this statement as they had not had the opportunity to observe such interactions.

While eight of the facilitators were 'unsure' whether *"the children's behaviour has improved during visiting time"* as they had not had the opportunity to observe pre- and post-program visits, the remaining two respondents 'agreed', stating that they seemed to be *"enjoying visits and feeling more comfortable interacting with staff"*. Figure 15 illustrates these facilitators' impressions about the outcomes of the Program for participants and their children.

Figure 15: Facilitators' Impressions of MAAD Outcomes with Participants and Children
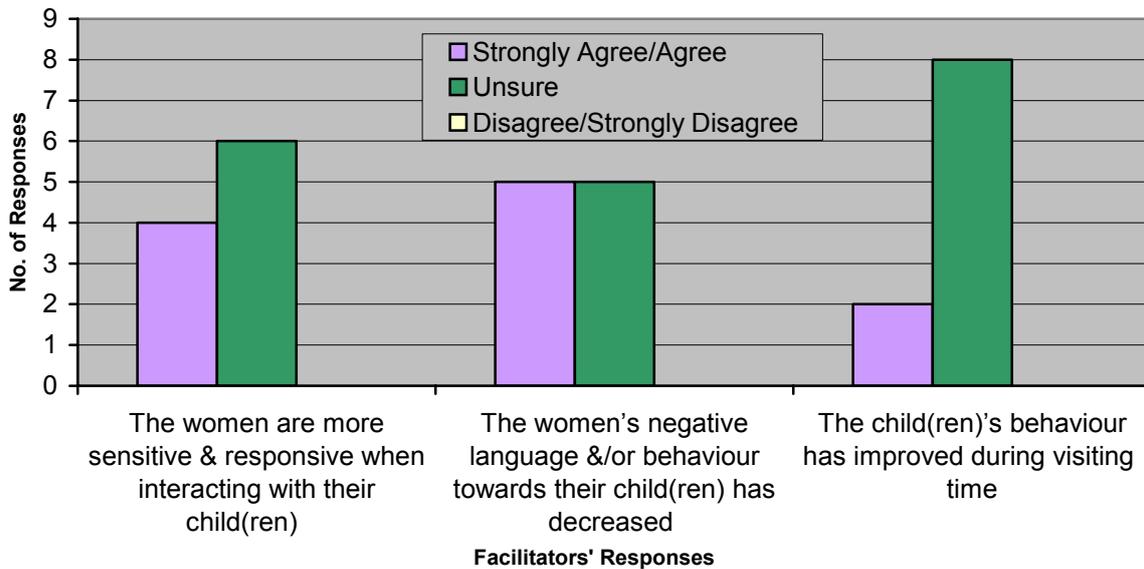
When asked whether they thought the Program was more successful for some women than others, seven (70%) selected 'yes', while two others did not select either 'yes' or 'no', stating that the number of participants in these groups were too small to respond accurately. In particular, the facilitators deemed the Program more successful for those women who still had the children in their care as they were more willing to learn and engage. As one facilitator stated, *"those that are afforded the opportunity to have visits with their children had the chance to put what they learned into practice...It was extremely hard for those who were unable to get visits due to distance and or DOCS involvement".* One facilitator also stated that she believed the Program to be more successful for *"those with younger children or pregnant as they have time to fix the relationship before it is damaged".* In addition, facilitators described the following characteristics of those for whom the Program seemed more successful:

▪ *a willingness to question and reflect on their experience as children and now as parents;*
▪ *the capacity to empathise with others especially their children;*
▪ *an open mind about parenting and a desire to parent in a different way to their own experience of parenting; and*
▪ *those who are 'ready' to learn.*

In summarising the 'ideal' participant, one of the facilitators stated that it had *"been a pleasure facilitating the program at Jacaranda Cottages as the women are at a stage in their sentence where they are stable and ready to learn. Also with them having the children with them, they have been able to practise the skills immediately with their children".*

Overall, the majority (60%) of the facilitators who responded were 'mostly' satisfied with the Program. A further 3 of the respondents were 'extremely' satisfied. While the remaining respondent stated that she was 'moderately' satisfied with the Program, her comments indicated that this group was *"interrupted"* by other business which unfortunately inhibited discussion and disrupted the flow of the session.

(b)   *Positive Experiences Facilitating MAAD*

In addition to the questionnaires, seven of the facilitators also participated in an appreciative inquiry interview. During this interview, they were asked to recall their achievements; their contributions; and occasions when staff were motivated to make things happen, or when good communication, or their relationship with the inmates, had a positive effect during their involvement with the MAAD Program.

While all of the facilitators identified positive experiences and achievements in their work with MAAD, the commitment and attitudinal changes observed in participants, appeared to have had a significant impact on job satisfaction. In fact, seeing the women graduate from the Program, and their sense of achievement in receiving a certificate, was also cited as a positive experience for facilitators, with one stating that *"finishing with the same amount of participants…maintaining the motivation for the women to stay with the program and work through the emotion of it, gives a sense of satisfaction".* Another facilitator specifically commented on the graduation ceremony held at Jacaranda Cottages, recalling it as an *"important event, not only for the inmates that graduated, but it was a positive and appropriate conclusion to the project that brought together all the relevant parties in an official yet celebratory way".*

The trust and appreciation of participants were also acknowledged as positive outcomes experienced by facilitators, with one identifying one of her best days being when the women started telling her very personal things, stating *"they trust you enough to do that…that felt important".* Another recalled the surprising gratitude received from participants, stating *"I think we really connected with the women…at the end of it, they gave us both cards, thank you cards, and I really felt like they'd given us a real gift. Just their willingness to take on board some of the stuff…it was so unexpected".*

In regards to flexibility, the project's developer, Prof Cathrine Fowler, believes that facilitators *"have to be able to have enough room within this program to change things, within reason and for good reason, to meet the needs of the women".* Given the degree of flexibility permitted in the MAAD Program, a number of facilitators indicated that they benefited by being able to contribute their ideas into the program. The encouragement to contribute ideas towards the Program appears to have had a positive effect on the motivation and commitment of the staff involved. Such motivation has provided facilitators with the energy to *"chase inmates to get them to the group room".* Seeing this commitment and positive attitude towards the Program has left many of the facilitators with *"a sense of job satisfaction".*

(c)   Challenges and Suggestions for Improvement

The appreciative inquiry interview also asked facilitators to recall disappointments and challenges or difficulties working with the Program.

The majority of issues raised were systemic in nature, that is, not with the Program itself but rather with the custodial context in which it was conducted. Most commonly cited were delays, resulting from correctional centre 'lockdowns', and interruptions, caused by the distraction of continuous intercom messages. Similar issues included; participants being transferred to other correctional centres prior to completion of the Program and having limited, or interrupted, access to participants due to competing priorities.

Another important systemic issue, which created a challenge for facilitators, was the lack of appropriate facilities in which to conduct the group. A number of the facilitators mentioned having to hold the group in an unsuitable venue, for example; the visits room, a small room with limited space, craft rooms away from everything, and a noisy education room.

The other category of issues presenting a challenge to facilitators related to maintaining the motivation of participants. Respondents identified the tasks of encouraging inmates to participate, and motivating them to see the program to the end, as extremely difficult at times. Similarly, ensuring they completed their homework tasks was a challenge. While group dynamics sometimes had a negative impact on the motivation levels within the group, these issues were further magnified in groups where participants were 'on the nod' as a result of their medication.

As MAAD aims to be therapeutic in nature, one significant challenge highlighted by its facilitators was that of managing the emotions and reactions of participants, particularly when they are recalling messages from their childhood and their relationships with their own parents. One facilitator stated *"it can be hard emotionally maintaining them throughout the*

program" and accentuated the necessity of having two facilitators for each group when recalling an occasion when a participant in her group had to leave the room to compose herself. As there were two facilitators, one was able to continue the session with the rest of the group, while the other went outside to comfort the upset participant.

Suggestions on how to improve the Program included: having shorter sessions or regular breaks halfway through sessions; increasing staff support and encouragement to ensure participants attend and participate in each session; and ensuring that appropriate facilities are allocated to run the group in.

One of the greatest disappointments cited by facilitators was that of not being able to get play groups operating due primarily to the differing levels of contact that participants had with their children. Where this was not possible, it was suggested that role-plays be incorporated into the program to assist the participants to practise the skills they are taught. In addition, it was suggested that where participants have their children living with them (i.e. Jacaranda Cottages), childcare should be provided in a separate location to the mother's group to ensure the participants' attention and participation in the activities.

When asked what they hoped to see happen to the Program in six months time, the most common aspiration for the Program was that is was running in all correctional centres where staff had been trained in its facilitation. Furthermore, it was hoped that forward planning would be used to ensure that MAAD was included in centres' annual program schedules so as to enable *"a natural fit between this program and other programs for women".*

In addition, it was hoped that staff remain committed to the program, with further staff being trained in facilitation through Brush Farm Academy; that the playgroup component be implemented, so as to link theory to practice; and that the program be available to offenders in the community.

(d)   Comments from those who have not yet facilitated MAAD

As twenty-four of those trained to facilitate MAAD did not have the opportunity to deliver the Program within the evaluation period, they were unable to provide feedback on their experience with MAAD. These people were, however, asked to provide their ideas for improvement to the facilitators' workshop and suggest any possibilities as to why they had not as yet facilitated the Program. Six (25%) of the staff responded by way of a questionnaire.

Four of the respondents advised that the reason they had not yet facilitated was that MAAD had not been included in their correctional centre's program schedule. The other two respondents advised that the offender populations at their centre's were "unstable" or did not fit the criteria for participation (i.e. a high amount of movement due to a remand population or maximum security).

When asked whether they felt that they required additional training/staff development in order to feel confident to work in the MAAD Program, two of the respondents selected 'yes', with one suggesting that further education in child development and motivational interactions may be beneficial.

3.4   MAAD's Compliance with the Effective Principles of Correctional Programming

A modified version of the Evidence Based Correctional Program Checklist has been used to determine how closely the MAAD Program's development, implementation, and quality assurance processes comply with known principles of effective correctional intervention.

To provide a more objective appraisal of the Program, the checklist has been completed by the two Program Coordinators, Program Manager, and Research Officer, with the four sets of scores being averaged to provide mean scores and ratings for each area and domain in the checklist.

It should be noted that this program does not operate in isolation to the overall correctional system. As such, it has been important to consider the systemic issues affecting the program's implementation and delivery when assessing its adherence to the effective principles of correctional programming. For example, while the MAAD Program itself may not "have ethical guidelines for staff" (Item 2.11), the Department of Corrective Services does require staff to adhere to its own ethical guidelines. As the Program operates within this system, this item has been awarded one point on the checklist by each of the respondents.

Overall the Program scored 70% and was deemed "highly compliant", representing a high level of program integrity and adherence to the principles of effective correctional programming.

Figure 16: Average Scores for MAAD on each Area and Domain of the modified Evidence Based Correctional Program Checklist
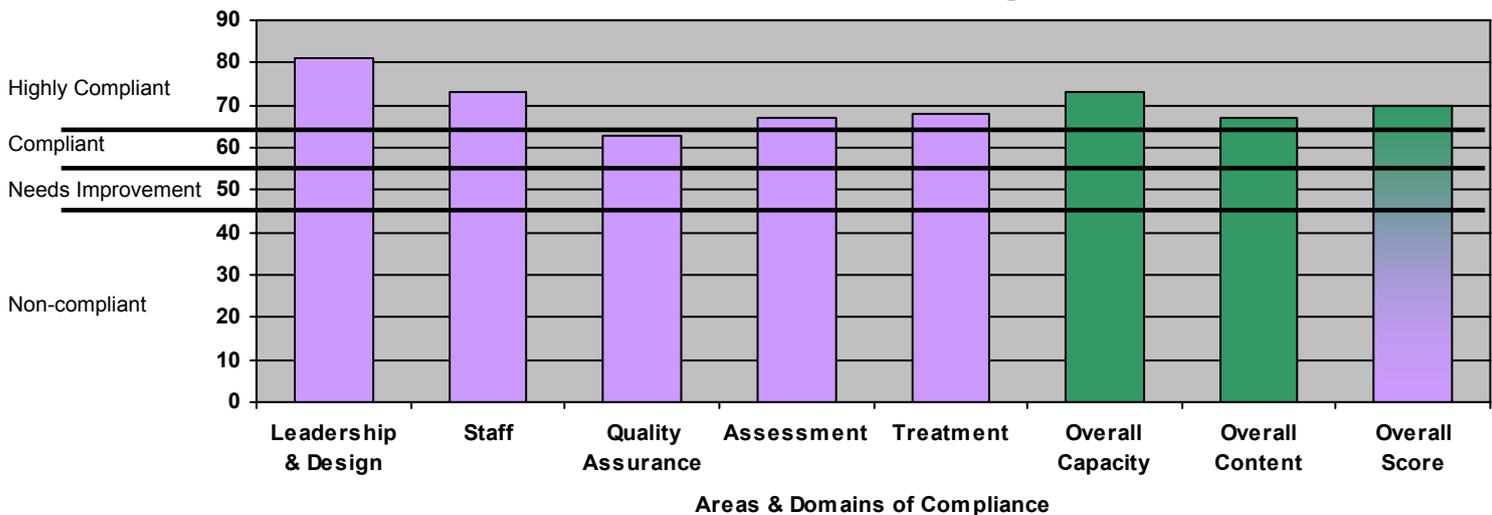
3.4.1 *Capacity Areas*

The Overall Capacity score reflects an average of the scores calculated for the following domains: Leadership and Development, Staff, and Quality Assurance. This area's rating of 73% was deemed "highly compliant" suggesting that the Program is highly effective in its ability to deliver evidence-based interventions and services to offenders.

(a) *Leadership and Development*

The domain of 'Leadership and Development' received the highest score of 81% which deems the implementation and project management aspects of the MAAD Program as 'highly compliant' with the principles of effective correctional programming.

Leadership

According to the original checklist, the *'project director'* refers to *'the person responsible for the treatment/service delivery'.* As such, the respondents for the modified version used in this evaluation have considered the program co-ordinators' involvement when responding to questions in the checklist which relate to the *'project director'.* As there were two co-ordinators over the evaluation period, an overall assessment of their combined involvement has been reported.

With this in mind, the program has been assessed as having a 'project director' with a degree in a helping profession and at least three years experience working with offenders. Whilst not directly involved in hiring staff, as this is the responsibility of the Department of Corrective Services, the project director has had direct involvement in training and supervising staff involved in the co-facilitation of the program. She has also been directly involved in providing direct services to offenders by way of facilitation of MAAD.

Program Development

The program was designed using an extensive literature search of treatment and criminological research, specifically relating to parenting from custody and the effects of parental incarceration on children. In addition, literature on child development, early intervention, and the importance of the early parenting relationships in reducing the transmission of intergenerational violence was also investigated. The completed program was submitted to the Offender Programs Unit to be formally accredited by the NSW Department of Corrective Services. Accreditation was provided and permission to proceed was given.

MAAD was piloted for at least one month prior to full implementation, with the initial 'trial' group conducted at Emu Plains Correctional Centre. Furthermore, a similar program, *Mothering from Inside,* was developed and implemented in collaboration with Tresillian as a pre-cursor to *Mothering at a Distance*. This program was offered at Jacaranda Cottages, where the women's children were residing on the complex.

All respondents agreed that the values and goals of the program were consistent with the values in the criminal justice community, with the program developing in response to an identified gap in specialised parenting programs available to mothers in custody. According to the Department's Mothers and Children's Program Coordinator, these women are likely to have experienced neglect and abuse as children themselves, have histories of drug use, and have experienced and survived violence and abuse in their adult relationships. As such, "they needed a program that, with insight and sensitivity, would assist them to identify how these experiences impact on their parenting and relationships with their children" (McInnes, 2008).

This program was also developed with an aim to reduce the impact of separations on the mother-child relationship, as reports from Correctional staff indicated high levels of anxiety and distress for parents, carers and children involved in visiting sessions.

It was also agreed that the values and goals of the program were consistent with the values in the community at-large. While certain members of the community may disagree that women in custody should in fact have custody of their children, and therefore require parenting skills, the vast majority would agree to decreasing the intergenerational cycle of crime by working with these women, and others regarded as 'at risk', to improve parenting and relationships between mothers and their children. As this program also appears to have increased participants' self-esteem and their acknowledgement of the effect that their incarceration has had on their children, it may also assist in reducing their level of re-offending.

All respondents agreed that funding has been stable over the past two years as this program received funding from the Australian Government. That said, one of the respondents was unsure as to whether the current funding was adequate to sustain the program as designed. While the program itself is not expensive to run, and a number of Departmental staff have been trained in its facilitation, these additional funds provided the opportunity for a full-time program co-ordinator to implement and embed the program within a number of correctional centres. Without this external funding, concern has been raised that the dedication to oversee the program and ensure that its implementation and delivery continue to adhere to the principles of effective correctional programming may decrease. That said, the program has been accepted by a number of areas of the Department of Corrective Services, including Offender Services and Programs Division, Offender Policy, and the Mothers and Children's Program Coordinator. As such, should MAAD continue post-funding, it is recommended that the Department ensure that one of these units dedicate a position to ensure the continued delivery and compliance of the program.

Other than the director's lack of direct involvement in hiring staff, the only other issue resulting in a decreased score for this domain was that the program had not yet been in existence for three years or longer at the time of the assessment.

(b)   Staff

The domain of 'Staff' was also deemed as 'highly compliant', with an averaged score of 73%.

All respondents agreed that at least 70% of the staff involved in the program possess at least an associate degree in a helping profession, however less than 75% reported having at least two years experience working with offenders. That said, staff appeared have been selected based on skills and values, with 90% reporting experience in group work facilitation and 80% reporting experience with young children.

Again, respondents agreed that program staff are regularly assessed and evaluated on their service delivery skills, either officially by supervisors or unofficially by peers, receive regular clinical supervision. In addition, all staff involved in the delivery of the program received training on the program's interventions, appeared to support the goals and objectives of the program, and were given the flexibility to modify the program structure where required. For example, throughout the evaluation period, the program was offered over five weeks, in a condensed 2 or 3 day format, with or without playgroup sessions, one-to one with high risk inmates, and with cultural modifications to specifically target a Koori group of women.

While the program itself does not specifically mention ethical guidelines for staff, all staff are expected to adhere to the Department of Corrective Services' Code of Conduct. As a result, when completing the checklist, the program was considered to have ethical guidelines itself.

The weaknesses of the MAAD Program, in relation to the 'Staff' domain, include its lack of bi-monthly staff meetings and its lack of "at least 40 hours of on-going training relevant to the program per year". Although these are seen as deficiencies when scoring the checklist, they do not appear to be significant issues in relation to a program of this size. Furthermore, while not specific to the MAAD Program, it can be assumed that staff would be required to attend bi-monthly meetings and ongoing training relative to their particular role.

(c)   Quality Assurance

The 'Quality Assurance' domain received a score of 63%, deeming the evaluative aspects of the MAAD Program as 'compliant' with the principles of effective correctional programming.

In response to the checklist items, all respondents agreed that quality assurance mechanisms are in place to monitor service delivery by the program. Such measures included evaluation forms and interviews for participants and staff, as well as the ongoing monitoring of co-facilitators' delivery of the program by the program co-ordinator.

Further strengths of the program's evaluative aspects include: the employment of an evaluator to assist with research and evaluation; the tracking of offender recidivism at least 6 months after leaving the program; and the completion of a report outlining the results of the evaluation.

While offenders were surveyed as to their satisfaction with the services that were provided, their progress on specific 'target behaviours' was not 'measured with periodic, objective and standardised assessments' as per Item 5.3 of the checklist. This has primarily been due to the difficulties in assessing changes in the parenting behaviours of those who have been released from custody, or those in custody who have limited or no visits from their children. Furthermore, the measurement of any behavioural change in those who do have visits from their children is unlikely to be accurate due to the confounding effect of the artificial environment (i.e. the correctional facility's visiting room) in which the interactions are taking place.

Another weakness identified in the program's 'quality assurance' domain is that a comparison group has not been included in the formal outcome evaluation of the program. Identifying such a group, where all of the relevant variables have been matched, has proved difficult. For example, apart from being held in the same correctional centre, a comparison group would need to include those of a similar age, offence, sentence length, and drug and alcohol history

to the participants. The comparison group would also need to have children of the same age, gender, care arrangements, and frequency of visits as those in the participant group, and should also have a similar level of bond/relationship with their children. If these, and other, variables are not matched accurately, the use of a comparison group would seem futile.

As the primary focus of the program is improving parent-child relationships and decrease the anxiety and distress of separation, rather than reducing recidivism directly, the results from the evaluation have not focused on the program's effectiveness in reducing recidivism. Furthermore, calculating the actual rate of recidivism has not been possible as the required timeframe for measurement of 'two years since release' has not yet been realised for the majority of participants. As such, this item on the checklist has been regarded as 'not applicable' and removed from the scoring calculation.

3.4.2   Content Areas

The Overall Content score of 67% was deemed "highly compliant" indicating that the MAAD Program meets the principles of risk, need, responsivity and treatment.

(a)   Offender Assessment

The domain of 'Offender Assessment' received a score of 67%, deeming the assessment aspects of the Program as 'highly compliant' with the principles of effective correctional programming.

In response to the checklist items, all respondents agreed that the "vast majority of referrals were appropriate for the program", with 82 (91.1%) of the women being pregnant, or having children under the age of 5 years.

Legal, clinical, and community criteria for the exclusion of certain types of offenders from the program are written into the facilitator's manual, and were consistently followed throughout the evaluation period.

All respondents agreed that there was a reasonable survey of risk and need factors at intake by way of a standardised and objective risk and need assessment instrument. While not administered by the MAAD staff specifically for the Program, 41 (45.6%) of the participants had a LSI-R summary score and risk rating recorded at the time of commencing the Program. Furthermore, of those with a LSI-R score recorded, 78% were assessed as being of a 'medium', 'medium-high', or 'high' risk of re-offending.

There was also agreement that there was a reasonable survey of personal factors and characteristics (responsivity) of the offender, although this was conducted by way of interview by the Program Co-ordinator rather than a standardised and objective responsivity assessment instrument. As such, no summary scores were provided.

(b)   Treatment (Program Characteristics)

The 'Treatment' domain received a score of 68%, deeming the treatment characteristics of the Program as 'highly compliant' with the principles of effective correctional programming.

While all respondents agreed that the program targets criminogenic behaviour and attitudes, they did not believe that "at least 80 percent of the program's services and interventions were designed to target criminogenic needs and behaviours". That said, the aims of the MAAD Program were primarily to reduce the stress and trauma caused by separation due to incarceration for female offenders and their young children, and to enhance the mother-child relationship by improving parenting skills, as opposed to reducing offending behaviours directly.

It was also agreed that the Program has a detailed treatment manual and utilised an effective treatment model (primarily a social learning model), both of which were consistently followed throughout the evaluation period. While the manual was followed, the offenders were given

the opportunity to provide input into the structure of the Program. For example, prior to their participation, offenders were asked to provide feedback in relation to what they wanted to learn, while, after completion, they were asked to provide comments and recommendations regarding any changes they would like made to the structure and content of the Program.

In relation to rewards and punishments, all respondents agreed that the Program has developed appropriate rewards, and that appropriate punishments were used to extinguish inappropriate behaviour. It was further agreed that rewards, such as making a photo frame and writing a letter to their children, were consistently applied and that punishment was administered in an appropriate manner.

While the length of the MAAD Program fails to comply with the effective principles of correctional programming, which recommends a program be between 3 and 12 months in duration, the completion rate of 68.2% falls within the recommended completion rate bandwidth of 65-85%. Furthermore, the size of the MAAD groups conducted during the evaluation period ranged from 5 to 10 participants, with 43.75% of groups involving the recommended 8 to 10 participants.

By way of classification and placement within the correctional system, as opposed to a requirement of the MAAD Program, lower risk offenders are separated from higher risk offenders in groups. As a result, the intensity of treatment varied by the risk of offender, with one higher risk offender having the MAAD Program delivered on an individual basis to accommodate her specific risk and needs.

Regardless of risk level, offenders participating in the Program "spend between 40-70% of their time in structured activities"; are consistently "taught to monitor and anticipate problem behaviours through modelling and demonstration" by the facilitators; and are systematically trained "to plan and rehearse alternatives to problem behaviours". They are, however, given little opportunity to "practise alternatives to problem behaviours in increasingly difficult situations". As such, it may be of benefit to include role-plays, and other activities which can provide this practice, in the Program.

While the groups are monitored from beginning to end by the program staff, one of the identified shortfalls of the Program was the absence of an objective completion criteria based on offender progress in meeting target behaviours. Due to the difficulties encountered with observing mother-child interactions, the comparison of participants' pre and post interview responses were the primary measure of target behaviours.

Another shortfall of the Program is its lack of family involvement, discharge plans, and 'aftercare' to assist the offender once they have completed the program or released from custody. That said, whilst these follow-up aspects are not specifically written into the MAAD Program, they are likely to be undertaken by Welfare or Service and Programs staff within the correctional centre where the women are residing, or the supervising Probation and Parole Officer upon release.

4.   Discussion

The aims of the current evaluation were to assess the development, implementation, effectiveness, and sustainability of the Mothering at a Distance Program.

This report has documented the development, education of facilitators, and delivery of the Program between October 2006 and December 2008, as well as the program outputs and self-reported effects on parenting attitudes and behaviours. In addition, the Program's adherence to the Principles of Effective Correctional Programming has been assessed, indicating a satisfactory or higher level of compliance.

During the evaluation period, the Program was conducted at Berrima, Dillwynia, Emu Plains and Silverwater Correctional Centres, as well as Jacaranda Cottages and Bolwara Transitional Centre. In total, the Program was conducted sixteen times with 75 (68.2%) of the 110 female inmates who commenced the Program receiving a certificate of completion.

The objective to "develop, implement and evaluate an education and support program for Corrective and Tresillian staff who will act as facilitators for the educational and therapeutic interventions" was successfully met, with 39 staff being trained to facilitate the Program. In total, six workshops were held, including one at Grafton and another at Wellington Correctional Centre to enable the Program to be conducted at these centres in the near future.

Many of the comments made by participants and facilitators suggest that the Program was also successful in meeting another of its primary objectives of enabling the women to develop appropriate parenting strategies and skills, with the majority reporting that they would recommend the Program to other mothers (93.2% of responding participants and 90% of responding facilitators).

Feedback from participants and staff of the Program provides initial indications that the Program has been successful in assisting some women to:
- acknowledge the similarities and differences between their parenting style and that of their parents;
- recognise that their child is an individual with thoughts and feelings of their own;
- manage their feelings of guilt and loss resulting from the separation from their child;
- recognise their strengths and weaknesses in relation to parenting;
- enhance and maintain the relationship with their child through improved communication;
- increase their awareness about their needs and their children's needs; and
- increase their feeling of worth as a parent.

More specifically, a high proportion of respondents reported the Program has assisted them to feel more confident about looking after their child; more able to understand their child; closer to their child; and better about caring for their child. In addition, respondents reported that they "listen more to what [their] child is telling [them]" and that they "don't get as angry with [their] child" as a result of their participation in the Program

The majority of responding facilitators (80%) similarly reported that they thought the women were more confident in their ability to care for their child(ren) however, due to the lack of exposure to interactions between participants and their children, few staff were able to confirm whether *"the program has helped the women to act in a more sensitive and responsive way when interacting with their children"*, *"the women's level of negative language and/or negative behaviour towards their children has decreased"*, or *"the children's behaviour has improved during visiting time".* As a result, there is little evidence as to whether the program has met its objectives of reducing the distress caused by separation due to incarceration for female offenders and their young children, and reducing the trauma for young children caused by separation and visiting their mother within a prison setting.

When asked about their experience and the outcomes of the group from their perspective, all of the responding facilitators agreed that the Program had been positive for the staff who were involved, with positive outcomes including *"an increased level of trust from participants and improved worker/client relationships".*

While the MAAD Program did appear to be successful in primarily targeting primary and secondary carers of children under 5 years of age, and pregnant inmates, issues were raised in relation to the Program's lack of acknowledgement to two specific types of participants; those with children over 5 years of age, and those with limited, or no, contact with their children.

Although women with children over the age of 5 were not the target audience of this Program, it appeared appropriate to include six such women in the group as they required assistance with their parenting skills and coping with the separation from their children. However, as the literature emphasises the importance of early childhood, content of the Program was geared towards those with infants and toddlers, As a result, these women reported needing more information on how to deal with their older children. While this was an issue raised by the participants, the Program could easily be modified, by incorporating additional information, in

order to meet the needs of those with older children. Alternatively, these women could be referred to a more appropriate program to accommodate their needs.

Specific issues were also raised in relation to the level of contact some participants had with their children whilst incarcerated, and one of the greatest disappointments cited by both participants and facilitators being that of not being able to get play groups operating. While the women who had their children living with them in custody, and those with regular visits, could readily practise their skills and share their experiences with the rest of the group, those with little or no contact with their children were unable to do this until they were released. Furthermore, as mothers with little contact had to listen to the experiences of those with regular contact with their children, the Program has the potential to increase feelings of guilt and jealousy in those with little or no contact. In order to reduce the possibility of such potential negative effects, it may be beneficial to conduct more targeted groups where there are substantial differences in levels of contact.

The small number of respondents with negative comments about the Program identified a lack of content pertaining to learning how to cope with the separation from their child and how to "mother from a distance". Further to this, facilitators identified a potential for negative outcomes for participants as a result of the therapeutic nature of the Program which requires the women to recall memories about their childhood and the way their parents raised them. Suggestions for improvement included:
- implementation of the playgroup component in order to practise their skills;
- expansion of the Program into the community in order to enable those on parole to continue working on their skills;
- individual sessions where sensitive issues arise for inmates; and
- allocating participants to groups according to need and/or level of contact with their children.

While it can be argued that the changes in parenting attitudes and increases in self-esteem described in this evaluation may result in positive changes in criminogenic attitudes and behaviours, and ultimately decrease the intergenerational cycle of crime, this is a preliminary study only and the results cannot be regarded as conclusive.

In particular, as effectiveness was primarily measured through feedback provided by participants themselves, rather than through the objective observation of mother-child interactions, caution is needed in interpreting the results. For example, it cannot be known whether the results reflect actual changes in the parenting attitudes and behaviours of participants, or merely the reporting of socially desirable responses.

The positive responses provided through participants' follow-up evaluations should also be interpreted with caution as those who responded may not be representative of all MAAD participants. While all contactable participants of the Program were given the opportunity to complete a follow-up evaluation, 48% chose to respond. It is possible that those who were less positive about the Program chose not to respond.

To more conclusively determine the effectiveness of the MAAD Program, further evaluation is required, preferably using a quasi-experimental design. MAAD participants will need to be compared on post-program parenting skills, attitudes, and re-offending, with a suitable comparison group of offenders who did not participate in the Program. Future research on the effects of the Program could also involve a longitudinal study of the children involved in order to evaluate the effects on the intergenerational cycle of crime.

To date, the MAAD Program has been funded by the Australian Government. In addition to a part-time Research Officer, responsible for the evaluation of the Program, this funding supported a full-time Program Co-ordinator for a period of three years. It was this person's responsibility to ensure the Program was implemented and embedded into the Department of Corrective Services' suite of core custodial programs. While the formal accreditation of the Program by the Department's Offender Services and Programs Unit; the training of a number of staff members in the facilitation of the Program; and the introduction of the Program to a number of correctional centres throughout New South Wales has been achieved, further

coordination and commitment is required to ensure MAAD's continuation and expansion into regional and community-based facilities. It would seem appropriate for an existing position within the Department of Corrective Services (e.g. Coordinator Mothers and Children's Program) to undertake such responsibilities.

While more definitive evidence is required, preliminary results suggest that MAAD may have significant benefits for all those involved, including future generations and the community as a whole. It is therefore recommended that the Department continue to support the facilitation of the Program within the New South Wales correctional system.

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[i] The Level of Service Inventory-Revised (LSI-R) is an actuarial tool used to conduct risk/needs analyses of offenders.

[ii] CPC scoring sheets cited from www.cpoc.org/CAPSA/cpcselfassessment2008.doc and www.dpcs.state.md.us/publicservs/procurement/Q0008004/DPSCS_Q0008004_RFP.doc

[iii] "Regular" refers to the program being run over 5 weeks, with 2 x 2hour sessions per week whereas "Condensed" refers to the program being run over 2 or 3 full days.

[iv] SHINE for Kids.

5. References

Australian Bureau of Statistics, (2008). *Prisoners in Australia, 2008*. Retrieved 31 March 2009 from http://www.abs.gov.au

Bruns, D. A. (2006). Promoting mother-child relationships for incarcerated women and their children. *Infants & Young Children, 19*(4), 308-322.

Bushfield, S. (2004). Fathers in Prison: Impact of Parenting Education. *The Journal of Correctional Education, 55*(2), 104-116.

Butler, T., & Milner, L. (2003). *The 2001 New South Wales Inmate Health Survey*. NSW Corrections Health Service, Sydney.

Corben, S. (2008). *NSW Inmate Census 2007: Summary of characteristics.* Statistical Publication No. 31, NSW Department of Corrective Services.

Codd, H. (2007). Prisoners' families and resettlement: a critical analysis. *The Howard Journal*, *46*(3), 255-263.

Cunningham, A. (2001). Forgotten families – the impacts of imprisonment. *Australian Institute of Family Studies*, no.59, Winter, 35-38

Dallaire, D. H. (2007). Children with incarcerated mothers: Developmental outcomes, special challenges and recommendations. *Journal of Applied Developmental Psychology, 28*(1), 15-24.

Dowling, S. & Gardner, F. (2008). *Parenting programmes for improving the parenting skills and outcomes for incarcerated parents and their children (Protocol)*. The Cochrane Collaboration, John Wiley & Sons Ltd.

Finkelstein, N., & Piedade, E. (1993). The relational model and treatment of addicted women. *The Counselor,* May/June, 8-12.

Gnall, K. (2006). Program evaluation in the Pennsylvania Department of Corrections. Powerpoint presentation dated February 8, 2006. Retrieved on 3 September 2008 from http://www.cor.state.pa.us/stats/lib/stats/CPAI.pdf

Gendreau, P. & Andrews, D.A. (1989). *The correctional program assessment inventory*. New Brunswick, Canada: University of New Brunswick.

Harper, Man, Taylor & Niven (2004) Harper, G., Taylor, S., Man, L. and Niven, S. (2004). 'Factors associated with offending' in G. Harper and C. Chitty (eds.). *The impact of corrections on re-offending: a review of 'what works'*. Home Office Research Study No. 291. London: Home Office.

Hairston, C. F. (1998). The forgotten parent: Understanding the forces that influence incarcerated fathers' relationships with their children. *Child Welfare, 77*(5), 617-637.

Healey, K., Foley, D. & Walsh, K. (2000). *Parents in prison and their families: Everyone's business and no-one's concern*, Catholic Prisons Ministry, Brisbane, Australia.

Healey, K., Foley, D. & Walsh, K. (2001). Families affected by the imprisonment of a parent. Towards restorative practices. *Children Australia, 26*(1), 12-19.

Hollero, M. (2008). *Using Appreciative Inquiry in Correctional Settings: A Literature Review.* NSW Department of Corrective Services, Unpublished.

Howard, S. (2000). *Fathering behind bars.* Paper presented at the Focus on Fathering Symposium at the 7th Australian Institute of Family Studies Conference, 24-26 July 2000, Sydney, Australia. Retrieved 29 January 2008 from http://www.aifs.gov.au/institute/afrc7/howard.html

Johnson, T., Selber, K., & Lauderdale, M. (1998). Developing Quality Services for Offenders and Families: An Innovative Partnership. *Child Welfare, 77*(5), 595-615.

Kenny, D. T., Nelson, P., Butler, T., Lennings, C., Allerton, M., & Champion, U. (2006). *NSW Young People on Community Orders Health Survey 2003-2006: Key findings*. University of Sydney.

Lange, S. M. (1997). *Parent Training in Corrections: Mission, Methods, Materials and Best Practices*. Mountainview Youth Correctional Facility and Fordham University Graduate School of Education.

LaRosa, J. J., & Rank, M. G. (2001). Parenting Education and Incarcerated Fathers. *Journal of Family Social Work, 6*(3), 15-33.

Latessa, E. J. (2006). *What works and what doesn't in reducing recidivism: The principles of effective intervention*. Paper presented at the Justice System Practices That Work Conference, 29 June 2006, Austin, Texas, USA. Retrieved from http://www.co.travis.tx.us/community_supervision/tcis/Latessa%20Presentation.ppt

Latessa, E. J., Jones, D., Fulton, B., Stitchman, A., & Moon, M. (1999). *An evaluation of selected juvenile justice programs in Ohio using the Correctional Program Assessment Inventory*. Division of Criminal Justice, University of Cincinnati, Ohio.

Loy, M. (2000). *A Study of the Mothers and Children's Program in the NSW Department of Corrective Services*. Paper presented at the Women in Corrections: Staff and Clients Conference convened by the Australian Institute of Criminology in conjunction with the Department of Correctional Services South Australia, 31 October - 1 November 2000, Adelaide, Australia.

Luke, K. P. (2002). Mitigating the ill effects of maternal incarceration on women in prison and their children. *Child Welfare, 81*(6), 929-948.

McInnes, B. (2008). *Genesis of the Program*, speech given by the Coordinator of the NSW Department of Corrective Services' Mothers and Children's Program at Mothering at a Distance Graduation, Jacaranda Cottages, Emu Plains Correctional Centre, 24 October 2008.

Miller, K. (2006). The impact of parental incarceration on children: an emerging need for effective interventions. *Child and Adolescent Social Work Journal, 23*(4), 472-486.

Murray, J. & Farrington, D. P. (2005). Parental imprisonment: effects on boys' antisocial behaviour and delinquency through the life-course. *Journal of Child Psychology and Psychiatry, 46*(12), 1269–1278.

National Crime Prevention, (1999). *Pathways to prevention: Developmental and early approaches to crime in Australia.* National Crime Prevention, Attorney-General's Department, Canberra.

NSW Department of Juvenile Justice. (2003). *NSW Young People in Custody Health Survey: Key Findings Report.* NSW Department of Juvenile Justice. Sydney.

Quilty, S., Levy, M. H., Howard, K., Barratt, A., & Butler, T. (2004). Children of prisoners: a growing public health problem. *Australian and New Zealand Journal of Public Health, 28*(4), 339-343.

Showers, J. (1993). Assessing and remedying parenting knowledge among women inmates. *Journal of Offender Rehabilitation, 20* (1/2), 35-46.

Standing Committee on Social Issues (1997). *A Report Into Children of Imprisoned Parents*. Report No. 12, Legislative Council, Parliament of New South Wales, July 1997.

Stanley, E. & Byrne, S. (2000). *Mothers in Prison: Coping with Separation from Children.* Paper presented to the Women in Corrections Conference, October/November 2000, Adelaide, Australia.

Thompson, P. & Harm, N. (2000). Parenting form prison: helping children and mothers. *Issues in Comprehensive Pediatric Nursing, 23*(2), 61-81.

Travis, J. (2005). Families and Children. *Federal Probation, 69*(1), 31-42

Tudball, N. (2000). *Doing It Hard: A Study of the Needs of Children and Families of Prisoners in Victoria*. The Victorian Association for the Care and Resettlement of Offenders (VACRO).

Woodward, R. (2003). Families of prisoners: Literature review on issues and difficulties, Occasional Paper No.10*.* Retrieved June 10, 2008 from http://www.facsia.gov.au/research/op10/OP_No_10.pdf

Young, D. S. & Smith, C. J. (2000). When moms are incarcerated: the needs of children, mothers and caregivers. *Families in Society, 81*(2), 130-141.

6. Appendices

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Appendix N: Staff Questionnaire for trained staff who have facilitated the Program

Appendix O: Staff Post-Program Interview Schedule

Appendix P: Staff Questionnaire for trained staff who have not had the opportunity to facilitate the Program

Appendix Q: Checklist to Assess the Effective Principles of Correctional Programming

Appendix R: Classification of Female Inmates

Appendix A: Project Team

Prof Cathrine Fowler	Tresillian Chair in Child and Family Health, University of Technology, Sydney
Kyleigh Heggie	Assistant Director, Corporate Research, Evaluation and Statistics, NSW Department of Corrective Services
Dr Catherine McMahon	Lecturer, Psychology Department, Macquarie University
Dr Nick Kowalenko	Clinical Director, Child & Adolescent Psychiatry, Royal North Shore Hospital
Dr Andrew Cashin	Associate Professor Justice Health Nursing
Chris Rossiter	Research Officer, Tresillian Family Care Centres
Dr Jacqueline Canessa	Staff Specialist Psychiatrist, Justice Health
Belinda McInnes	Co-ordinator, Mothers & Children's Program, NSW Department of Corrective Services

Appendix B: Research Advisory Group

Prof Cathrine Fowler	Tresillian Chair in Child and Family Health, University of Technology, Sydney
Kyleigh Heggie	Assistant Director, Corporate Research, Evaluation and Statistics, NSW Department of Corrective Services
Judy McHutchison	Acting Research & Evaluation Manager, Corporate Research, Evaluation and Statistics, NSW Department of Corrective Services
Dr Catherine McMahon	Lecturer, Psychology Department, Macquarie University
Dr Nick Kowalenko	Clinical Director, Child & Adolescent Psychiatry, Royal North Shore Hospital
Dr Andrew Cashin	Associate Professor Justice Health Nursing
Chris Rossiter	Research Officer, Tresillian Family Care Centres
Dr Jacqueline Canessa	Staff Specialist Psychiatrist, Justice Health
Belinda McInnes	Co-ordinator, Mothers & Children's Program, NSW Department of Corrective Services
Janet Ford	Tresillian, MAAD Project Coordinator (July 2006 to December 2007)
Lesley-Anne Davies	Tresillian, MAAD Project Coordinator (January 2008 to January 2009)

Appendix C: Steering Committee

Prof Cathrine Fowler	Tresillian Chair in Child and Family Health, University of Technology, Sydney
Kyleigh Heggie	Assistant Director, Corporate Research, Evaluation and Statistics, NSW Department of Corrective Services
Marilyn Wright	Regional Superintendent, NSW Department of Corrective Services
Zoe DeCrespigny	Senior Program Development Officer, Offender Programs Unit, NSW Department of Corrective Services
David Hannaford	General Manager, Tresillian Family Care Centres
Judy McHutchison	Acting Research & Evaluation Manager, Corporate Research, Evaluation and Statistics, NSW Department of Corrective Services
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Belinda McInnes	Co-ordinator, Mothers & Children's Program, NSW Department of Corrective Services
Paul Newman	Director, Aboriginal Support & Planning, NSW Department of Corrective Services
Dr Andrew Cashin	Associate Professor Justice Health Nursing
Chris Rossiter	Research Officer, Tresillian Family Care Centres
Dr Jacqueline Canessa	Staff Specialist Psychiatrist, Justice Health
Janet Ford	Tresillian, MAAD Project Coordinator (July 2006 to December 2007)
Lesley-Anne Davies	Tresillian, MAAD Project Coordinator (January 2008 to January 2009)
Dr Catherine McMahon	Lecturer, Psychology Department, Macquarie University
Dr Nick Kowalenko	Clinical Director, Child & Adolescent Psychiatry, Royal North Shore Hospital
Gloria Larman	SHINE for Kids
Deborah Nemeth	Karitane

Appendix D: Participant Information Sheet

Mothering at a Distance
Participant Information Sheet

You are invited to join a parenting program that consists of:
- A 5 week (2 sessions per week a total of 10 sessions) parenting group every *[insert days of week]* from *[insert times x am to x pm]*.
- A supported playgroup during visiting times *[insert day, time, date commenced and finishes]*.

This program being conducted by Tresillian Family Care Centres, NSW Department of Corrective Services and Justice Health. The researchers involved in this program are: Prof Cathrine Fowler, Ms Kyleigh Heggie, Dr Catherine McMahon, Dr Nick Kowalenko, Dr Andrew Cashin, and Dr Jacqueline Canessa.

Tresillian is a well known non-government organization that provides parenting support and education.

This program will help you to understand how your children, develop and behave. You will also be able to discuss any problems you may be having looking after your child. We hope the group will help you to enjoy being with your child more. The Project Coordinator works for Tresillian and has experience working in child and family health. The Group may be run by Tresillian, Corrective Services and/or Justice Health staff who have been trained to provide the supported playgroup and mothers group.

We plan to videotape a small part of each supported playgroup session and other interaction with your children during visiting times and show the video tapes to you. We find that watching videotapes of children helps parents see when they are doing a good job and understand what their child likes to do.

Before the group starts and after it finishes, you will be asked to answer some questions about the group and about your child. These interviews will be audio-taped. You will be video taped playing with your child for 3 to 5 minutes if possible. This will help us to decide if the group has been helpful to you or would be helpful for other mothers.

We will also be provided with some information about your health history from your files.

Your answers to the questions will not identify you. You will be given a number that will be placed on the questionnaires. No names will be included in any reports of results. All video tapes will be identified with your number only, the tapes will only be viewed by the project staff and destroyed at the end of the project.

You are free to withdraw from this group at any time without having to give a reason and this will not cause any problems for you. You may refuse to answer any questions or join in any activity that may cause you concern. If you have any questions or worries about the group or the activities, you can contact Prof Cathrine Fowler (02) 978 70862 or if you have any complaints contact Simon Eyland, Director, Corporate Research, Evaluation and Statistics, 02 8346 1557 and/or the official visitor.

Project staff are required to report any concerns related to the safety of your child/ren or criminal activity.

Thank you for considering participating in this project.

Prof Cathrine Fowler
Chief Researcher
Tresillian Family Care Centres

Appendix E: Participant Information Sheet and Consent Form

Mothering at a Distance Program

Participant Information Sheet and Consent Form

You are invited to join a parenting program that consists of:

- A 5 week (2 sessions per week a total of 10 sessions) parenting group every [insert days of week] from [insert times x am to x pm].

- A supported playgroup during visiting times [insert day, time, date commenced and finishes].

This is a collaborative program between Tresillian Family Care Centres and the NSW Department of Corrective Services. The researchers involved in this program are: Prof Cathrine Fowler (UTS/Tresillian), Ms Kyleigh Heggie (DCS) Dr Catherine McMahon (Macquarie Uni), Dr Nick Kowalenko (RNSH), Dr Andrew Cashin (UTS/Justice Health), Chris Rossiter (Tresillian) and Dr Jacqueline Canessa (Justice Health).

This program will help you to understand how your children, develop and behave. You will also be able to discuss any difficulties you may be having looking after your child. We hope the group will help you to enjoy being with your child. The Project Co-ordinator works for Tresillian and has experience working in child and family health. The Group Workers may be either Tresillian, Corrective Services or Justice Health staff who have been trained to provide the supported playgroup and mothers group.

We plan to videotape a small part of each supported playgroup session and other interaction with your children during visiting times. We find videotaping children helps a parent to understand what their child likes to do and also helps them to see when they are doing a good job. These tapes will be show as part of the mothers group.

Before the group starts and after it finishes, you will be asked to answer some questions about the group and about your child these will be recorded on tape, and you will be video taped playing with your child for a 3 to 5 minutes if possible. We will then view the video tapes together and you can help us decide if the group has been helpful to you or would be helpful for other mothers.

As part of the overall project we will also be provided with some information about your health history.

Your answers to the questions will not identify you. No names will be included in any reports of results. You will be given a unique number that will be placed on the questionnaires. All video tapes will be identified with your number, the tapes will only be viewed by the project staff and destroyed at the end of the project.

You are free to withdraw from this group at any time without having to give a reason and without adverse consequences. You may refuse to answer any questions or participate in any activity that may cause you concern. If you have any questions or if any of the procedures cause you concern, you can contact Prof Cathrine Fowler (02) 9787 0862 or if you have any complaints about the Mothering at a Distance Program contact Simon Eyland, Director, Corporate Research, Evaluation and Statistics (CRES), Department of Corrective Services on (02) 8346 1557.

This study has also been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: 02 9514 9615 or email Research.Ethics@uts.edu.au). Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

If you agree to be part of this project please complete the following section:

I, _____, understand the purpose of the study entitled *Mothering at a Distance*. I consent to participate in the study and to permit the release of information in my records [including medical records], to the researchers for the purpose of the study. My consent is voluntary and I understand that all information will be handled in the strictest confidence and that my participation will not be individually identifiable in any reports. I further understand that there is no penalty or prejudice of any kind for not participating in the study and that I can withdraw at any time.

Please tick if you give permission for your child to be video taped

[   ] *I also give consent for my child to be video taped with me as part of this project*

Participant Signature: _____

Participant Name: _____

Date: _____

Witness Signature: _____

Witness Name: _____

Date: _____

Appendix F: Carer Information Sheet

Mothering at a Distance
Carer Information Sheet

You are invited to join a play group program during visiting times *[insert day, time, date commences and finishes]*. This play group is part of a larger program for mothers in prison.

This program is being conducted by Tresillian Family Care Centres, NSW Department of Corrective Services and Justice Health. The researchers involved in this program are: Prof Cathrine Fowler, Ms Kyleigh Heggie, Dr Catherine McMahon, Dr Nick Kowalenko, Dr Andrew Cashin, and Dr Jacqueline Canessa.

Tresillian is a well known non-government organization that provides parenting support and education.

This program aims to help mothers in prison understand how their children, develop and behave. It will also provide opportunity for the mothers to discuss any problems they may be having looking after their child. We hope the group will help them enjoy being with their child more. The Project Coordinator works for Tresillian and has experience working in child and family health. The play group program may be run by Tresillian, Corrective Services and/or Justice Health staff who have been trained to provide the supported playgroup.

We plan to videotape a small part of each supported playgroup session and other interaction with the children during visiting times and show the video tapes to the mothers. We find that watching videotapes of children helps parents see when they are doing a good job and understand what their child likes to do.

During the group you may be video taped playing with the children for 3 to 5 minutes if possible. All video tapes will be identified with a number only. The tapes will only be viewed by the project staff and destroyed at the end of the project.

You are free to withdraw from this group at any time without having to give a reason and this will not cause any problems for you. You may refuse join in any activity that may cause you concern. If you have any questions or worries about the group or the activities, you can contact Prof Cathrine Fowler (02) 978 70862 or if you have any complaints contact Simon Eyland Director, Corporate Research, Evaluation and Statistics, 02 8346 1557.

Project staff are required to report any concerns related to the safety of your child/ren or criminal activity.

Thank you for considering participating in this project.

Prof Cathrine Fowler
Chief Researcher
Tresillian Family Care Centres

Appendix G: Carer Information Sheet and Consent Form

Mothering at a Distance Program

Carer Information Sheet and Consent Form

You are invited to join a play group program during visiting times *[insert day, time, date commenced and finishes].* This play group is part of a larger program for mothers in prison.

This program is being conducted by Tresillian Family Care Centres, NSW Department of Corrective Services and Justice Health. The researchers involved in this program are: Prof Cathrine Fowler, Ms Kyleigh Heggie, Dr Catherine McMahon, Dr Nick Kowalenko, Dr Andrew Cashin, and Dr Jacqueline Canessa.

Tresillian is a well known non-government organization that provides parenting support and education.

This program aims to help mothers in prison understand how their children, develop and behave. It will also provide opportunity for the mothers to discuss any problems they may be having looking after their child. We hope the group will help them enjoy being with their child more. The Project Coordinator works for Tresillian and has experience working in child and family health. The play group program may be run by Tresillian, Corrective Services and/or Justice Health staff who have been trained to provide the supported playgroup.

We plan to videotape a small part of each supported playgroup session and other interaction with the children during visiting times and show the video tapes to the mothers. We find that watching videotapes of children helps parents see when they are doing a good job and understand what their child likes to do.

During the group you may be video taped playing with the children for 3 to 5 minutes if possible. All video tapes will be identified with a number only. The tapes will only be viewed by the project staff and destroyed at the end of the project.

You are free to withdraw from this group at any time without having to give a reason and this will not cause any problems for you. You may refuse to join in any activity that may cause you concern. If you have any questions or worries about the group or the activities, you can contact Prof Cathrine Fowler (02) 978 70862 or if you have any complaints contact Simon Eyland Director, Corporate Research, Evaluation and Statistics, 02 8346 1557.

Project staff are required to report any concerns related to the safety of your child/ren or criminal activity.

If you agree to be part of this project please complete the following section.

I, _____, understand the reason for the study entitled *Mothering at a Distance*. I am choosing to join the group and that videotapes of me and the child I am caring for will not have my name on them and will be destroyed at the end of the project. I also understand that I can choose to not be in the study or to stop being in the study at any time without giving a reason and there will be no penalties at all.

Participant Signature: _____

Participant Name: _____

Date: _____

Witness Signature: _____

Witness Name: _____

Date: _____

Appendix H: Admission Data Sheet

TRESILLIAN FAMILY CARE CENTRES
MOTHERING AT A DISTANCE
Admission Data Sheet

MOTHER/CARER

1. Program Date: _____

2. Location
☐₁ Dillwynia ☐₂ Emu Plains ☐₃ Berrima
☐₄ Silverwater ☐₅ Wellington ☐₆ Bolwara TC
☐₇ Parramatta TC

DEMOGRAPHIC

3. Age: _____years

4. Level of Carer ☐₁Primary (mother) ☐₂ Secondary (eg grandmother/aunt) ☐₃
Pregnant (1st child)

5. Marital status: ☐₁ Married/de facto ☐₂ Separated ☐₃ Divorced
☐₄ Widowed ☐₅ Other _____

6. Previous living arrangements**:**
☐₁ Living as family unit w/ partner + kids ☐₂ Living as family unit with children
☐₃ Living with partner (no children) ☐₄ Living alone (no children present)
☐₅ Living with parents/in-laws ☐₆ Homeless/insecure accommodation
☐₇ Other _____

7. Aboriginal ☐₁ Yes ☐₂ No 8. Torres Strait Islander ☐₁ Yes ☐₂ No

9. Country of birth: _____
9a. Spoke language other than English during childhood ☐₁ Yes ☐₂ No
9b. Speaks language other than English at home: ☐₁ Yes ☐₂ No
9c. Language used at home _____

10a. Age left home: _____ years b. Age left school _____ years

11. Level of education
☐₁ Completed up to 4 years secondary ☐₂ Completed 5 or 6 years secondary
☐₃ Diploma/professional certificate etc ☐₄ University/college degree
☐₅ Other _____

12. Most recent occupation: _____

13. Parity: 13a. How many pregnancies? _____
13b. Number of children born _____
13c. Number of dependants _____children

For children under the age of 5 years

14. CHILD 1

14a. Age _____ months or _____ years

14b. Multiple birth? ☐₁ Singleton ☐₂ Twins ☐₃ Triplets

14c. Birth order: $\square_1$ First child $\qquad$ $\square_2$ Second child $\qquad$ $\square_3$ Third or subsequent

14d. Child's gender: $\square_1$ Boy $\qquad$ $\square_2$ Girl $\qquad$ $\square_3$ Boy and girl

14e. Care arrangements:
$\square_1$ Living with father $\qquad$ $\square_2$ Living with grandmother
$\square_3$ Living with other family member $\qquad$ $\square_4$ Foster care
$\square_5$ Living in care $\qquad$ $\square_6$ Other arrangement _____

14f. Breastfed:
1 $\qquad$ $\square_1$ Yes $\qquad$ $\square_2$ No
2. $\qquad$ $\square_1$ Fully $\qquad$ $\square_2$ Partial
3. Length of time $\qquad$ _____

14g. Health Status:
Problems:
1. Physical Disability $\qquad$ $\square_1$ Yes $\qquad$ $\square_2$ No
   impact on child _____

2. Developmental Delay $\qquad$ $\square_1$ Yes $\qquad$ $\square_2$ No $\qquad$ $\square_3$ Too young
   impact on child _____

3. Methadone Dependency (parent)? $\qquad$ $\square_1$ Yes $\qquad$ $\square_2$ No
   impact on child _____

4. Premature (<36 weeks gestation) $\qquad$ _____ weeks

5. Speech Problem $\qquad$ $\square_1$ Yes $\qquad$ $\square_2$ No
   impact on child _____

15. CHILD 2

15a. Age _____ months or _____ years

15b. Multiple birth? $\square_1$ Singleton $\qquad$ $\square_2$ Twins $\qquad$ $\square_3$ Triplets

15c. Birth order: $\square_1$ First child $\qquad$ $\square_2$ Second child $\qquad$ $\square_3$ Third or subsequent

15d. Child's gender: $\square_1$ Boy $\qquad$ $\square_2$ Girl $\qquad$ $\square_3$ Boy and girl

15e. Care arrangements:
$\square_1$ Living with father $\qquad$ $\square_2$ Living with grandmother
$\square_3$ Living with other family member $\qquad$ $\square_4$ Foster care
$\square_5$ Living in care $\qquad$ $\square_6$ Other arrangement _____

15f. Breastfed:
1 $\qquad$ $\square_1$ Yes $\qquad$ $\square_2$ No
2. $\qquad$ $\square_1$ Fully $\qquad$ $\square_2$ Partial
3. Length of time $\qquad$ _____

15g. Health Status:
Problems:
1. Physical Disability $\qquad$ $\square_1$ Yes $\qquad$ $\square_2$ No
   impact on child _____

2. Developmental Delay $\qquad$ $\square_1$ Yes $\qquad$ $\square_2$ No $\qquad$ $\square_3$ Too young
   impact on child _____

3. Methadone Dependency (parent)? □₁ Yes □₂ No
   impact on child _____

4. Premature (<36 weeks gestation) _____ weeks

5. Speech Problem □₁ Yes □₂ No
   impact on child _____

16. CHILD 3

16a. Age _____ months or _____ years

16b. Multiple birth? □₁ Singleton □₂ Twins □₃ Triplets
16c. Birth order: □₁ First child □₂ Second child □₃ Third or
                                                      subsequent

16d. Child's gender: □₁ Boy □₂ Girl □₃ Boy and girl

16e. Care arrangements:
□₁ Living with father   □₂ Living with grandmother
□₃ Living with other family member   □₄ Foster care
□₅ Living in care   □₆ Other arrangement _____

14f. Breastfed:
1   □₁ Yes   □₂ No
2.   □₁ Fully   □₂ Partial
3. Length of time _____

16g. Health Status:
Problems:
1. Physical Disability □₁ Yes □₂ No
   impact on child _____

2. Developmental Delay □₁ Yes □₂ No □₃ Too young
   impact on child _____

3. Methadone Dependency (parent)? □₁ Yes □₂ No
   impact on child _____

4. Premature (<36 weeks gestation) _____ weeks

5. Speech Problem □₁ Yes □₂ No
   impact on child _____

Appendix I: Participants' Pre-Program Interview Schedule

Participant Number: _____
Mothering at a Distance
Pre Program Interview

[   ] this information for the interviewer
{   } this information is to inform about the focus of the questions, these will be removed prior to being given to the interviewer

Hello. My name is _____. For the next 25 minutes or so, I'll be asking you a variety of questions about how it is for you to be a parent. I'd like to begin by briefly getting to know something about you and *[name of child].* Then I'll ask you several questions about your relationship with *[name of child].*

I'd first thing I would like to do is ask you some questions about your day to day relationship with [*name of child].*

1. To help me get to know about you and *(name of child)* can you briefly tell me something about your life together:
   - When was he/she born?
   - Do you have other children and if so, how many, and what are their names and ages?
   - Are there other people in your life who you consider to be helpful in the raising of [*name of child]*, and if there are can you briefly describe who they are and how they are helpful*? [a general description here is acceptable]* {joining, general orientation; description of support system}

2. I'd like to ask you to choose 3 words or phrases that tell something about your relationship with *[name of child].* I know this may take a bit of time, so go ahead and think for a minute, and then I'll write down each word or phrase you give me.

   Repeat the following 3 times
   You used the word _____ to describe your relationship with *[name of child].* Please give me a specific example or incident that comes to mind that shows what you mean by _____

3. Describe a time recently when you and your child really "clicked"/got along well. Can you tell me about that time … What happened? How do you think your child felt? How did you feel?

4. All parents struggle with knowing how much to push their child to do what is difficult versus how much not to push or give in. What kinds of situations bring up this problem for you?

5. Do you ever feel guilty as a parent? What kinds of situations make you feel this way? How do you handle your guilty feelings?

6. Now I would like to talk about separation.

   Can you briefly describe what happens when your child has to leave after visiting time? How do you think he/she feels when he/she has to leave? What is this separation like for you?

   The next questions are about participation in the programs.

7. Are there any parenting skills you would like to develop during the program?

8. Is there any parenting information you would like to receive?
   {Q. 7 & 8 to assist with tailoring the group to the mothers learning needs}

Thank you for answering the questions.

Appendix J: Participant Survey

Tresillian Family Care Centres
Mothering at a Distance Project
Survey
CONFIDENTIAL

Please help us to understand what this group program has meant for you. We hope to continue the program and need to know how best to improve it. ***This form is confidential and your answers will not be identified.*** Please answer freely.

1. Did you find the playgroup useful?   Yes [ ]   No [ ]
2. Did you find the Mothers group useful?   Yes [ ]   No [ ]

2a. What were the best thing about the groups for you?

_____

_____
_____

_____

3. What aspects of the groups (if any) were not useful for you?

_____

_____
_____

_____

4. Do you feel more confident about looking after your child since the group?
                     Yes [ ]   No [ ]   Unsure [ ]

    Please comment:

_____

_____
_____

_____

5. Did the group help you to understand and care for your child?
                     Yes [ ]   No [ ]   Unsure [ ]

    If *no or unsure,* how could we improve the group to help you understand and care for your child?

_____

_____

_____

6. Did you enjoy taking part in the groups?
    6a play group   Yes [ ]   No [ ]   Unsure [ ]
    6b mothers group   Yes [ ]   No [ ]   Unsure [ ]

    If *no or unsure,* what could have made you like the groups more?

_____

_____
_____

7. Did the group leaders understand what you needed?

    Yes [ ]   No [ ]   Unsure [ ]

    Please comment.

    _____

    _____

8. Would you have liked more information or time in the group …

a) About motherhood?

    _____

    _____

b) About the baby?

    _____

    _____

c) Other?

    _____

    _____

Please circle how much you agree or disagree with the following statements:

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
9. I would recommend the group to other mothers	1	2	3	4	5
10. Using the videotapes helped me to understand my child's behaviour	1	2	3	4	5
11. Using the videotapes helped me to feel more confident with my child	1	2	3	4	5
12. The group has helped me feel closer to my child	1	2	3	4	5
13. The group has helped me feel better about caring for my child	1	2	3	4	5
14. After participating in the groups I find visiting time more enjoyable with my children	1	2	3	4	5

15. Overall, how satisfied were you with the playgroup?

    1   2   3   4   5

    Not very……….A little………….Moderately………..Mostly………….Extremely

16. Overall, how satisfied were you with the mothers group?

    1   2   3   4   5

    Not very……….A little………….Moderately………..Mostly………….Extremely

Is there anything else that might help us improve the group in future?

    _____

    _____

Thank you for your comments and for taking part in this program.

Appendix K: Participants' Post-Program Interview Schedule

Appreciative Inquiry Interview Schedule
Prisoners participating in the 'Mothering at a Distance' Program

This interview is being conducted as part of a project by the Department of Corrective Services and the Tresilian Family Care Centre. The project aims to examine the effectiveness of the Mothering at a Distance program. You will not be identified and your participation is voluntary.

1. Which is the activity in the program that will be helpful to you on release? What gives you the most sense of purpose or achievement?

2. Some days are better than others with your child. Can you tell me what it is like when life is at its best with your child?

3. What makes you feel safe? Can you tell me a story about that?

4. What makes your child/ren feel safe? Can you tell me a story about that?

5. What changes should take place to improve the quality of your life with your children on the outside? (*Probe – things that have made your time more constructive, safe or better. Examples may include healthcare, programs, drug use, criminal activity, contact with children/family /friends, treated with respect*)

6. When are relationships with your children at their best? If you had one wish for child/parent relationships on the outside, what would it be?

7. What are your relationships with your family like? Could you tell me a story that illustrates that? If you had one wish for you and your family, what would it be?

8. What does being treated with humanity or respect mean to you? Can you illustrate that?

9. Can you tell me about an occasion when you felt you have been treated with fairness and/or respect during the program?

10. What do you think it means for prisons to be decent and humane places? Can you give me an example?

11. Can you tell me about a time when you have received help or support from a member of staff or another prisoner during your participation in this program?

12. What have been the things you have learnt about your children during this program? What have been the things you have learnt about yourself during this program?

THANK YOU FOR YOUR PARTICIPATION.

Appendix L: Participant Follow-up Survey

Tresillian Family Care Centres
Mothering at a Distance Project
Survey
CONFIDENTIAL

It is now several months since you participated in this group. Please help us to understand what this group program has meant for you. We hope to continue the group and need to know how best to improve it. ***This form is confidential and your answers will not be identified.*** Please answer freely.

1. Did you find this group useful?   Yes [ ]   No [ ]

     What things did you like about the group?

     _____

     _____

     _____

2. What things did you **not like** about the group?

     _____

     _____

     _____

3. Do you feel more confident about looking after your child since the group?
                              Yes [ ]   No [ ]   Unsure [ ]
     In what ways do you feel more confident?

     _____

     _____

     _____

4. Did the group help you to understand your child's behaviour?
                              Yes [ ]   No [ ]   Unsure [ ]
     If *no or unsure,* how could we improve the group to help you understand your child?

     _____

     _____

5. Have you changed how you react when your child is upset or demanding?
                              Yes [ ]   No [ ]   Unsure [ ]
     Please given an example

     _____

     _____

6. Have you learnt any new things to manage the situation when your child is being naughty
     or difficult?   Yes [ ]   No [ ]   Unsure [ ]

     _____

     _____

7. Did you enjoy taking part in the group?
                              Yes [ ]   No [ ]   Unsure [ ]
     If *no or unsure,* what could have made you like the group more?

     _____

     _____

8. Did the group leaders understand what you needed from the group?

   Yes [ ]   No [ ]   Unsure [ ]

   Please comment.

   _____

   _____

9. Would you have liked more information or time in the group in any of the following areas?…

a) About motherhood?

   _____

   _____

b) About the baby?

   _____

   _____

c) Other?

   _____

   _____

Please circle how much you agree or disagree with the following statements:

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
10. I would recommend the group to other mothers	1	2	3	4	5
11. Using the videotapes helped me to understand my child's behaviour	1	2	3	4	5
12. Using the videotapes helped me to feel more confident with my child	1	2	3	4	5
12. The group has helped me feel closer to my child	1	2	3	4	5
13. The group has helped me feel better about caring for my child	1	2	3	4	5
14. I now don't get as angry with my child	1	2	3	4	5
15. I listen more to what my child is telling me	1	2	3	4	5

17. Overall, how satisfied were you with the group?

   1   2   3   4   5
   Not very……….A little…………Moderately…………...Mostly………….Extremely

Is there anything else that might help us improve the group in future?

   _____

   _____

Thank you for your comments and for taking part in this program.
Please return this questionnaire in the prepaid envelope.

Appendix M: Facilitators' Workshop Evaluation Questionnaire

Mothering at a Distance Facilitators' Workshop
Evaluation Questionnaire

Please assist us to understand how effective this workshop has been be completing the following questions.

1. I work at: DCS [   ]   SHINE   [   ]   Tresilian   [   ]

2. I have worked there for:
     Less than 12 months [   ]   1 to 2 yrs [   ]   Over 2 yrs [   ]

3. I have experience working with young children: Yes [   ]   No [   ]

4. I have regular contact with young children
4a. as part of my work role   Yes [   ]   No [   ]
4b. during my personal life   Yes [   ]   No [   ]

5. I have experience facilitating groups   Yes [   ]   No [   ]

5a. If yes,   1_____2_____3_____4
                                            minimal   substantial

Mark on the scale beside each question the response that best represents your prior and current knowledge and confidence level.

6. My understanding of the importance of the early years of a child's life:
                     Before workshop was: 1_____2_____3_____4
                                                  minimal   substantial

                     After workshop is: 1_____2_____3_____4
                                                  minimal   substantial

7. My understanding of parenting concepts used in this workshop:
                     Before workshop was: 1_____2_____3_____4
                                                  minimal   substantial

                     After workshop is: 1_____2_____3_____4
                                                  minimal   substantial

8. My understanding of child development and behaviour concept/ideas used in this workshop:
                     Before workshop was: 1_____2_____3_____4
                                                  minimal   substantial

                     After workshop is: 1_____2_____3_____4
                                                  minimal   substantial

_____
_____
_____

9. If you had existing knowledge and skills in working with mothers and young children, please describe any additional benefits you gained from this workshop.

_____
_____
_____

10. Would you like to explore any of the workshop information or skills development in greater depth?　　　　No　　[ ]　　　　Yes　　[ ]

　　If yes, which information/skills? Please list.

　　_____
　　_____
　　_____

11. If yes, how would you like to pursue these topics in greater depth?
　　Further workshops　　　　　　[ ]　　　　Directed reading　　　　[ ]
　　Mentoring　　　　　　　　　　[ ]　　　　Other　　　　　　　　　　[ ]

　　_____
　　_____
　　_____

12. Do you feel confident to use the knowledge and skills in you role as a MAAD group facilitator?　Yes [ ]　　Yes, but will need more education [ ]　No [ ]　　Unsure [ ]

　　If no or unsure, what additional assistance can we provide you to assist you develop your confidence?

　　_____
　　_____
　　_____

13. As a result of this workshop, how confident do you feel regarding work with parents and their children?　Very confident　[ ]　　Confident　　　　　　[ ]　　Partly confident　[ ]
　　　　　　　　　　　　　　　　Low confidence [ ]　　Very low confidence [ ]　　No change　　　　[ ]

　　_____
　　_____
　　_____

14. Do you have a clear understanding of the necessary MAAD data collection processes?
　　Yes [ ]　　　　　　No [ ]　　　　　　Unsure [ ]

　　_____
　　_____
　　_____

15. Do you have a clear understanding of the professional support available if you are concerned about a woman and/or her baby?
　　Yes [ ]　　　　　　No [ ]　　　　　　Unsure [ ]

　　_____
　　_____
　　_____

Please comment on the following:

16. Workshop content

_____
_____
_____

17. Workshop format

_____
_____
_____

18. Presentation styles

_____
_____
_____

19. My professional group is: Social Worker   [   ]
                                           Psychologist   [   ]
                                           Registered Nurse [   ]
                                           Welfare Worker   [   ]
                                           Other   [   ] _____

If you have any further suggestions to assist us to improve the workshop they would be appreciated.

_____
_____

Thank you for assisting us to improve the MAAD Facilitators Workshop
Lesley-Anne Davies and Cathrine Fowler

Appendix N: Staff Questionnaire for trained staff who have facilitated the Program

Tresillian Family Care Centres
Mothering at a Distance Project
Staff Questionnaire
CONFIDENTIAL

Please help us to understand your experience of this group program. We hope to continue the program and need to know how best to improve it. *Your responses are anonymous and will be treated in the strictest confidence.*

1. Do you think that this program has been positive for …..
      i.   the women?   Yes [ ] No [ ]
      ii.   their children?   Yes [ ] No [ ]
      iii. the staff who were involved?   Yes [ ] No [ ]

    If yes, what were the positive outcomes…
    a) for the women?
    _____

    _____

    b) for their children?
    _____

    _____

    c) for the staff?
    _____

    _____

2. Do you think that this program has had negative outcomes for …..
      iv.   the women?   Yes [ ] No [ ]
      v.   their children?   Yes [ ] No [ ]
      vi.   the staff who were involved?   Yes [ ] No [ ]

    If yes, what were the problems...
    b) for the women?
    _____

    _____

    d) for their children?
    _____

    _____

    e) for the staff?
    _____

    _____

3. After attending the group, do you feel the women were more confident in their ability to care for their child/ren?   Yes [ ]   No [ ]   Some were/some weren't [ ]
    Please comment
    _____

    _____

4. Please indicate how much you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
a) I would encourage other mothers to participate in this program	1	2	3	4	5

Comments:

_____
_____

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
b) The Program has helped the women to act in a more sensitive and responsive way when interacting with their child/ren	1	2	3	4	5

Comments:

_____
_____

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
c) The women's level of negative language and/or negative behaviour towards their children has decreased	1	2	3	4	5

Comments:

_____
_____

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
d) The children's behaviour has improved during visiting time	1	2	3	4	5

Comments:

_____
_____

5. Do you think that the Program is more successful for some women than others?
   Yes [ ]   No [ ]
   If yes, can you describe the characteristics of those for whom it is more successful?
   _____
   _____
   _____
   _____

6. Overall, how satisfied were you with the program?

1	2	3	4	5
Not very	A little	Moderately	Mostly	Extremely

Do you have any further comments to help us improve this program in future?

_____
_____
_____
_____

Thank you for your comments and for taking part in this program.

Appendix O: Staff Post-Program Interview Schedule

Appreciative Inquiry Interview Schedule
Custodial/OS&P Staff

This interview is being conducted as part of a project by the Department of Corrective Services and the Tresilian Family Care Centre. The project aims to examine the effectiveness of the Mothering at a Distance program. You will not be identified and your participation is voluntary.

1. Can you describe the positions you have held during your career with the Department?

2. How long have you been working in the 'Mothering at a Distance' program?

3. Can you describe the specific skills and tasks that are needed to work in this program?

4. What are the major challenges or difficulties working in this role & location?

5. Can you describe any major events or incidents that have occurred at the program while you have worked here? *(e.g. achievements, disappointments, important events)*

6. Can you describe, in as much detail as you like, the day you remember as the best day of your life as a custodial/OS&P officer?

7. How would you describe an ideal day at [insert appropriate Centre]?

8. Tell me about an occasion in the program where staff were really motivated to make something happen.

9. What do you think is the best piece of work in the program you have done this year? How did that make you feel?

10. Give me an example of a time when you were asked to contribute your ideas to develop or improve something in the program. In what way do you feel you benefited through your involvement? How did you feel?

11. Can you think of an occasion where good communications (with colleagues/other staff and with managers) have assisted you with your work in the program?

12. Can you describe a training/staff development experience that was beneficial to your work in the program? What training could be provided or enhanced to enable you to perform your work more efficiently?

13. Can you describe an occasion where your relationship with prisoners participating in the program has had a positive effect? How did this leave you feeling personally and professionally?

14. How would you describe the current situation in regard to staff/prisoner relationships? What is your ideal for staff/prisoner relationships? If you had one wish for staff/prisoner relationships here, what would it be?

15. What makes you feel safe in the prison? Can you tell me a story about that?

16. If I were to come back to the program in six months time, what would you hope I might see?

THANK YOU FOR YOUR PARTICIPATION.

Appendix P: Staff Questionnaire for trained staff who have not had the opportunity to facilitate the Program

Tresillian Family Care Centres
Mothering at a Distance Project
Staff Questionnaire
CONFIDENTIAL

This questionnaire is for all staff who have been trained in the facilitation of the Mothering at a Distance Program, and have not yet had the opportunity to facilitate the Program.

We hope to continue the Mothering at a Distance Program and need to know how best to improve it – in particular, whether there are training needs or systemic issues affecting its implementation throughout the Department.

Your participation is voluntary and your responses are will be treated in the strictest confidence.

1.   What is your current role?

    [ ]   Welfare/Services & Programs
    [ ]   Psychologist
    [ ]   Teacher
    [ ]   Custodial Officer
    [ ]   Other _____

2.   Has your role changed since completing the Mothering at a Distance facilitation training?

    [ ]   No
    [ ]   Yes – from   _____

                 to   _____

3.   Has your location changed since completing the Mothering at a Distance facilitation training?

    [ ]   No
    [ ]   Yes – from   _____

                 to   _____

4.   Why have you not yet facilitated the Mothering at a Distance Program?

    [ ]   I do not feel confident enough to facilitate
    [ ]   I have not been asked to facilitate
    [ ]   There has not been enough interest by inmates to conduct a program
    [ ]   Mothering at a Distance has not been included in centre's program schedule
    [ ]   Other _____

5.   What specific skills do you think are required by staff to work in the Mothering at a Distance Program?

_____
_____
_____
_____
_____

6. Can you describe a training/staff development exercise that you think would be beneficial to your work in the Mothering at a Distance Program?

    _____-76-_____
    _____
    _____
    _____
    _____

7. Do you require additional training/staff development in order to feel confident to work in the Mothering at a Distance Program?

    [ ]   No
    [ ]   Yes

8. If yes, what training could be provided or enhanced to enable you to facilitate the program?

    [ ]   Parenting (e.g. child development, attachment, limit setting, discipline)
    [ ]   Communication (e.g. motivational interactions, conflict resolution)
    [ ]   Groupwork skills (e.g. groupwork facilitation, public speaking)
    [ ]   Other   _____

9. Any further comments/suggestions.

    _____
    _____
    _____
    _____
    _____

Thank you for your comments and for taking part in this program.

Please fax your completed questionnaire to Victoria Perry, Corporate Research Evaluation and Statistics on (02) 8346 1590.

Appendix Q: Checklist to Assess the Effective Principles of Correctional Programming

Assessment of the Effective Principles of Correctional Programming

Scoring Sheet

This checklist has been adapted from the Correctional Program Checklist (CPC).
It aims to provide an estimate of the level of compliance with the
effective principles of correctional programming.

Name of Program: _____

Location of Program: _____

Name of Reviewer: _____

Date of Review: _____

**Please circle one response for each of the items below
in accordance with the following scale
1 = "Yes", 0 = "No", N/A = "Not Applicable", DK = "Don't Know"**

1. PROGRAM LEADERSHIP AND DESIGN: *Program director is the person responsible for treatment/service delivery.*	**Yes**	**No**	**Not Applicable***	**Don't Know****
1.1 Does the program director have at least an undergraduate academic degree in a helping profession?	1	0	N/A	DK
1.2 Does the program director have at least three years experience working with offenders?	1	0	N/A	DK
1.3 Is the program director directly involved in hiring staff?	1	0	N/A	DK
1.4 Is the program director directly involved in training staff?	1	0	N/A	DK
1.5 Is the program director directly involved in supervising staff?	1	0	N/A	DK
1.6 Is the program director directly involved in providing some direct services to offenders?	1	0	N/A	DK
1.7 Was an extensive literature search of treatment/criminological research used in designing the current program?	1	0	N/A	DK
1.8 Were the interventions/program piloted for at least one month prior to full implementation?	1	0	N/A	DK
1.9 Are the values & goals of the program consistent with the values in the criminal justice community?	1	0	N/A	DK
1.10 Are the values & goals of the program consistent with the values in the community at-large?	1	0	N/A	DK
1.11 Is current program funding adequate to sustain the program as designed?	1	0	N/A	DK
1.12 Has funding been stable over the past two years?	1	0	N/A	DK
1.13 Has the program been in existence for three years or longer?	1	0	N/A	DK
1.14 If the program is co-ed, are groups kept separate?	1	0	N/A	DK

1. PROGRAM LEADERSHIP AND DESIGN: *cont.*		Yes	No	Not Applicable*	Don't Know**
Scoring Note: total score/number of items * "N/A" items are not included in the scoring (i.e. subtract any "N/A" items from the total number of items) ** "DK" items are scored as "0" **Rating Key:** ≥ 65% = Highly Compliant, 55-64% = Compliant, 45-54% = Needs Improvement, ≤ 44% = Non-compliant	**Score**		/		
	Percentage				%
	Rating (circle)	Highly Compliant Compliant Needs Improvement Non-compliant			
2. STAFF:		Yes	No	Not Applicable*	Don't Know**
2.1 Do a minimum of 70% of the staff possess at least an associate degree in a helping profession?		1	0	N/A	DK
2.2 Does at least 75% of the staff have at least two years experience working with offenders?		1	0	N/A	DK
2.3 Are staff selected based on skills and values (e.g. empathy, flexibility, firmness, life experiences)?		1	0	N/A	DK
2.4 Are staff meeting held at least bi-monthly?		1	0	N/A	DK
2.5 Are staff regularly assessed & evaluated on their service delivery skills?		1	0	N/A	DK
2.6 Do the program staff receive regular clinical supervision?		1	0	N/A	DK
2.7 Do the program staff receive training on the program's interventions?		1	0	N/A	DK
2.8 Do the program staff receive at least 40 hours of on-going training relevant to the program per year?		1	0	N/A	DK
2.9 Are program staff able to modify the program structure?		1	0	N/A	DK
2.10 Does the program staff support the goals & objectives of the program?		1	0	N/A	DK
2.11 Does the program have ethical guidelines for staff?		1	0	N/A	DK
Scoring Note: total score/number of items * "N/A" items are not included in the scoring (i.e. subtract any "N/A" items from the total number of items) ** "DK" items are scored as "0" **Rating Key:** ≥ 65% = Highly Compliant, 55-64% = Compliant, 45-54% = Needs Improvement, ≤ 44% = Non-compliant	**Score**		/		
	Percentage				%
	Rating (circle)	Highly Compliant Compliant Needs Improvement Non-compliant			
3. OFFENDER ASSESSMENT:		Yes	No	Not Applicable*	Don't Know**
3.1 Are the vast majority of referrals appropriate for the program?		1	0	N/A	DK
3.2 Are legal/clinical/community criteria for the exclusion of certain types of offenders from the program written and consistently followed?		1	0	N/A	DK
3.3 Is there a reasonable survey of risk factors at intake?		1	0	N/A	DK
3.4 Does the program use a standardised & objective risk assessment instrument?		1	0	N/A	DK
3.5 If yes, does the risk instrument provide a summary score & distinguish levels?		1	0	N/A	DK
3.6 Is there a reasonable survey of need factors at intake?		1	0	N/A	DK

3.	OFFENDER ASSESSMENT: *cont.*	Yes	No	Not Applicable*	Don't Know**
3.7	Does the program use a standardised & objective need assessment instrument?	1	0	N/A	DK
3.8	If yes, does the need instrument provide a summary score & distinguish levels?	1	0	N/A	DK
3.9	Are there a reasonable survey of personal factors and characteristics (responsivity) of the offender?	1	0	N/A	DK
3.10	Does the program use standardised & objective responsivity assessment instruments?	1	0	N/A	DK
3.11	If yes, do the responsivity instruments provide summary scores?	1	0	N/A	DK
3.12	Are 70% of or more of the offenders served by the program higher risk as determined by an objective and standardized assessment instrument?	3	0	N/A	DK
3.13	Has the risk/need instrument been validated within the last five years on a local population?	1	0	N/A	DK

Scoring Note: total score/number of items	Score	/			
* "N/A" items are not included in the scoring (i.e. subtract any "N/A" items from the total number of items)	Percentage				%
** "DK" items are scored as "0" **Rating Key:** ≥ 65% = Highly Compliant, 55-64% = Compliant, 45-54% = Needs Improvement, ≤ 44% = Non-compliant	Rating (circle)	Highly Compliant Compliant Needs Improvement Non-compliant			

4.	PROGRAM CHARACTERISTICS:	Yes	No	Not Applicable*	Don't Know**
4.1	Does the program target criminogenic behaviour and attitudes?	1	0	N/A	DK
4.2	Are at least 80 percent of the program's services & interventions designed to target criminogenic needs & behaviours?	1	0	N/A	DK
4.3	Does the program utilize an effective treatment model (i.e. cognitive behavioural, social learning)?	1	0	N/A	DK
4.4	Is the above treatment model consistently utilised throughout the program?	2	0	N/A	DK
4.5	Does the program last between 3 and 12 months in duration (not including aftercare)?	1	0	N/A	DK
4.6	Are the whereabouts & associates of the offenders monitored closely or if in an institution are the offenders in treatment kept separate from the general population?	1	0	N/A	DK
4.7	Does the program have detailed treatment manuals?	1	0	N/A	DK
4.8	Are the manuals consistently used?	1	0	N/A	DK
4.9	Do offenders spend between 40-70% of their time in structured activities?	1	0	N/A	DK
4.10	Are lower risk offenders separated from higher risk offenders in groups?	1	0	N/A	DK
4.11	Does the intensity of treatment vary by the risk of offender (if risk is not determined by an objective instrument do not check)?	1	0	N/A	DK

4. **PROGRAM CHARACTERISTICS:** *cont.*	Yes	No	Not Applicable*	Don't Know**
4.12 Does the program use responsivity factors to match offenders & programs (if responsivity factors are not assessed do not check)?	1	0	N/A	DK
4.13 Does the program assign staff to treatment/groups based on skills/interests?	1	0	N/A	DK
4.14 Does the program use responsivity factors to match offenders & staff (if responsivity factors are not assessed do not check)?	1	0	N/A	DK
4.15 Do the offenders have input in the structure of the program?	1	0	N/A	DK
4.16 Has the program developed appropriate rewards?	1	0	N/A	DK
4.17 Do rewards outnumber punishers in their application by at least 4:1?	1	0	N/A	DK
4.18 Are rewards consistently applied?	1	0	N/A	DK
4.19 Are appropriate punishers used to extinguish inappropriate behaviour?	1	0	N/A	DK
4.20 Are punishers administered in the following manner: escape impossible, applied immediately, maximum intensity, after each occurrence, punishers vary, pro-social alternative taught after punisher administered?	1	0	N/A	DK
4.21 Are staff trained to look for negative responses to punishers?	1	0	N/A	DK
4.22 Does the program have objective completion criteria based on offender progress in meeting target behaviours?	2	0	N/A	DK
4.23 Is the completion rate between 65 and 85%?	1	0	N/A	DK
4.24 Are offenders consistently taught to monitor & anticipate problem behaviours through modelling and demonstration by the staff?	1	0	N/A	DK
4.25 Does the program systematically train offenders to plan & rehearse alternatives to problem behaviours?	1	0	N/A	DK
4.26 Does the program have offenders practice alternatives to problem behaviours in increasingly difficult situations?	1	0	N/A	DK
4.27 Are the groups monitored from beginning to end by the program staff?	1	0	N/A	DK
4.28 Is the size of the groups between 8 and 10?	1	0	N/A	DK
4.29 Does the program train family members to assist offenders when they are released from the program?	1	0	N/A	DK
4.30 Are discharge plans developed upon termination from the program?	1	0	N/A	DK
4.31 Is aftercare provided?	1	0	N/A	DK
4.32 Does the aftercare include groups and services designed to assist the offender?	1	0	N/A	DK

Scoring Note: total score/number of items	Score	/		
* "N/A" items are not included in the scoring (i.e. subtract any "N/A" items from the total number of items)	**Percentage**			%
** "DK" items are scored as "0" **Rating Key:** ≥ 65% = Highly Compliant, 55-64% = Compliant, 45-54% = Needs Improvement, ≤ 44% = Non-compliant	**Rating** (circle)	Highly Compliant Compliant Needs Improvement Non-compliant		

5. QUALITY ASSURANCE:	Yes	No	Not Applicable*	Don't Know**
5.1 Are quality assurance mechanisms in place to monitor service delivery by the program?	1	0	N/A	DK
5.2 Are offenders surveyed as to their satisfaction with the services that are being provided?	1	0	N/A	DK
5.3 Is offender progress measured with periodic, objective & standardised assessments on target behaviours?	2	0	N/A	DK
5.4 Is offender recidivism tracked at least 6 months after leaving the program?	1	0	N/A	DK
5.5 Have there been any formal outcome evaluations conducted on the program that include a comparison group?	1	0	N/A	DK
5.6 Have the results from the evaluation been written into a report or article?	1	0	N/A	DK
5.7 Have the results from the evaluation shown the program to be effective in reducing recidivism?	1	0	N/A	DK
5.8 Has the program retained an evaluator to assist with research and evaluation?	1	0	N/A	DK

Scoring Note: total score/number of items	Score	/	
* "N/A" items are not included in the scoring (i.e. subtract any "N/A" items from the total number of items)	**Percentage**		%
** "DK" items are scored as "0" **Rating Key:** ≥ 65% = Highly Compliant, 55-64% = Compliant, 45-54% = Needs Improvement, ≤ 44% = Non-compliant	**Rating** (circle)	Highly Compliant Compliant Needs Improvement Non-compliant	

Assessment of the Effective Principles
of Correctional Programming

Summary of Scores

Name of Program: _____

Location of Program: _____

Name of Reviewer: _____

Date of Review: _____

Scoring Summary		Score	Percentage	Rating
Capacity Areas:	Leadership & Development	/	%	
	Staff	/	%	
	Quality Assurance	/	%	
	OVERALL CAPACITY	/	%	
Content Areas:	Offender Assessment	/	%	
	Treatment	/	%	
	OVERALL CONTENT	/	%	
Total:		/	%	

RATINGS   Highly Compliant   65% - 100%
Compliant   55% - 64%
Needs Improvement   45% - 54%
Non-compliant   0% - 44%

Appendix R: Classification of Female Inmates

For the purposes of security and developmental programs, female inmates are classified in one of the following categories:

Category 5:   Those in the opinion of the Commissioner, represent a special risk to national security (for example: because of a perceived risk that they may engage in, or incite other persons to engage in, terrorist activities) and should at all times be confined in special facilities within a secure physical barrier that includes towers or electronic surveillance equipment.

Category 4:   Continuous supervision - Those female inmates who, in the opinion of the Commissioner, should at all times be confined by a secure physical barrier.

Category 3:   General supervision - Those female inmates who, in the opinion of the Commissioner, should be confined by a physical barrier unless in the company of a correctional officer or some other person authorised by the Commissioner.

Category 2:   Minimum supervision - Those female inmates who, in the opinion of the Commissioner, need not be confined by a physical barrier at all times but who need some level of supervision by a correctional officer or some other person authorised by the Commissioner.

Category 1:   Monitored - Those female inmates who, in the opinion of the Commissioner, need not be confined by a physical barrier at all times and who need not be supervised.

U   Prior to any of the above classification levels signifies that the inmate is unsentenced, e.g. UCAT2

Category E1   Inmates who have committed an escape offence in New South Wales or elsewhere, and who , in the opinion of the Commissioner, represent a special risk to security and should at all times be confined:
(a) in special facilities within a secure physical barrier that includes towers or electronic surveillance equipment, or
(b) by a secure physical barrier that includes towers, other highly secure perimeter structures or electronic surveillance equipment.

Category E2   Inmates who have committed an escape offence in New South Wales or elsewhere, and who, in the opinion of the Commissioner, should at all times be confined by a secure physical barrier.