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Statewide Dissemination of Sesame Street Resources for Families Affected by Incarceration

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Abstract

The number of children with an incarcerated parent has increased nearly 80% in the past 20 years. Despite the growing need, few educational resources exist to promote the emotional health of young children with incarcerated parents. To address this need, Sesame Street recently released developmentally appropriate, multimedia resources, and piloted the dissemination of those resources in 10 states. The current study describes the process used in one pilot state to disseminate the resources; documents the reach of those dissemination efforts, including the number of resource kits distributed, number of community-based and clinical providers reached, and location of providers across the state; and examines providers' impressions of the utility of the resources and their perspectives on how the resources support children and families affected by incarceration. This study has important implications for translating research evidence for community providers and practitioners who aim to promote the emotional health of young children affected by incarceration.

Keywords

child/adolescent health; community intervention; health disparities; health education; health promotion

INTRODUCTION

The number of children with an incarcerated parent has increased nearly 80% in the past 20 years (Glaze & Maruschak, 2008). Recent estimates suggest that more than 2.7 million children have a parent behind bars (Pew Research Center, 2010), with staggering disparities by race and class (Glaze & Maruschak, 2008). A growing body of evidence indicates that children of incarcerated parents (COIP) are at increased risk for adverse outcomes across multiple domains, including behavioral and emotional problems (Johnson, 2009; Murray & Farrington, 2008; Turney, 2014), developmental delay (Turney, 2014), academic difficulties (Hanlon et al., 2005; Murray & Farrington, 2008; Turney, 2014), poor physical health (Roettger & Boardman, 2012; Turney, 2014), delinquency and arrest (Roettger & Swisher, 2011), substance use (Roettger, Swisher, Kuhl, & Chavez, 2011), and criminality in

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adulthood (Huebner & Gustafson, 2007; Murray & Farrington, 2008; Murray, Janson, & Farrington, 2007).

The Adverse Childhood Experience (ACE) study (Felitti et al., 1998) provides a valuable framework for considering children's experience with parental incarceration and exposure to other risk factors on their health and well-being. As one of the 10 ACEs, parental incarceration often cooccurs with other ACEs, including a parent's mental health problems, substance abuse, domestic violence, and neighborhood violence (Murphey & Cooper, 2015). Results from the ACE study (Felitti et al., 1998) found that participants who experienced multiple ACEs were at increased risk for a number of health problems in adulthood, including depression, suicide attempts, substance abuse, unintended pregnancy, and sexually transmitted infections. The impact of any one particular ACE, such as parental incarceration, likely depends on a number of factors, including the child and families' experiences prior to, during, and after the parent's incarceration. The early adversities common among children with incarcerated parents, including poverty, discrimination, and exposure to parents' chemical use or mental health problems, may work together to create an environment characterized by toxic stress. Such an environment can have profound consequences for children's physical and mental health, learning, and behavior (Shonkoff et al., 2012).

Despite their heightened risk for adverse outcomes and the numerous potential opportunities for intervention through interactions with multiple providers and systems (e.g., health care, social services), few resources exist to promote the health and well-being of COIP. In the current study, we describe an innovative multimedia resource kit designed to promote the emotional health of COIP, the process used to disseminate the resources in one pilot state, the reach of those dissemination efforts, and providers' perspectives of the resources.

BACKGROUND

Although parental incarceration can occur at any point in a child's life, most children with incarcerated parents are young. Data from the Bureau of Justice Statistics indicates that among both state and federal inmates, about half their children were 9 years or younger (Glaze & Maruschak, 2008). Considering the age at which children experience this event is important, as the impact can differ dramatically depending on the child's developmental stage (Eddy & Poehlmann, 2010). Compared with older children, younger children may experience additional risks and fare worse when parents are incarcerated (e.g., Johnson, 2009; Murray & Farrington, 2005, 2008; Poehlmann-Tynan, 2005a, 2010). In a longitudinal study following COIP of varying ages, children who were younger than age 10 when their parent was incarcerated were more likely to develop internalizing problems than older children aged 11 to 16 years (Johnson, 2009).

Differences in the cognitive and communicative function of children at different ages may help explain these disparate outcomes. Older children possess the cognitive sophistication to understand why their parent is away (Poehlmann-Tynan, 2010), and they are better able to integrate their thoughts and feelings about their parent's incarceration than younger peers (Shlafer & Poehlmann, 2010). A younger child may not fully understand why a parent is

away, leading to confusion and fear of abandonment by caregivers, which could further compromise their emotional health.

Despite the many risks COIP face, some children demonstrate remarkable resilience. Factors associated with resilience in the context of parental incarceration include (1) children's ability to express feelings and emotions about their parent's incarceration (Hagen & Myers, 2003; Stovall-McClough & Dozier, 2004), (2) caregivers' maintenance of family routines and quality caregiving (Poehlmann-Tynan, Shlafer, Maes, & Hanneman, 2008), and (3) establishing age-appropriate communication around incarceration (Hagen & Myers, 2003; Loper & Turek, 2011; Poehlmann-Tynan, 2005b).

Children experience a range of emotional reactions following a parent's arrest and during their incarceration, including feelings of anxiety, fear, sadness, anger, and confusion (see Eddy & Poehlmann, 2010). When children express such emotions, caregivers have the opportunity to offer nurturance and comfort (Stovall-McClough & Dozier, 2004). Previous research has linked children's ability to confide their feelings in supportive adults with fewer problem behaviors (Hagen & Myers, 2003). Similarly, COIP involved in a support group where they were allowed to express emotions surrounding parental incarceration showed improved behavior and better peer interactions (Springer, Pomeroy, & Johnson, 1999). The quality of caregiving, including the provision of sensitive caregiving, stability in the caregiving situation, and maintenance of family routines, can likewise serve as a protective factor for COIP (Poehlmann-Tynan & Eddy, 2010).

Honest, age-appropriate communication about the parent's incarceration has emerged as another predictor of resilience. Research has found that many families attempt to hide the parent's incarceration from children, and they may lie about or misrepresent the reasons for the parent's absence (Hagen & Myers, 2003; Poehlmann-Tynan, 2005b). Such attempts to shield children from the reality of their parent's incarceration are often unsuccessful, with most children discovering the truth from sources other than the caregivers (Poehlmann-Tynan, 2005b). Research on communication in families emphasizes the importance of open and sensitive communication for promoting children's emotional health (Bretherton, 1995; Bretherton, Ridgeway, & Cassidy, 1990). Communication on difficult topics should be developmentally appropriate, including the omission of details that might frighten a child. The importance of communication holds particularly true for COIP, as children who were told about the incarceration of their parent in an honest, developmentally appropriate manner were more likely to demonstrate secure attachment relationships with caregivers; honest communication affirms children's trust in caregivers (Poehlmann-Tynan, 2005b).

Despite the importance of communication about the parent's incarceration, many caregivers do not provide honest, age-appropriate communication to the children in their care. Many caregivers of COIP experience considerable economic and social stress as a result of the parent's incarceration. Many face pressing issues of economic instability, increased caregiving responsibilities, and a lack of social support (Turanovic, Rodriguez, & Pratt, 2012). As a result, caregivers' communication with children about the parent's incarceration may simply not be a priority. Some caregivers may have had no relationship to the parent prior to the parent's incarceration, thus limiting the information the caregiver has about the

incarceration (Turanovic et al., 2012). When caregivers do share information about the parent's incarceration, previous research has found that many caregivers give inaccurate or inadequate information about the parents' whereabouts (Loper & Turek, 2011; Poehlmann-Tynan, 2005b). In contrast, other caregivers provide too much information, including potentially frightening elements such as details about the parent's violent or criminal behavior (Loper & Turek, 2011; Poehlmann-Tynan, 2005b).

This disconnect between research on the importance of honest communication and caregivers' practices suggests the need for support and resources guiding appropriate caregiver communication. Yet, little work has been done to effectively translate research surrounding COIP into practical application. Educational resources that aim to reduce risk and promote health among COIP and support overburdened caregivers are sorely needed. Children and families affected by incarceration interact with many systems and community-based agencies beyond the criminal justice system, including church groups, social service agencies, and mentoring programs. Thus, educational resources designed for this population must be able to be widely disseminated across a diverse set of providers.

LITTLE CHILDREN, BIG CHALLENGES: INCARCERATION

Resource Development

To address this growing need, Sesame Workshop—the nonprofit organization behind the children's television show, *Sesame Street*—developed multimedia resources for young COIP (aged 3–8 years) and their families. As part of a formative evaluation, Sesame Workshop collaborated with researchers, practitioners, experts on parental incarceration and children's mental health, parents, caregivers, and service providers (Sesame Workshop, 2014). In doing so, Sesame Workshop created a partnership between researchers, practitioners, and experts in children's media, with the goal of translating the existing knowledge on COIP into an innovative, multimedia, educational resource designed to promote children's emotional health.

Resource Goals and Components

Guided by research on what helps children thrive when parents are incarcerated, the *Little Children Big Challenges: Incarceration* initiative was designed to (1) provide support and comfort in addressing children's complex emotions (anxiety, confusion, etc.) that children may experience when a parent is incarcerated, (2) guide communication between caregivers and children by providing strategies and age-appropriate language for conversations about incarceration, and (3) emphasize the importance of communication and contact between caregivers, children, and incarcerated parents. The first component is a multimedia resource kit that includes a DVD featuring a Muppet, and animated and live-action stories, a guide for parents and caregivers, and a children's story-book featuring a child experiencing the incarceration of a loved one. The second component is an App designed for smartphone users that allows complete access to video clips and additional resources. The third component involves online resource materials where families can access videos and download a printable storybook, tip sheets, and activities (Sesame Workshop, 2014).

STUDY AIMS

Sesame Workshop aimed to disseminate and evaluate the utility of the resources for practitioners and caregivers with young children who have an incarcerated parent. As one part of that larger effort, this current study sought to address the following aims:

1. Describe the process used in one pilot state to disseminate an innovative resource designed to promote emotional health among COIP.
2. Document the reach of those dissemination efforts, including the number of resource kits disseminated, number of providers reached, and location of providers across the state.
3. Examine providers' impressions of the utility of the resources and their perspectives on how the resources support children and families affected by incarceration.

METHOD

Dissemination of Resources

On June 12th, 2013, at a White House Champions for Change event (The White House, 2015), Sesame Workshop announced the release of the *Little Children Big Challenges: Incarceration* initiative and a pilot dissemination project targeting 10 states: Arkansas, California, Florida, Illinois, Minnesota, New York, Oklahoma, Texas, Virginia, and Wisconsin. These states were chosen because of their variability in geographic region, incarceration rate, and political climate. In each state, one or more persons and/or organizations were identified to lead the initiative by disseminating the resources across their state to providers that served children and families affected by incarceration. The kits and shipping costs were free to community organizations and agencies. This study focuses on the dissemination activities and results in one pilot state, Minnesota.

In advance of this official release, an initial meeting was held with key stakeholders at the Minnesota Department of Corrections. The Director of Community Engagement for Sesame Workshop introduced the materials, discussed the goals of the initiative, and brainstormed with local providers about potential dissemination strategies. A total of 30 providers, representing 23 organizations and agencies, attended the meeting. Notable attendees included representatives from Big Brothers/Big Sisters, Goodwill/Easter Seals, Volunteers of America—Minnesota, and the Minnesota Departments of Health, Corrections, and Education.

To spread awareness of the project in Minnesota, the first and second authors used a multimedia, “snowball contact” strategy (Atkinson & Flint, 2001). We first shared information about the resources with known stakeholders, who then referred us to or shared information directly with their additional contacts, whom in turn provided connections with additional contacts, and so forth. Print and video news stories, both nationally and locally, were released creating initial awareness about the resources and the project. Mass e-mails were sent to key stakeholders (e.g., jail programmers), presentations were made to raise awareness among community partners (e.g., Head Start Directors, pediatric providers), and

articles were included in various newsletters and mailings (e.g., Minnesota School Psychologist Association newsletter). Resource kits were sent, along with letters detailing the initiative, to local organizations and clinics serving children and families likely affected by incarceration (e.g., homeless shelters). Ordering was completed via an online Google form or through personal contact with the first author (requests by mail, e-mail, or phone).

Evaluation of Resources

Sesame Workshop developed online evaluation surveys for providers to complete 6 months after the initial release of materials. Providers were asked to report on various aspects of the resources and their organization's use of those resources. Providers were first asked to describe their current role (e.g., foster care provider, teacher, mental health practitioner, corrections staff, etc.). Providers reported which tools they used and which, if any, of the online press materials created by Sesame Workshop (e.g., project language, images, and artwork) they used to promote the project. Providers also indicated what, if anything, their organization has done to raise awareness about the resources (e.g., e-mail to colleagues, link to resources on a website, and social media posts).

Providers reported the approximate number of people with whom they shared the resources, including the number of children, nonincarcerated caregivers, incarcerated parents, and colleagues or other service providers. Providers indicated how they engaged people with whom they shared resources (e.g., using the resources one-on-one with a child or family, group or training program for service providers/colleagues). Next, providers reported how often their organization used the tools (i.e., almost every work day, more than once a week, about once a week, 2–3 times a month, about once a month, or less than once a month).

Providers were asked to give an overall rating of the resources using a Likert-type scale with five response options (great, good, ok, not that good, terrible) and include qualitative responses regarding feedback they had received from colleagues, children, or parents. Providers indicated which of the following additional benefits their organization gained from the resources: they created events around the resources, the resources attracted more families to the organization, the resources have become a common part of the organization's work with families coping with incarceration, the resources have raised awareness for the work that the organization does, and the resources have improved relations with the families and children that the organization serves. Last, providers responded to an open-ended question regarding how the resources have made an impact on their organization and anything else that providers wished to comment on.

RESULTS

Kits Disseminated and Providers Reached

Between mid-June 2013 ($t = 0$) and mid-December 2013, 22,600 kits were requested by 222 providers across Minnesota (Figure 1). Most requests came from nonprofit organizations (59%); other requests came from educators (11%), public health nurses (11%), prisons and jails (7%), child protection or other social service agencies (6%), hospitals and clinics (5%), and reentry services (2%). A majority of providers completed requests online; mailed

requests were the second most common method. Many providers (47%) asked that additional information (e.g., the goals of the initiative, further information about the needs of the population) be provided with the order. Nearly two thirds (64%) of providers requested one box of kits (50 kits per box) and 20% requested two boxes. Fourteen providers placed a second order for additional kits within the 6-month period.

Over the 6-month period, kits were requested from 62 of Minnesota's 87 counties (71%) and 96 cities (Figure 2). The highest concentration of orders came from the most densely populated counties. Ramsey County, where St. Paul is located, represented 40% of the orders; Hennepin County, where Minneapolis is located, requested 36% of the orders.

Providers' Perspectives

Among the providers that requested kits, 22% ($n = 45$) responded to the online follow-up survey. Among the 45 survey respondents, 20% were health care providers, 18% were social workers, 18% were educators, 16% were from other community organizations (e.g., mentoring programs), 15% worked in correctional facilities, 7% were public health professionals, 4% were childcare providers, and 2% were legal advocates.

Providers reported using multiple components of the kit resources with a variety of target groups. Most reported using the DVD (84%), children's storybook (78%), and caregiver guide (67%). Fewer respondents reported using the website (24%) and App (16%).

More than half (53%) of survey respondents reported using the resources at least monthly. Additionally, 31% of providers used resources from the Sesame Workshop Press Room to promote the project within their organization or community. More than half (51%) of providers estimated they had shared the resources with up to 20 children and families, while 11% reported serving more than 20 children. 27% reported sharing the kits with other service providers, and 16% reported using the materials in professional training activities.

Nearly all respondents (98%) agreed that the resources were appealing, and 82% believed the resources improved their ability to work with families affected by this issue. Most survey respondents reported that the resources improved their capacity to serve caregivers (98%) and incarcerated parents (60%). Most respondents (73%) said that the resources improved their capacity to work with other organizations. Of those respondents that worked directly with children, 62% reported that the kits greatly benefitted children and taught important skills; 73% of providers working with adults reported the same was true for that population.

In open-ended responses, one provider wrote that the resources were a "very helpful tool to have [a] discussion that would otherwise feel beyond [their] scope of experience." Another reported that the materials were "great ... we didn't have anything to offer before and now we will." Twenty percent of survey respondents ($n = 9$) described how the resources gave parents an opportunity to open discussion on a difficult topic. One legal advocate wrote,

The women ... gain confidence in being able to take home a tool ... having a trusted name like Sesame Street with characters that children and their parents grew up with makes the process and the information solidify in the minds of both the mother and the children. It is SO important to have support come from such

familiar programming. If this same material was not using Sesame Street, but a brand new group of characters, it would not have the same impact because the long time trust and familiarity would not be there.

This importance of the Sesame Street brand came out in numerous other survey responses. Several providers stated that the familiarity of Sesame Street characters was comforting to children: “The children have loved the book and think it is great that characters that they are familiar with have the same problems as their own family.”

A majority (80%) of respondents agreed that it was easy to integrate the resource materials into their work, and 60% indicated that the resources had become a common part of their work on this issue. The greatest difficulty survey respondents reported was finding time to use the resources (18%). Many participants acknowledged that they had just recently received the resources and had not yet been able to identify strategies to incorporate them into their programs at the time of the survey. A few providers ($n = 3$) noted a need for parallel materials for older children, specifically resources appropriate for adolescents with incarcerated parents.

DISCUSSION

As the number of children affected by parental incarceration increases, so does the need for evidence-informed interventions to meet their complex needs. In the current study, we described innovative, developmentally appropriate, and multimedia resources; the strategies used to disseminate resources to community-based and clinical providers; the number of kits disseminated and the geographic regions reached; and providers’ perspectives of the utility of the resources. We employed numerous strategies to share information about the resources to a diverse set of providers, and in doing so had tremendous reach across multiple settings. In 6 months, we disseminated more than 20,000 resource kits to more than 200 providers, reaching nearly three quarters of the counties in the state. These results demonstrate a clear need and strong desire from providers for developmentally appropriate resources to support COIP. Furthermore, providers reported that the resource kits were useful and had a positive impact on the children and families they were working with, and many ordered additional kits, providing us with initial evidence of the utility and value of the resources.

Additional research is needed to assess how providers are incorporating and adapting the resource kits in to their community-based programming and clinical practices. Future research should assess the impact of the resources on caregivers’ behaviors (e.g., do the resources promote caregivers’ communication with children about their parents’ incarcerations, do the resources support communication between caregivers and professionals working with the child), family relationships (e.g., do the resources promote more positive visiting experiences for children and parents), and children’s emotional health (e.g., do the resources reduce children’s sadness and depression). One such project—a multisite, randomized control trial examining the resources’ impact on children’s outcomes—is currently underway in two states (Poehlmann-Tynan, Runion, Weymouth, & Burnson, 2015).

Limitations

Although this study provides evidence that resources can be successfully disseminated to a large and diverse group of providers across the state, and that the resources have utility and value, the study is not without limitations. First, we had a low response rate (22%) to the online survey, although this is not unlike other web-based surveys of organizational representatives (Baruch & Holtom, 2008). Providers who responded to the survey may have been more likely to be using the resource kits in their organization or agency, and thus more likely to review the resources favorably. Second, our study was limited in that it only tracked requests for kits to providers and not directly to families. Thus, we have limited information about how many children and families received the kits or their perspectives of the kit's utility.

Conclusions

Overall, the resource kits developed as part of the *Little Children Big Challenges: Incarceration* initiative were well received and perceived as useful by community-based and clinical providers serving children and families affected by incarceration. Furthermore, we were able to successfully disseminate a large number of kits across a variety of providers, throughout the state. The positive reception and high percentages of resource utilization indicate the importance of and critical need for evidence-based resources addressing the health needs of this population.

Promoting the emotional health of the growing number of children experiencing the incarceration of a parent is essential for reducing intergenerational cycles of trauma and incarceration. When armed with the training and tools—including resource kits like the ones described in the current study—pediatricians, social workers, teachers, school counselors, and other professionals can sensitively and appropriately address the needs of children with incarcerated parents, reducing the trauma and adversity many experience. Furthermore, promoting positive parent–child relationships during and after parental incarceration holds promise of reduced recidivism and improving health among previously incarcerated parents.

The strategies described in the current study have extended relevance for addressing other adverse events in the lives of children (e.g., physical or sexual abuse, parental substance abuse, neglect). In the event of any significant adverse event, it is critical that a diverse set of providers is reached to best meet children's complex needs. The strategies we used to disseminate the resource kits in the current study apply to reaching providers and coordinating care in countless other situations. Particularly, the innovative use of children's media, including a familiar and trusted brand and characters, may be an important approach in future efforts to reach providers of care to children and families. Finding ways to integrate scientific evidence into daily practice is vital to promoting the health of children and families.

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FIGURE 1.
Cumulative Kit Requests Over Time

FIGURE 2. Kit Requests Plotted by Zip Code

NOTE: The size of each marker is *not* representative of the number of kits ordered from that zip code; each marker indicates the location of at least one box (50 kits per box).