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Making the case for innovative reentry employment programs: previously incarcerated women as birth doulas – a case study

Monica R. McLemore and Zakeya Warner Hand

Abstract

Purpose – *The purpose of this paper is to make a case for novel and innovative reentry programs focused on women of color and to describe policy recommendations that are necessary to support the sustainability of these programs and in turn the success of the women who participate in them.*

Design/methodology/approach – *A review and analysis of the literature that described job-training opportunities specifically targeted to women exiting jail and the impact on recidivism provided limited information. The authors developed, implemented, and evaluated doula training program for low-income and women of color to determine if birth work could provide stable income and decrease recidivism.*

Findings – *Training low-income formerly incarcerated women to become birth doulas is an innovative strategy to solve employment barriers faced by women reentering communities from jail. Realigning women within communities via birth support to other women also provides culturally relevant and appropriate members of the healthcare team for traditionally vulnerable populations. Doulas are important members of the healthcare workforce and can improve birth outcomes. The authors' work testing doula training, as a reentry vocational program has been successful in producing 16 culturally relevant and appropriate doulas of color that experienced no re-arrests and to date no program participant has experienced recidivism.*

Originality/value – *To be successful, the intersections of race, gender, and poverty, for women of color should be considered in the design of reentry programs for individuals exiting jail. The authors' work provided formerly incarcerated and low-income women of color with vocational skills that provide consistent income, serve as a gateway to the health professions, and increase the numbers of well-trained people of color who serve as providers of care.*

Keywords *Criminal justice system, Qualitative research, Public health, Recidivism, Women prisoners, Women's health*

Paper type *Research paper*

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Introduction

This policy brief in support of doula training as novel and innovative new programming for reentry populations could address two vexing problems: difficulties of gaining employment and generating income for formerly incarcerated women and cultural gaps in pregnancy related care in traditionally underserved communities. We provide evidence to support doula work as a viable vocational option for women exiting jail and make policy recommendations to fund doula work and programs that provide doula training.

Background

Worldwide, women are most likely to be incarcerated for relatively minor, non-violent crimes. In the USA, this means that many more women are incarcerated in local jails than in state or federal-run

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prisons; therefore any focus on women and incarceration must be sensitive to these demographic differences. It is known that in the USA, more than half of women who have experienced incarceration completed high school, less than half report being employed at the time of their arrest, and between 78 and 80 percent are parents (Bloom *et al.*, 2013). National statistics also show that prior to incarceration most women make less than \$600 per month and tend to work in customer service and/or clerical fields (Bloom *et al.*, 2013).

Black women are 2.3 times more likely to be impacted by carceral involvement in their lives, including themselves and other family members, than white women and 1.5 times more likely than Hispanic women (Sufirin *et al.*, 2015). Women are generally incarcerated in jails as opposed to prisons because of the nature of the crimes they commit (Swavola *et al.*, 2016); therefore the focus of this policy brief is on women who experience jail incarceration.

Historically, reentry programming has been focused on preparing individuals who are exiting jail or prison with skills to be able to function within their communities. These programs include, but are not limited to, drug treatment, education, employment, housing, psychological and physical health, support from peer mentors, and reestablishing relationships with children and other family members (National Reentry Resource Center, 2014). Employment and income are crucial supports for women exiting jail, yet innovation in jail-based vocational and training programs that target these outcomes for women are lacking. In a 2010 National Institute for Corrections commissioned report entitled, "Employment and female offenders: an update of the empirical research," the author states that 60 percent of jails have educational programming, but only 7 percent of local jails have vocational training programs (Flower, 2010). This report also highlights the under- and unemployment of women prior to their arrest and barriers formerly incarcerated women face when seeking employment.

Women with criminal justice involvement (either their own or their family members) risk loss of current or future employment, financial crisis, suspended public assistance including health insurance, and bias or discrimination when disclosing a carceral history when seeking employment (Swavola *et al.*, 2016). Formerly incarcerated women need innovative opportunities to legally generate income due to the potential for employer based discrimination (Morris *et al.*, 2008) and doula work provides them this opportunity.

To be successful, the intersections of race, gender, and poverty for women of color should be considered in the design of reentry programs for individuals exiting jail. The overarching aims of our work are to provide women of color with vocational skills that provide consistent income, serve as a gateway to the health professions, and increase the numbers of well-trained people of color who are providers of care. This latter goal will help address a persistent gap in the healthcare delivery system. Our central hypothesis was:

H1. Consistent employment and income can mitigate factors known to contribute to recidivism (i.e. cycling through the carceral system) among women of color with a history of incarceration.

The purpose of this policy brief is twofold: first, to make a case for novel and innovative reentry and realignment programs focused on women of color that increase their chances of successful return to the community and second, to offer policy recommendations that support the sustainability the development and sustainability of these programs.

Why birth work as doulas?

Doulas are trained to prepare mothers for the process of childbirth and to provide emotional, spiritual and social support and coaching before, during, and after birth (Hodnett *et al.*, 2011; Lantz *et al.*, 2005; McGrath and Kennell, 2008; Morton and Clift, 2014; Mottl-Santiago *et al.*, 2008). The doula model of peer-to-peer support offers space to share stories, learn about birth, and women's bodies and provides structured opportunities for real-time support (Morton and Clift, 2014). However, training to become a doula, although brief, can be expensive and ranges from \$800 to \$2,000 for 12 to 29.5 hours of childbirth preparation training (International Center for Traditional Childbearing (ICTC), 2015; Morton and Clift, 2014).

Doula work was chosen as the focus of our vocational training for several important reasons. First, doulas play a unique role in the birthing context, by providing non-clinical emotional,

informational, physical, and spiritual support to women (Morton and Clift, 2014). Women, (generally referred to as clients by doulas) arrange for support during the prenatal period and directly negotiate with doulas after selecting them based on their profile, consultation visits, and word of mouth. Second, our experiences have shown that clients seeking doula support are less likely to scrutinize doulas or judge them for their history of incarceration than other types of vocational workers (Stanley *et al.*, 2015). Third, doula work is ideal for formerly incarcerated women since many of them are already mothers who need a vocation that is flexible enough to accommodate their own childcare and family needs (Morton and Clift, 2014). Finally, our nurse-led project was designed using the philosophical perspective that “health is a social matter” (Meleis, 1990). In other words, the development and maintenance of health is not exclusively the personal responsibility of individuals but a “social and societal obligation.”

Low-income women of color have some of the poorest birth outcomes and recently public health practitioners have called for diversification of the workforce and institutional changes in how care is provided as a potential intervention to improve these outcomes (Eichelberger *et al.*, 2016). A growing body of evidence has carefully linked the provision of continuous emotional, spiritual, and social support during labor by doulas to superior birth outcomes (Gruber *et al.*, 2013; Hodnett *et al.*, 2011; Kozhimannil *et al.*, 2013). In the sections that follow, we cite select findings from our research to argue for doula work as a novel and innovative reentry program that increases the chances of successful return to the community for women of color leaving jail. In doing so, we offer policy recommendations to support the development and sustainability of similar programs in other jurisdictions.

A case study in innovative reentry programming for women

To fill the doula training/employment gap for low-income formerly incarcerated women, the East Bay Community Birth Support Project (EBCBSP) was developed as a joint effort between the Birth Justice Project, and Black Women Birthing Justice, in partnership with the University of California, San Francisco. All of these organizations seek to improve the provision of care and support to birthing individuals within the carceral system and those reentering the community from the carceral system. The EBCBSP team developed a no cost, community-based doula training specifically targeted toward women of color. Participants in the program had to be at least 18 years old, English speaking, and low-income or formerly incarcerated. If formerly incarcerated, women had to have been out of a carceral institution for at least six months, have stable housing, and had to have successfully completed a substance use treatment program (if applicable) no more than six months prior to the initiation of the doula training. Low-income was a self-identified category that included eligibility for and use of public assistance for food, housing, transportation, healthcare, or childcare. Additionally, being under- or unemployed was also considered an indicator of low-income status.

All potential participants submitted a written application that included questions about their birth experiences, general experiences with institutions, and why they applied to the program and were seeking no-cost doula training. The study team, comprised of nurses, doulas, researchers, and students, reviewed the applications. Every potential participant had a one-hour in person interview with at least two team members. A sub-committee then scored, ranked, and selected the participants for the doula training. In total, of the 30 women who applied, all women of color, 16 were chosen to participate in the 48-hour in-classroom training.

The 16 trainees ranged in age from 22 to 65 years old and all self-identified as women of color. All had completed high school, and 11 attended some college. Half (eight) reported being formerly incarcerated, all had been to jail. They had been arrested for crimes related to sex work, drug use or money/theft, which is consistent with the general characteristics of women who experience incarceration (Bloom *et al.*, 2013). Four trainees had felony convictions and three were currently on probation at the time of the training. No one was rearrested during our yearlong program – and to date (three years later), we know of NO incidences of recidivism among our trainees. One participant completed her bachelor’s degree, one enrolled in a midwifery program and approximately half continue to support EBCBSP referred births. A more detailed description of our training, program, and participant demographics have been published elsewhere

(Stanley *et al.*, 2015). Data were collected from participants throughout our training (see Stanley *et al.*, 2015 for a description of our methods). We present findings of our work below as evidence to make a case for doula work as a novel and innovative reentry and realignment program focused on women of color that increase their chances of successful return to the community and to offer policy recommendations that support the development and sustainability of these programs.

Why new reentry program development?

Traditional reentry programs are prescriptive and require sequential completion (Bloom *et al.*, 2013). In addition to being intersectional and gender responsive to the needs of women, we designed our reentry vocational program to be modular to meet the training needs of our participants. Unlike traditional reentry programs, the EBCBSP-trained doulas had time and space to express needs for additional post-training support. The doulas talked about learning as they went, learning from each other, and learning on the job. The support the doulas identified that they needed after training included additional education, confidence and skills building, additional time to practice the hands-on skills of role-playing, positioning, comfort measures, and emotional support exercises, and space to develop and contextualize their own doula identities. As one doula explained:

So, going deeper and actually being a part of the doula training, that's where my own personal story came in, and remembering my birth experiences and remembering how I wanted to be able to support birthing parents through not having to – to not have to have those same stories that I had, and not having someone there, or if they chose to use their voice, feeling bad about it.

The fact that the EBCBSP-trained doulas understood that they were serving as a community resource and were culturally appropriate was not lost on the participants. When presented with a traditional definition of doula the EBCBSP-trained doulas immediately pushed back and identified themselves in the context of their communities. One doula contextualized her work this way:

Building healthier community. I feel like through this one experience (doula training), that one person is in communication with other people in the community, and their experience can project that onto the community, you know? So, I feel like that's building my healthier community, in serving birthing parents. That's another way for me to build healthier community.

Both of the above quotes highlight connection to community as one distinguishing intersectional factor that should be considered when designing vocational programs for reentry populations that include women. We purposively modified our doula training to focus on women of color given that most doulas are young, college-aged, white women (Lantz *et al.*, 2005; Morton and Clift, 2014). Our training materials, speakers, and activities were all grounded in affirmative Afrocentric principles geared toward developing our trainees' expertise and their own stories. Most doulas will not have these kinds of experiences or insights into the experiences of the low-income and/or formerly incarcerated women they might support.

Additionally, 11 of our 16 participants expressed deep sadness and frustration about past trauma they experienced as a result of themselves being low-income and/or incarcerated, and how participation in our program assisted them in their healing. As one doula told us:

I said I beat myself up about it just because you know and healing from different levels of trauma I always felt like I can never finish anything I start. You know what I mean? Once I made a decision I had to really intentionally take care of myself and I just had to pull back from everything. So I am definitely in a healthier place. And it took a long time for me to come to that place because I have dealt with the fear of being abandoned and it's like these have been compromising my whole world and principles so that I didn't get abandoned and dissed like moving away from that place and just trusting that I am going to be okay if I just follow what is in my calling which is like doing the healing work and the healing work is very much well connected to me being well.

Once our team realized that our program was one of the first spaces that some of the doula trainees shared these experiences, we helped them to schedule quarterly peer-to-peer sharing circles where all of our trainees and team could come together for two hours and debrief mentorship issues, difficult births, interactions with family members or with the healthcare team.

Sharing circles also became safe spaces to discuss role conflict, to develop case studies, and engage in role-playing activities to build confidence and competence. Also, these circles encouraged the doulas to expand their communication with clients by jointly developing social media profiles and websites where potential clients could learn more about them and testimonials could be posted. These circles provided additional points of peer-to-peer contact that should be considered when designing reentry programs for women. We believe the circles, not individual appointments, which are more common in traditional reentry programs, contributed to the success of our program.

Outside of work, six of the doulas did not have access to computers or printers and one did not use a smart phone or e-mail. In response, our program made cubicle space in our offices available to participants as an in-kind donation, providing an additional resource that is also not commonly seen in reentry programs. As a result, none of our participants were out of communication with the team for more than three continuous months out of the entire program. Many of the doulas spent much of their time educating family members and nurses about what they could do for patients. Becoming a doula empowered these women and led to the further education and empowerment of others in their community, which created an informal network of mentorship and support around women's reproductive health in underserved communities. One doula described it this way:

And I will get printouts or searching on the Internet so that they can see exactly what I'm talking about and then showing them so – because at first, they – a lot of the techniques and stuff, they never heard of because they just saw you go in and get epidural and have your baby, and that's it. So for them to learn more about how to do natural births and how to meditate and how to be able to be calm and walk around. And they didn't know any of that, so by me getting the training by having my background, that's what helped me to put them all together.

All of the EBCBSP doulas described barriers to functioning as doulas, some similar to traditional doulas, some unique to low-income formerly incarcerated women. These barriers include negotiating compensation, identity conflict that the doulas described when receiving money for being nurturing, and navigating different care environments.

Negotiating compensation

During the individual interviews all of the doula trainees talked about difficulties with money and payment issues as major challenges while simultaneously acknowledging a need to “get paid.” The doulas also discussed difficulty with the exchange of money, determining appropriate pay scales, and underestimating clients' ability to pay. Further complicating payment issues were the disparate mechanisms used by community-based doulas – including mentors in our program – to negotiate their rates. Some doulas charge a flat fee for prenatal, continuous birth support, and postpartum visits, while others charge for each service. Some doulas present their fees upfront on their business cards and websites while others sign contracts with potential clients after they negotiate their rates.

Conflict between identity as nurturer and compensation

An additional barrier for the doulas was the conflict they felt between their identity as nurturers and how to ask for and receive compensation for those services. In response to a question about how sure was she in her ability to be successful as a doula, one trainee said:

I would probably say unsure, with the caveat that, like, I'm not unsure of my skill set It's just the marketing aspect, because it is marketing, you know, and I feel like the role of doula or anything nurturing is kind of assumed to be what my people do and what I do. So it's hard for me to deviate from that, from being a nurturer or whatever.

One participant discussed the conflict she felt with needing to be paid and not “bankrupting” her clients in the process. She provided a long narrative about wanting to be of service to other women of color (and the need to get paid), but then switched and told the group that client finances were personal matters, “Because I was raised not to speak about money.”

All of the doulas that provided data for this analysis spoke of the difficulty in negotiating their worth as a doula and recalculating their worth from a perspective of poverty. They found it hard to ask

for a living wage and increased compensation because they were grateful for the opportunity to participate in the training and felt the no-cost training was compensation enough for their work. Traditional reentry programs focus on assisting formerly incarcerated individuals gain employment with an employer or institution, however, doula work and birth work more broadly functions on an independent contractor model. Negotiation skills were integrated into our subsequent training materials and should be considered when designing reentry programs for women.

Navigating different care environments

Referrals from community-based organizations for women seeking doula support came from all over Northern California, providing the doulas with opportunities to support women at seven different hospitals. We had to help them develop skills to navigate different care environments and (how) to explain that to the women they were supporting. One doula described supporting her client to have the birth experience they discussed as follows:

One of my clients has insurance that covers her birth at only one institution, and she wanted to do at a birthing center. And, of course, they don't take this insurance because it won't reimburse them. So, then, she was asking – it's almost like, she's trying to do almost like a home birth inside of a hospital, and I told her that that won't happen, because they're not going to let you bring in services we discussed—They don't allow you to do anything else.

The need to navigate different care environments ending up having an unintended consequence, which resulted in the doulas practicing flexibility. Flexibility in learning different environments where clients sought care became a real strength of the EBCBSP-trained doulas. This flexibility provided half of the doulas real-time opportunities to practice “softer” skills such as time management and clear communication.

Collective models lead to increased legitimacy

All of the trainees described facilitators to function more effectively as doulas. Some of the doula trainees were intent on developing a “collective” model to increase legitimacy and having institutional support to refine their skills. Some of doulas already belonged to existing collectives, two in art, and two in community-based advocacy work. Six trainees discussed having researched other doula training programs, but were excited about ours in particular because it was geared toward women of color and was free. Half of the EBCBSP-trained doulas described Northern California as “saturated” with birth workers because there are many doula programs and independent doulas working for pay yet none exclusively serve low-income women of color.

The doulas used the sharing circles and interviews as an opportunity to discuss a doula collective model as a solution to the discomfort in negotiating compensation and to address the challenges of working independently. They also felt they would be able to capitalize on a special niche in the doula community, that is as women of color serving other women of color. One doula summarized this concept in this way:

As graduates of the program, I feel like we should have our own collective; that we should somehow be named something of the project. You know, it makes us more legit to say, we are a part of the East Bay Birth Justice Doula Collective. That's – that's legit. Like, most doulas that I know who are doing social justice doula work belong to some sort of collective.

Policy recommendations

No-cost education and additional related support, such as access to internet-enabled computers and peer-to-peer networking, is critical to the success of a doula-training reentry programs for women. To ensure that education needs are met and other support is provided in the post-training period, scholarships, fellowships, and other financial support should be available for doulas. Additionally, doulas should be identified as essential members of the healthcare team working with pregnant women (e.g. community health workers) and compensated for their work accordingly. As such, these doulas should have access to doula mentors for post-training support, and access

to essentials such as office space, computers, and the internet. Nationally recognized programs such as HealthConnect One in Chicago (HealthConnect, 2014) have shown that respectful, peer-to-peer community-based doula and community health worker programs embedded as core public health services can improve outcomes in the perinatal and postpartum contexts. To further incentivize the development of financial support for doulas, we have made our full women of color centric doula training materials available for free online (www.innovationsinreentry.org/Grantee-Profiles).

Our work shows that doula training for formerly incarcerated women constitutes a viable path to fulfilling employment for these women and yields critical health and empowerment outcomes for the underserved communities to which they return, policies are needed to ensure that this work is appropriately compensated. Several states (Chicago, Minnesota, New York, Oregon) have suggested or enacted processes to enable Medicaid reimbursement for their doula services (ICTC, 2015). The most rigorous evaluation of doula support on positive birth outcomes linked cost savings to public insurance programs, come from Minnesota (Kozhimannil and Hardeman, 2016; Kozhimannil *et al.*, 2015, 2013). Our data are consistent and complementary to these findings.

Several hospital-based (Gruber *et al.*, 2013; Morton and Clift, 2014; Mottl-Santiago *et al.*, 2008) volunteer (Morton and Clift, 2014; Munoz and Collins, 2015; Zoila-Perez, 2014) and student-run (Munoz and Collins, 2015; Steel *et al.*, 2013; Zoila-Perez, 2014) doula programs have been described; yet few of these programs have exclusively targeted women of color, low-income and/or formerly incarcerated women. In contrast, the few community-based doula programs that do exist either train existing doulas to perform essential tasks such as accompanying women to prenatal classes and providing breast-feeding support (Cattelona *et al.*, 2015; Munoz and Collins, 2015; Steel *et al.*, 2013) or serve (but do not train or employ) low-income (Gruber *et al.*, 2013; Kozhimannil *et al.*, 2015; Spiby *et al.*, 2015) or currently incarcerated women (Hotelling, 2008; Shlafer *et al.*, 2015). It is important to note that these programs do not pay the doulas that work in these programs. Public insurance programs and hospitals that accept public dollars – and reap the benefits of cost saving reductions in poor birth outcomes associated with doula support – should provide funds to pay the doulas that attend these births.

Finally, collective and cooperative models of work should be considered for reentry programs developed for and by reentry populations. This type of work infrastructure is well aligned with doula and health service work more broadly. This recommendation facilitates participants' development and we provide our own work as an exemplar. In 2016, the EBCBSP team decided in partnership with doulas that were trained in the initial program to develop a collective model for doulas of color and became the Roots of Labor Birth Collective (RLBC). The RLBC is committed to support, empower, and care for birthing members of our community. RLBC consists of birth and postpartum doulas of color. They strive to reflect the communities they serve, while uplifting and caring for themselves. The RLBC mission is to provide a training platform to encourage the sustainability for entrepreneurship in the doula profession. As of October 31, 2016, the RLBC had received 37 applications for 20 slots within the collective and selected branch, leaf, and root members to serve – maintaining the tree metaphor – which is also the RLBC logo. This collective model will be presented to the Alameda County Public Health Department, Behavioral Health Services to serve as an innovative strategy that can be applied to other reentry populations in 2017. We are currently evaluating RLBC including tracking number of referrals, birth clients supported, and their clinical outcomes. We are also tracking the educational progression of the doulas that participate in the collective. A final goal of the collective is to explore sustainable business models for doulas including incorporation of the collective as a non-profit organization, becoming a fiscally sponsored organization, continued grant funding, advocacy work to ensure doula payments by public and private insurance and incubation within other organizations.

Conclusion

Training low-income formerly incarcerated women to become birth doulas is an innovative strategy to solve employment barriers faced by women reentering communities from jail. Realigning women within communities via birth support to other women also provides culturally relevant and appropriate members of the healthcare team for traditionally vulnerable populations.

Doulas are important members of the healthcare workforce and can improve birth outcomes. Our work testing doula training, as a reentry vocational program has been successful in producing 16 culturally relevant and appropriate doulas of color that experienced no re-arrests and to date no program participant has experienced recidivism. Three policy recommendations are presented, centered in funding new innovative reentry programs to ensure success for vulnerable populations who seek to receive and do this important work.

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