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Identifying & Addressing Barriers to Child Care for Formerly Incarcerated Mothers

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ABSTRACT

As women's incarceration rates have risen significantly in recent decades, gender-specific programs are needed to meet the needs of formerly incarcerated mothers (FIM). Although child care can be difficult to access for many families, this marginalized population faces unique obstacles to accessing child care. In order for FIM to be employed and reintegrate, they must be able to access child care; however, FIM experience unique barriers to securing child care services. This policy brief aims to identify the special considerations FIM face, as well as to explore why existing programs are not meeting their specific needs. A literature review was completed to identify relevant articles, which were analyzed for themes that give insight into the barriers faced by FIM in accessing child care after release from prison. Lack of child care support from family and friends, inadequate communication from Child Protective Service (CPS) case workers during incarceration, requirements related to criminal justice involvement and CPS custody cases, and lack of access to financial safety nets make it difficult for FIM to access child care for their children. Key informant interviews with selected experts in this field were used to add perspective to existing data in the literature. Findings can be utilized by stakeholders and public health researchers and professionals to make policy changes, develop programs, adjust and expand existing programs, and seek funding to aid FIM with trauma-informed care and intersectional sensitivity.

PROJECT DESCRIPTION

This project is a policy brief for relevant stakeholders who seek to design evidence-based research studies as well as customized interventions for formerly incarcerated mothers. The aims of this policy brief are three-fold:

1. Through literature review and organization interviews, identify the barriers faced by formerly incarcerated mothers (FIM) in accessing child care for their custodial children.
2. Determine what child care programs currently exist and explore how the needs of FIM are not being met by these programs; and
3. Recommend solutions to assist FIM in accessing child care, with a focus on the need for further research and advocacy on behalf of this vulnerable population.

BACKGROUND & SIGNIFICANCE

Since the 1970s women's incarceration rates in the United States have been steadily climbing, growing twice as fast as men's incarceration rates (Kajstura, 2019). In the U.S. corrections system, women are imprisoned in jails and prisons. Most incarcerated women who are mothers are in jails, which are locally managed facilities where individuals go while awaiting trial, prior to conviction and sentencing. Two-thirds of women held in jails because they cannot afford bail, are mothers (Sawyer, 2018). 2,019,900 women are jailed each year, often for brief periods, and sometimes more than once, and 80% of women detained in jails are mothers (Bertram & Sawyer 2021). Prisons are state and federally managed facilities for housing, individuals after they have been convicted. The Prison Policy Initiative reports that over half of women incarcerated in prison are mothers. During the average year, 1.9 million mothers are released from prisons and jails and many return to their roles as mothers- in many cases as

primary caregivers (Bertram & Sawyer, 2021). Both prisons and jails have devastating impacts on mothers and their children, but this paper will focus primarily on formerly incarcerated mothers who have been convicted of crimes and served prison sentences.

There are many challenges mothers face after release when securing housing, transportation, income/employment, and education. For FIM, finding adequate child care is essential while they make efforts to re-enter the workforce, increase their education, or participate in other reintegration activities. The intersectionality of gender, race and class can put many mothers at a disadvantage to accessing critical services generally, and formerly incarcerated mothers seeking to return to their mothering role after release have even less access to programs designed to aid families in reunification (Williams et al., 2021). Additionally, it is well documented that women of color are arrested and incarcerated at disproportionate rates to their percentage of the population in general (Kajstura, 2019), adding institutional racism to the barriers FIM of color face post-incarceration.

Social determinants of health are the living conditions and social structures that are known to impact an individual's health, such as education, housing, poverty, and the presence or absence of supportive family relationships. Across the life course, these factors impact the health of FIM and their children. Research regarding the impact of incarceration on children is extensive and has demonstrated that these children are “negatively responding to major shifts in family structure, and [are] vulnerable to economic stress and adverse interpersonal issues” (Miller, 2006). Likewise, children of FIM are already at risk for negative emotional, physical, and financial outcomes (Martin, 2017). Child care is an influential factor in the life course of the children of FIM as a system that serves as a point of contact with children of FIM. As such, adequate child care could help “allay the consequences” (Miller, 2006) of incarceration on

children. Other risks to children of incarcerated parents include impaired educational attainment, increased risk for criminal activity, mental health issues and antisocial behavior (Martin, 2017). These risks may be mitigated however through formal early childhood care. For example, research has indicated that children of mothers with low education obtained higher school readiness from attending formal daycare (Geoffroy et al., 2010).

Interventions are needed to help FIM navigate the professional world, the healthcare industry, and custodial and correctional tasks related to the state. Beyond the essential role of child care for FIM seeking education or employment, child care is also necessary for FIM who must attend probation meetings, who need mental health support, and/or who are participating in substance abuse programs. Rates of substance abuse among incarcerated women are significant, and untreated substance abuse disorders contribute to increased mortality and repeat offences (Fazel et al., 2017). Women who are primary caregivers face increased obstacles to treatment programs, including lack of child care (SAMHSA, 2020). Research has shown that case managed programs that facilitate child care and transportation have been shown to have increased participation (Strathdee et al., 2006). Similarly, incarcerated women are at greater risk of mental health disorders (SAMHSA, 2020). Mental health facilities typically do not provide child care, nor do they allow children to attend their mothers' appointments for treatment and screening.

There is a subset of FIM whose children are in the custody of the state, either because the mother could not arrange care for her children through informal means, or because she was deemed negligent, and a CPS (Child Protective Services) case was opened against her. This means that upon release, these mothers face additional barriers and have special considerations related to regaining custody of their children. The Bureau of Justice reports that approximately

64% of incarcerated mothers lived with their children before their arrest, and 18% of incarcerated mothers reported that their children were in “non-kinship” foster care (James, 2006).

Insight into the unique challenges faced by this marginalized population, as well as gaining the understanding necessary to propose solutions, requires asking questions. This project is seeking to answer the following research questions.

1. What barriers do formerly incarcerated mothers face in accessing child care?
2. How are existing programs failing to address these barriers? What are the special considerations for this population that require special programming?
3. What further research efforts are needed? What are possible policy or program solutions to assist FIM in accessing child care?

METHODS - LITERATURE REVIEW

Methods for this project included literature review, with data extraction and analysis.

Search Strategy:

The literature review consisted of strategic searches in literary databases as well as gray literature such as government and organizational reports. Key concepts were related to mothers, formerly incarcerated or released from prison, access to child care, and current programs related to reintegration of FIM. The database search was done with the assistance of librarian Danielle Westmark of the University of Nebraska Medical Center’s McGoogan Library of Medicine. Databases used were PubMed, PsychINFO, Scopus and Google Scholar. Articles were included if they were in English, published after 2000, and involved human subjects. Articles were excluded if they were written primarily about currently incarcerated mothers, children of incarcerated parents, formerly incarcerated men, or did not address child care. Articles included academic papers and cross-sectional survey data, but were mostly qualitative, grounded theory

designs centering the voices of formerly incarcerated women and mothers through researcher interviews and observation.

Search Terms by Database:

PubMed:

Mother* OR "Mothers"[Mesh] OR "Single Parent"[Mesh] OR "Parents"[Mesh] AND "formerly incarcerated" OR "justice involved" OR "criminal justice" OR "Prisoners"[Mesh] AND "Child Care"[Mesh]

PsychINFO:

mother* OR DE "Human Females" OR DE "Mothers" AND "formerly incarcerated" OR felon OR prison* OR "criminal justice" OR ex-convict OR post-incarceration OR "release* from prison" parole OR reentry OR DE "Incarcerated" OR DE "Criminal Offenders" OR DE "Criminal Rehabilitation" OR DE "Incarceration" OR DE "Reintegration" AND "child care" OR childcare OR "day care" OR DE "Child Care" OR DE "Child Day Care"

Google Scholar:

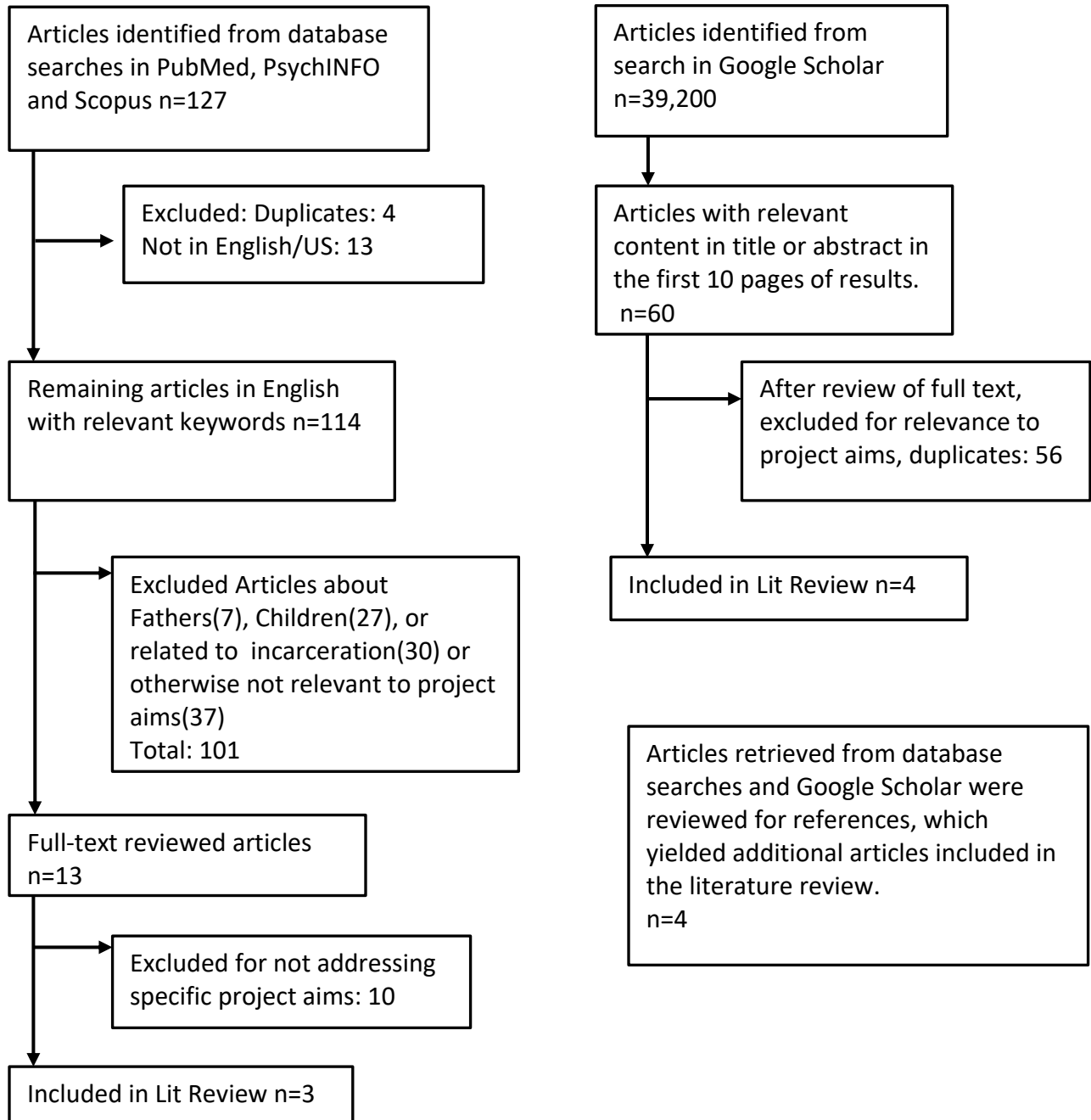
mothers AND "formerly incarcerated" AND "child care"

Scopus:

mother* OR parent* AND "prison" OR "formerly incarcerated" OR "felon" OR "incarcerated" OR "release* from prison" OR parole OR "criminal justice" AND "child care" OR child care OR "day care"

Three relevant articles from literature databases were used in the literature review, with an additional four articles from Google Scholar. The remaining five articles were found by searching the "References" from the relevant articles found during the database searches. See Figure 1 for the literature review search result process.

FIGURE 1



Data Analysis:

Articles chosen from the literature review & key informant interviews were reviewed and organized in Table I with the title of the article and a summary of the literature type, methods and findings. As many of the studies were qualitative design, a select quote was added in the third column, to center the voice of FIM and their experiences in accessing child care. The primary aim of the literature review was to identify special considerations unique to formerly incarcerated mothers, beyond those faced by other single mothers, low-income families, or parents in general. The last column of Table I (see Appendix A) includes the special considerations identified in each of the articles from the literature review. Some considerations emerged multiple times, and the considerations are numbered and matched with corresponding points in Table III. In order to address Project Aim 2, a list of existing programs, options and services typically used by mothers seeking child care are listed in Table II. Table III outlines why the existing programs and options are not meeting the needs of formerly incarcerated mothers by connecting the special considerations they face with the existing options, ultimately leading to specific barriers to child care.

METHODS - INTERVIEW PROCESS:

Interviews with key informants from three non-profit organizations that work with formerly incarcerated women were completed, and themes were identified to supplement the data from the literature. Selected experts provided observations as a secondary data source to triangulate with themes identified from the literature search. Notes from interviews were analyzed to extract relevant points identified in the literature review, relating to barriers faced by FIM, and special considerations related to their inability to access child care. No new themes were extracted from the interviews, and no original research was collected. Interviews with

representatives from organizations that work closely with FIM and their children were utilized to provide useful insights and anecdotal experiences as observed by the staff and directors employed at the organizations. Previous contacts through prior MPH projects/papers, were used to arrange interviews, as well as networking contacts and “cold call” outreach.

Interview Questions:

- What obstacles do formerly incarcerated mothers face when accessing child care for their children? (Affordability? Proximity?)
- Do issues of systemic racism play a role in finding child care for FIM of color? Does involvement with the justice system or past incarceration impact a FIM’s ability to access child care?
- Does the organization have current or past programs for supporting access to child care for FIM? What was learned about effectiveness or feasibility? What challenges do these programs face?
- Are you aware of programs/interventions done by other organizations or through policy?

RESULTS:

“Like other mothers our lives and the choices we make often revolve around the needs of our families but the conditions in which we must make these choices are decidedly different.”

(Gamez, 2015)

Project Aim 1: Through literature review and organization interviews, identify the barriers faced by formerly incarcerated mothers (FIM) in accessing child care for their custodial children.

(Articles from the literature review, and key concepts from interviews have been synthesized into Table I, in Appendix A.)

SPECIAL CONSIDERATIONS:

“Motherhood, under the gaze of the state, provides even more complications because women under the surveillance of probation, parole, and child welfare services have to negotiate reentry under the occurrence of multiple demands (Mitchell & Davis, 2019).”

- I. FIM must have immediate access to child care or risk losing custody or violating parole arrangements

A mother on parole must show she has employment, housing, and financial stability in order to regain custody of her children. After release from prison, formerly incarcerated mothers are often under supervision of the criminal justice system as conditions of their parole and/or probation. Additionally, the custody situation of their children is often also being supervised and managed by child protective services. Accountability to both agencies makes demands on FIM that require them to prove housing and employment (Child Welfare Information Gateway, 2021). Specific timelines for meeting the criteria for parole and custody vary by state and individual case, but the burden for proving that the criteria are met, falls to the mother. It is her responsibility to demonstrate to state agents that she is a suitable parent, by acquiring housing, employment and child care (Child Welfare Information Gateway, 2021).

For FIM, child care is essential to obtaining and sustaining employment. Most FIM qualify for child care vouchers based on income, through state programs. But mandated waiting periods (Jacobs, 2001) and voucher waitlists (NYC ACS) as well as lack of available openings (New York State OCFS) make it difficult for FIM to meet the conditions of their parole and custody agreements.

- II. FIM often have networks of friends and family that cannot be safely relied upon for care.

FIM depend on family for child care, even though these relationships can be detrimental to their custody and parole agreements. According to U.S. Census Bureau data, 41.3% of children who fall below the poverty line are cared for by relatives (Laughlin, 2010). Low-income families are more likely to use “kith and kin care” rather than center-based care (Laughlin, 2010). This could be attributed to both affordability and flexibility of informal care, which are both concerns for low-income families who often have unstable employment or work outside the standard hours of center-based child care. Formerly incarcerated mothers, however, lack the same access to kith and kin care because of various barriers including problematic relationships or incarceration among friends and family.

FIM risk recidivism by maintaining relationships with friends and family who are involved with criminal activity, have shared history related to substance abuse, or are otherwise unsupportive after their release from prison. In a study about substance abuse recovery in formerly incarcerated women, identity was articulated as being essential to women’s self-efficacy (Gunn & Samuels, 2020). “Kristy, a 30-year-old drug addict, explained how she justified her relapse: “[My sister’s] doing it [drugs] and I’m gonna hang out with her. And I’m gonna be around it and I’m gonna do it, too” (Cobbina, 2010). FIM reported that despite having family members who undermined their recovery identity and were detrimental to their recovery progress, they continued to maintain contact because they depended on these relatives for child care (Gunn & Samuels, 2020). Mothers who were able to find independent child care were able to withdraw from harmful relationships to “protect their recovery identity” (Gunn & Samuels, 2018). Reliance on friends and family, when it would increase risk of relapse and recidivism for FIM, is not a viable policy option to improve access for child care.

Furthermore, FIM often feel concern for the safety of their children in the care of relatives and friends. Two-thirds of paroled women reported having family members who had been, or were currently incarcerated (Cobbina, 2010). Mitchell & Davis (2015) report that sometimes mothers sacrifice employment in the absence of social support, when they feel their community is unsafe for their children. For Black FIM, the prevalence of the police force in their neighborhoods leads them to fear the safety of their children in the face of “state triggered violence”, leading them to depend on a community-based negotiation of tenuous child care conditions between formerly incarcerated women living in close proximity to one another (Gurusami, 2018). These tenuous child care arrangements are not recommended sources of reliable child care for FIM.

III. FIM have fewer sources of financial supports than other low-income mothers. FIM are often disqualified from financial supports and social safety nets available to other low-income families because of their past convictions and criminal justice involvement. The Personal Responsibility and Work Opportunity Act denied federal benefits to individuals convicted of a felony offense. While many states have amended the act so it is not a complete ban, it still remains an obstacle to FIM accessing TANF cash assistance as well as preventing them from accessing TANF funded programs. California, for example, uses TANF funds to provide child care to qualifying families, but FIM are unable to enroll their children in TANF-funded child care, because of their convictions (CLASP, 2022). Most state voucher programs include a co-pay for child care subsidies, which can be prohibitive for FIM who lack sufficient income and cannot apply for federal or state cash benefits. In addition to not meeting criteria for financial safety nets, FIM experience stigma and mistrust in government agencies that inhibits them from applying for benefits (Interview, October 2022).

IV. FIM seeking reunification are not aware of programs that could help them access and pay for child care.

The subset of FIM whose children are in state custody, are often eligible for reunification programs meant to support parents seeking to regain custody, but case worker communication with incarcerated mothers is inconsistent or in many cases, completely absent (James, 2006). As a result, mothers often do not receive information about mandatory case hearings or updates on their children and are not informed about programs and support services while they are incarcerated (Simmons & Feldman, 2010). Because of the Adoption & Safe Families Act, states are legally obligated to “release” foster children for adoption after a designated number of months (which varies by state from 15 to 24), permanently terminating an incarcerated mother’s legal rights to her children. As such, after release, the clock is already ticking for FIM whose children are in state care, to meet the necessary criteria for reunification (James, 2006). Without knowledge of available programs, FIM are at a disadvantage accessing child care and other supportive services as they transition and seek to regain custody of their children.

Project Aim 2: Identify what programs currently exist and identify what needs these programs are not meeting for FIM.

To address the first part of this aim, Table II lists existing options for families seeking child care.

TABLE II

Current Available Options	Description
<ol style="list-style-type: none"> 1. Family & Friends (Informal Care) 2. Child Care Subsidies/Vouchers (State and Federal) 3. Spousal Support 4. Access to Reunification Programs for CPS Cases 5. Access to Community Support Programs 6. Access to Financial Federal Benefits 7. Private Child Care 8. Existing Child Care Programs 	<ol style="list-style-type: none"> 1. Informal care is child care provided by friends or family that is not center-based care, it is common for many families, is more flexible, and more affordable. 2. Child care subsidies and vouchers are state and federally funded financial aid programs to supplement child care costs for low-income families. 3. Many families depend on a non-working spouse or co-parent for child care or financial support to assist in paying for child care. 4. Family support programs exists in many states for mothers seeking reunification when they've lost custody of their children. 5. Community-based support programs offer classes, resources, after-school programs, and child care assistance in some cities and neighborhoods. 6. Cash assistance programs like TANF are federal programs that give income assistance to families that fall beneath the poverty line. 7. Private child care is center-based care for infants, toddlers and school aged children. 8. Many cities offer early childhood education programs that function as child care, such as Head Start. Non-profit organizations also offer subsidized child care for low-income families.

Table III lists existing current available options, the special considerations faced by FIM, and how that impacts their ability access child care, in order to identify why the existing options are not adequate. Numbers in parentheses are coordinated to the special considerations identified in Table I. (See Appendix A.)

TABLE III

Current Available Options	Special Considerations for FIM	Lack of access to Child Care as a Result of Special Considerations
Family & Friends (Informal Care)	<ul style="list-style-type: none"> • Family and friends of FIM are often involved in illegal activities and/or substance abuse. • Safe child care is dependent on a strong network of safe caregivers. • Reliability – FIM are more likely to have friends/family involved with the justice system, leading to inconsistency and volatility. (9) 	<ul style="list-style-type: none"> • By using these relationships for child care FIM risk relapse and parole violations. Many FIM avoid this option for this reason. (1,6) • FIM have concerns about safety of their community and substance abuse of family/friends, are reluctant to use them as caregivers. (9,14,16) • FIM have weaker social networks and cannot use traditional relationships for informal care. (3,4,7,13,16)
Child Care Subsidies/Vouchers	<ul style="list-style-type: none"> • Wait lists make child care unavailable during crucial first weeks after release. • Mandatory Wait Periods create a gap in child care coverage for FIM. 	<ul style="list-style-type: none"> • Child care is essential during the first weeks so FIM can secure employment, meet conditions of parole, and gain custody. Child care is essential during the first weeks so FIM can secure employment, meet conditions of parole, and gain custody. (2,5)
Spousal Child Care	<ul style="list-style-type: none"> • FIM are more likely to carry sole responsibility for child care. (3,4) 	<ul style="list-style-type: none"> • Few FIM can rely on their spouse or the children’s father for child care when needed. (3,4)

Reunification Programs for CPS Cases	<ul style="list-style-type: none"> Incarcerated mothers do not have contact from case workers about reunification programs until after their release, delaying or preventing their access to these programs. 	<ul style="list-style-type: none"> FIM are not aware of child care programs and are therefore unable to use them. (20,22)
Community Support Programs	Black single mothers from disadvantaged communities have the highest rates of incarceration. (21)	FIM are unlikely to use child care programs not located within geographic proximity. (15,16)
Federal Benefits (Financial)	The Personal Responsibility and Work Opportunity Act denies federal benefits to individuals convicted of a felony offense.	Without federal cash benefits (TANF), FIM cannot afford the co-pays for child care vouchers. (12, 24)
On Site Child Care Programs	Existing programs for FIM have limited capacity and availability and can only meet the needs of a small number of women and children.	Most FIM do not meet criteria or cannot get a place in these programs, making this child care option unavailable. (19)
Private Child Care	FIM are statistically more likely to experience poverty.	Low-income families are less likely to place their children in center-based care. (10)

Race and Intersectionality:

As advocates seek to de-stigmatize incarceration after release, phrases such as “justice-involved individuals” have emerged to identify those who have been or are currently interacting with the criminal justice system (LINC). Justice-involved women of color face unique challenges, including women of color who are mothers (Mitchell & Davis, 2019). Leslie K. Brown, the Executive Director of Women’s Prison Association commented on the additional obstacles faced by formerly incarcerated mothers of color: “Being a Black mother and the barriers of systemic racism, sexism, and a shameful lack of community resources like affordable child care continue to increase” (Saxon, 2021). FIM of color face intersectional issues such as systemic racism; navigating complex systems within systems, including additional hardship accessing child care because of racism. “For Black women with incarceration histories, their intersectional identities intensify experiences of stigma, especially in the context of motherhood” (Mitchell & Davis, 2019). In recent years there has been an increase in research on the experiences of formerly incarcerated Black mothers, and the ways in which their motherhood varies from conventional ideas of motherhood (Mitchell & Davis 2019, Gunn et al., 2018, Gurusami, 2019). These women face inherent bias as they navigate motherhood post-release, and report being denied placement for their children in daycare centers if they are perceived as unreliable (Interview, September 26).

Project Aim 3: Recommend solutions to assist FIM in accessing child care, with a focus on the need for further research and advocacy on behalf of this vulnerable population.

PROPOSALS & RECOMMENDATIONS:

The third and final aim of this project was to propose recommendations to assist FIM in accessing child care, with a focus on the need for further research and advocacy on behalf of this vulnerable population. Table IV takes the special considerations identified in Table I and III, and by addressing the specific ways in which these barriers prevent access to child care, makes recommendations to meet the needs of FIM. The following recommendations are not comprehensive but address the unique barriers FIM face.

Expand existing programs by adding on-site child care and increasing capacity to reduce waitlists for FIM.

In New York City, Providence House is an organization that provides housing for formerly incarcerated women and their children. In addition to housing, they assist FIM in accessing substance abuse or mental health treatment, life skills training, financial management and other court mandated obligations, but there is no available child care on site. “Lack of on-site daycare creates a barrier. It creates a hardship. Mom can’t engage with her programs if she has kids with her, she doesn’t have the privacy to open up when she doesn’t want them to hear (Interview, September 26).” Adding on-site child care centers to existing residential programs would assist mothers in accessing child care, while utilizing existing administrative and infrastructural resources. Likewise, for existing reentry programs that do offer on-site child care, there is limited space for FIM and their children (Interview, October 13), and expanding the program would increase availability for housing and child care for FIM.

Eliminate disqualifying criteria from federal benefit programs that make FIM ineligible.

In 1996 the Personal Responsibility and Work Opportunity Act denied federal benefits to individuals convicted of a felony offense. States have the authority to amend the specific criteria that qualify or disqualify justice involved individuals. Changes in policy at the state level are needed to allow FIM to access federal benefits, the ban can be effectively eliminated by removing felony convictions as a disqualifying criterion.

Prioritize FIM as beneficiaries of child care vouchers.

Other policy changes that would improve access to child care for FIM would include exempting FIM from wait periods for child care vouchers or allowing incarcerated mothers to apply for vouchers before their release. In 2011, 44% of states had a policy of turning away families rather than place them on waitlists for child care vouchers (Marshall et al., 2013). Prioritizing FIM on wait lists for vouchers would improve their access to child care. Lastly, many states require parents to pay a co-pay with child care subsidies (Marshall et al., 2013), and eliminating these copays for FIM could remove an additional obstacle to child care.

Develop programs that pay for the shared labor of informal child care among FIM.

Gurusami observed that Black FIM shared the labor of child-raising in the absence of another supportive community. Because FIM lack the child care support from friends and family that many other mothers have, they look to other FIM for child care assistance. Program directors at organizations that work with FIM have observed this informal arrangement among FIM in their residential programs (Interviews, September 26 & October 13). Creating paid labor for this “collective motherwork” of child care could formalize these arrangements in more sustainable ways that would benefit mothers and children through labor and child care. Research has shown that women thrive in support systems that utilize ongoing relationships and connectedness (Covington, 1998).

Designate funding specifically for this marginalized population for research, advocacy, and program development.

The aforementioned program expansion, policy changes and program development require funding. In order to ensure that the specific needs of FIM are met, funding specific to this population is required. Additionally, further qualitative research is needed to explore this issue and gain broader understanding to the perspectives and experiences of FIM as they seek to access child care, and funding is required for said research.

Within the population of FIM and their children, is the further marginalized population of Black FIM. In order to compensate for additional intersectional disadvantage, systemic oppression, and institutional racism that further exacerbates all the issues FIM face, targeted interventions are necessary for this group. Cultural competence, research centering the voices of Black FIM, advocacy, and program development, particularly with community-based partnerships, is essential.

Gender Sensitivity & Trauma Informed Care:

In addition to proposed recommendations related to programs, funding, and policy changes, research shows that to meet the needs of FIM, gender sensitivity and trauma informed care is essential (Covington, 2002 & 2008). Covington has researched and discussed the impact of gender sensitive and trauma-informed programs, and this paper calls upon interested stakeholders to acknowledge the need for new programs to be developed through these frameworks.

Table IV

Recommendations	Example
Designate funding specifically for this marginalized population for research, advocacy, and program development.	Increased funding to expand existing programs or creating new programs dedicated to FIM and their children, in neighborhoods/communities with greatest need.
Further Research to explore unique barriers FIM face in accessing child care.	Qualitative grounded theory research design specific to FIM exploring barriers faced in accessing child care.
Develop programs that pay for the shared labor of informal child care among FIM.	Support for social networks that expand networks of informal child care. Community based programming for paid labor of child care by FIM for other FIM.
Expand existing programs by adding on-site child care and increasing capacity to reduce wait lists for FIM.	Adding child care services to existing residential programs for FIM and expanding programs to accommodate more FIM.
Eliminate disqualifying criteria from federal benefit programs that make FIM ineligible.	Expedited access to existing benefits for FIM by allowing FIM to apply for child care vouchers prior to release. Exempt FIM from mandatory waiting periods.
Prioritizing FIM as beneficiaries of child care vouchers	Policy change to give FIM priority on wait lists for child care programs. Eliminating copays for child care for FIM during transitional period.

CONCLUSION:

Increased incarceration rates for women, as well as improved understanding of intersectionality, trauma, and gender socialization requires an emphasis on developing and supporting programs that meet the needs of populations like formerly incarcerated mothers and their children. Research exists for formerly incarcerated mothers and housing, employment, and health care, but more research and programs are needed to understand and alleviate the barriers faced by FIM in accessing child care.

APPENDIX A

TABLE I

Source	Summary	Selected Quote	Special Considerations (Barriers)
<p>Reintegration Success and Failure: Factors Impacting Reintegration Among Incarcerated and Formerly Incarcerated Women</p> <p>Cobbina</p>	<p>Cobbina’s study data were collected from official records and in-depth interviews with 50 incarcerated and formerly incarcerated women in St. Louis, Missouri. The study was a comparative analysis of two matched groups of women on parole, the first group was re-incarcerated within 2-3 years of release, and the second group was not. Interview questions focused on crime, interactions with police, experiences in prison, correctional programs, people and agencies that impacted their reentry, as well as their experiences with parole and probation. Data was collected and analyzed through grounded theory and categorized into themes. Emergent themes addressed supportive relationships, unsupportive relationships, impact of parole officers and other reentry services, and competing demands. Findings illustrated complex relationships with family and support networks that can be both helpful and harmful, as well as helpful and harmful impacts of parole officers and the importance of post-release services.</p>	<p><i>“Kristy, a 30-year-old drug addict, explained how she justified her relapse: “[My sister’s] doing it [drugs] and I’m gonna hang out with her. And I’m gonna be around it and I’m gonna do it, too.”</i></p>	<p>1. FIM depend on family for child care, even though these relationships can be detrimental to their custody and parole agreements.</p>
<p>Collateral Costs of Imprisonment for Women:</p>	<p>Representative sampling was done to recruit 54 FIW on parole from a corrections facility in the western US. 70% were mothers and interviews took place over a period of three</p>	<p><i>“My sisters live out east and have their own lives with nice houses and kids. I am just an</i></p>	<p>2. A mother on parole must show she has employment, housing, and</p>

<p>Complications of Reintegration</p> <p>Dodge & Pogrebin</p>	<p>months. Qualitative data was categorized into conceptual domains including separation from children, obstacles to reunification and reintegration, and family support. Dodge & Pogrebin explore additional costs of incarceration related to isolation in community, loss of children and family, and shame and stigma from their identity as a criminal.</p>	<p><i>embarrassment to them. They won't have anything to do with me. I wrote them each a couple of times, cause when you're in a place like this, you realize how important your family really is, but they sent the letters back, and I've never heard from them."</i></p>	<p>financial stability in order to regain custody.</p> <p>3. Only 22% of incarcerated mothers receive support from their spouse/father of the children.</p>
<p>But Some of Them are Fierce: Navigating and Negotiating the Terrain of Motherhood as Formerly Incarcerated and Convicted Mothers</p> <p>Grace Gamez</p>	<p>For her dissertation, Dr. Gamez conducted life history interviews of formerly incarcerated mothers from multiple states in the U.S. Her interview questions covered general thoughts about motherhood, "marked status" for mothers after incarceration and activism. Audio files were transcribed, coded and categorized into the following themes: economic insecurity, health consequences, stigma, and identity. Gamez discusses how FIM are an understudied population facing unique obstacles after release, including child care.</p>	<p><i>"Like other mothers our lives and the choices we make often revolve around the needs of our families but the conditions in which we must make these choices are decidedly different."</i></p>	<p>4. Women in corrections system are more likely than men to carry sole responsibility for child care.</p> <p>5. Employment is essential to parole and custody – child care is essential to employment.</p> <p>6. Using these friend/family relationships for child care puts FIM at risk of relapse and parole violations</p>
<p>Promoting Recovery Identities Among Mothers with Histories of Addiction: Strategies</p>	<p>This analysis was adapted form an original study design after an emergent theme was identified relating to FIW and their relationships with family members. Reconstructing a new identity after release from prison has been observed to be an</p>	<p><i>"Some women chose to selectively engage in relationships with particular relatives, despite the presence of hurtful and stigmatizing</i></p>	<p>7. FIM maintain relationships with family members who are unsupportive of their recovery, because of</p>

<p>of Family Engagement</p> <p>Gunn & Samuels</p>	<p>important part of substance abuse recovery. Gunn & Samuels collected data from a residential support program for FIW in the Midwest. Researchers were immersed in the field for 8 months, documenting observations, and interviews with staff and residents. Findings include the tension of complex family relationships, how family relationships can inhibit the development of new identities, and especially when FIM depend on these relationships for child care.</p>	<p><i>relational dynamics...Findings show women engaged selectively even when these relative caregivers were described as discrediting participants' recovery identities by mistrusting the women's potential to become "good mothers."</i></p>	<p>dependence on caregiving support.</p>
<p>Motherwork Under the State: The Maternal Labor of Formerly Incarcerated Black Women</p> <p>Gurusami</p>	<p>Gurusami's observational study took place at a residential program for FIM in Los Angeles, California. Gurusami collected data from 35 women over a period of 18 months. Gurusami developed a three-part typology to explore strategies used by Black FIM: 1- collective motherwork, 2- hypervigilant motherwork and 3- crisis motherwork.</p>	<p><i>"One summer, I drove them to Kira's weekly parole appointments because Kira worried about Kyla's ability to withstand the Los Angeles heat during the two-hour bus ride and two-mile walk required to make it to her parole office, and she lacked reliable, affordable child care. However, Kira's parole officer told her that missing her appointments because she could not find child care was unacceptable; Kira risked reincarceration if she</i></p>	<p>8. Post-release Supervision by the criminal justice system (as well as CPS) increases need for child care. (Ex: Mandatory visits with parole officer.)</p> <p>9. FIM are more likely to have incarcerated family/community members.</p>

		<i>missed future appointments.”</i>	
Subsidized child care, maternal employment and access to quality, affordable child care Marshall et al.	Marshall et al. report family utilization data on the Massachusetts child care subsidy program through a cross-sectional survey of 665 families. Discussion includes patterns and correlations among low-income populations and child care. Findings note that families on wait lists have the hardest time accessing care, paying for care, and have the lowest quality of care.	<i>“Many states do not have the funds to provide subsidies to all eligible families; in 2011, two-fifths (44%) of states either had placed families on waitlists or had frozen intakes, that is, had a policy of turning away families rather than place them on waitlists.”</i>	10. Low-income families are less likely than other families to place their children in center-based care and are more likely than other families to use relative and neighbor care (kith and kin care). 11. Waitlist families have the least access to child care. 12. Most states require a co-pay with child care subsidies, which can be prohibitive to some families.
Formerly Incarcerated Black Mothers Matter Too: Resisting Social Constructions of Motherhood Mitchell & Davis	This study drew from five semi structured interviews of Black FIM in urban Texas. Mitchell & Davis use an intersectional, Black Feminist Theory framework to explore women’s parenting experiences post-incarceration. Interview questions focused on experiences of motherhood, reentry after release, and state supervision. Interviews were transcribed, “lean coded” and themes were identified. Emergent themes included, concern for the safety of their children, lack of support, and addressing other issues such as mental health and addiction.	<i>“Motherhood, under the gaze of the state, provides even more complications because women under the surveillance of probation, parole, and child welfare services have to negotiate reentry under the occurrence of multiple demands.”</i>	13. Black FIM have weaker social networks, and often cannot use traditional relationships for child care. 14. FIM fear the safety of their children in their communities and support networks.

<p>Challenges incarcerated women face as they return to their communities: Findings from life history interviews</p> <p>Richie</p>	<p>Richie’s article includes a profile of the population (formerly incarcerated women) gathered from previous studies, as well as data collected from qualitative interviews with FIW. The discussion evaluates gender-sensitive and culturally specific issues and concludes with research and policy implications. Richie calls for reform, policies that support community safety, access to comprehensive programs as well as mental health services, and mother-child programs.</p>	<p><i>Do you know what it is like to try to get through the day with an X on your back [criminal record]? People don’t want to hire you, no one wants to rent you an apartment, you can’t count on your family because they have given up on you, your church calls you a sinner, and no one trusts you. I’ve done my time. But coming home is like having to do time in your own community where folks just won’t forgive you or lend you a helping hand.”</i></p>	<p>15. FIW are unlikely to use programs not located within geographic proximity.</p> <p>16. FIW consider their communities to be unsafe and unsupportive.</p>
<p>Reentry and the (Unmet) Needs of Women</p> <p>Scroggins & Malley</p>	<p>Data for this study was collected from publicly available websites for women’s reentry programs in the 10 largest metropolitan areas in the U.S. 155 programs were included in the sample. The primary research question was asking if current programs are meeting the needs of FIW, with findings suggesting that in fact the needs of FIW are not being met, especially in the following categories: 1) Child care and Parenting Services, 2) Healthcare, Counseling and Substance Abuse Services, 3) Housing & Transportation, 4) Education,</p>		<p>17. Women with children must secure child care so that they can engage in education, job training, employment, rehabilitation, and other programs.</p> <p>18. Child care is the least frequently provided reentry service.</p>

	Employment & Job Training and 5) Social Support.		19. Program space and length-of-use restrictions mean FIM who need child care services are not able to access them.
<p>Parental Incarceration, Termination of Parental Rights and Adoption: A Case Study of the Intersection Between the Child Welfare and Criminal Justice Systems</p> <p>Simmons & Feldman</p>	<p>This case study examined the intersection between child welfare and the criminal justice system. Data was collected from case files of families in San Francisco along with court files, linking parents who had their rights terminated with their interaction with the criminal justice system. 61 cases were examined, and only instances where the child was adopted after rights were terminated. All cases involved mothers as the primary care givers. Information was collected about incarceration history, substance abuse, court interactions related to custody, and demographic data for children and mothers. Interviews with 20 FIM were also conducted.</p> <p>Recommendations included on-site, wrap-around services for mothers including treatment, housing, child care, employment and mental health services, as well as specialized social workers and home visiting nurses.</p>	<p><i>“An effective public health approach would assess a mother’s needs and provide intensive services the first time she interacts with the child welfare system.”</i></p>	<p>20. Incarcerated mothers do not have contact from case workers about reunification programs until after their release, delaying or preventing their access to these programs.</p>
<p>I am Not Your Felon: Decoding the Trauma, Resilience, and Recovering Mothering of</p>	<p>Williams et al. used purposive sampling to recruit nine participants from the northeast U.S. for semi-structured interviews and observations. Participants were formerly incarcerated women of color, eight of nine were mothers. Research questions focused</p>	<p><i>“Because family members selling drugs... They’ll sell to you. They’ll sell to their own mother just so they can get that money...They</i></p>	<p>21. Black single mothers from disadvantaged communities are the most likely to be incarcerated.</p>

<p>Formerly Incarcerated Black Women</p> <p>Williams et al.</p>	<p>on family support, whether or not participants believed that prison had rehabilitated them, and their perception of their reception back into society after release. The qualitative data was analyzed by a team of Black researchers who first broadly coded, then coding was refined and themes were identified. Themes were three-fold; trauma, mothering & resilience. Williams et al. conclude that generational oppression of Black women is exacerbated by the current mass incarceration trends. “While [Black women] may exist under a program of <i>conscious traumatic repression</i>, it allows them to live through the pain beneath the delusion of erasure and freedom. For these participants, this manifested as a most egregious consequence and terror of being formerly incarcerated and a Black woman in US society—for those who were mothers, the effects of this terror were immeasurable.”</p>	<p><i>didn't care. All they was looking for, the lifestyle or the money. So, they had the consequences that they had, and they dealt with it. So, they did their time. Now they come out, and they come back out doing the same shit.”</i></p>	<p>22. Incarcerated mothers have less access to reunification programs than mothers who have not been incarcerated.</p> <p>23. Black FIM are more likely live in communities that lack social supports.</p> <p>24. The Personal Responsibility and Work Opportunity Act denied federal benefits to individuals convicted of a felony offense.</p>
<p>Interview: Providence House</p>	<p>Providence House is a non-profit organization based in NYC that provides gender-sensitive and trauma informed programs and housing to formerly incarcerated women.</p>	<p><i>“Lack of on-site daycare creates a barrier. It creates a hardship. Mom can't engage with her programs if she has kids with her, she doesn't have the privacy to open up when she doesn't want them to hear.”</i></p>	<p>25. During the gap from initial release from prison until they can access child care vouchers, it is difficult for FIM to participate in essential and helpful transition services.</p>

<p>Interview: Hour Children</p>	<p>Hour Children is non-profit organization in New York that collaborates between correctional facilities and transitional services for FIM and their children. Programs include housing, employment services, child care, mentorship programs and a food pantry.</p>		<p>26. Drop-in child care is essential to newly released FIM, in order to meet their obligations to CPS and parole arrangements.</p>
<p>Interview: Ladies of Hope Ministries</p>	<p>The work of LOHM is to empower formerly incarcerated women and girls through programs that aid in access to housing, food, employment and health care, educational opportunities, and advocacy. The organization is based in New York but has offices and programs around the U.S.</p>	<p><i>“The [Adoption and Safe Families Act] increases time limits to regain custody and creates a sense of urgency for FIM, the clock is ticking from the minute they leave prison.”</i></p>	<p>27. Wait lists can be as long as two years for accessing child care subsidies.</p> <p>28. Inadequate orientation and information communication in prison and after release leave FIM without knowledge of what is available and how to access it.</p> <p>29. Stigma surrounding incarceration history creates fear for FIM to access programs.</p> <p>30. Children are not permitted at parole office visits, lack of child care leads to missed visits and parole violations.</p>

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