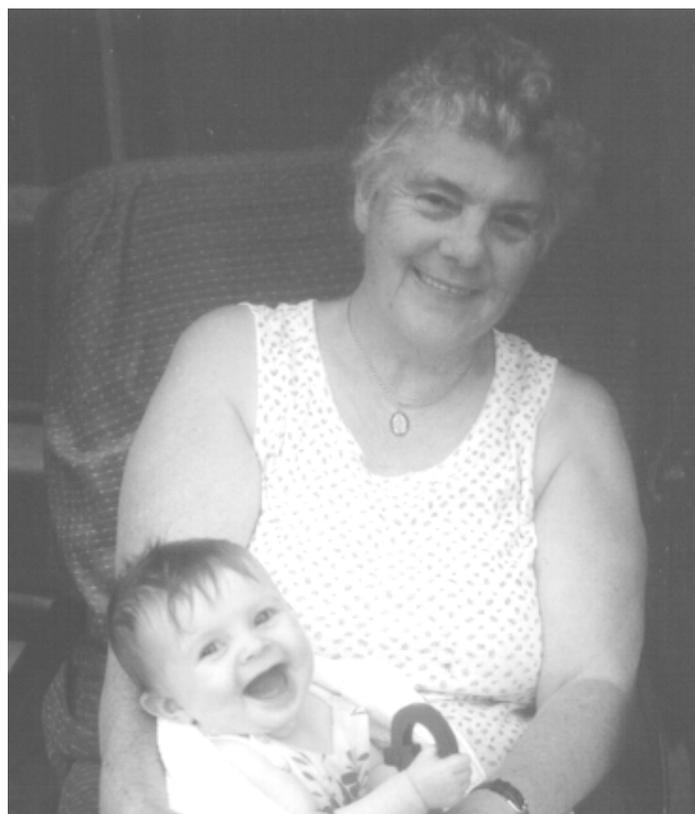


Caregivers of Children with Criminal Justice Involved Parents: Service Needs and Access Issues Made Visible



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Abstract

This research explores the unintended consequences of increasing parental incarceration rates: children who are left without parents, and the need for alternative caregivers to raise them. It examines the service needs and access issues identified by caregivers of children with criminal justice involved parents. The ultimate purpose of the study is to enhance the support of caregivers to improve their ability to provide stable and consistent care to these children. The paper cites national and international contexts of parental incarceration, its impacts, and responses to this phenomenon in several states including Vermont. By interviewing caregivers, this study responds to the related gaps in research and policy development. Caregivers were identified as foster parents, kinship (relative) caregivers, and child care providers. Data analysis highlights the experience and recommendations of Vermont caregivers. Three key themes were identified: 1) the importance of valuing the family, caregiver, and children; 2) the need for comprehensive, flexible, and responsive mental health support for children and caregivers; and 3) the need to establish holistic, coordinated, and flexible policy for meeting the needs of those families, children, and caregivers impacted. Recommendations for addressing these themes are discussed. This research recognizes that by including the voices of caregivers of these children we can ensure they do not continue to lose out.

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Caregivers of Children with Criminal Justice Involved Parents: Service Needs and Access Issues Made Visible

Introduction

Since its earliest beginnings in the late 1800s, the social work profession has concerned itself with improving the condition of children and their families within their environmental contexts. The central concern of the correctional system has been protecting society from the effects of criminal activity. Historically, the penal system in the United States has housed primarily male inmates, whose numbers have been steadily increasing. However, the past decade has seen a dramatic rise in the incidence of female incarcerations. It is estimated that 80% of these female inmates are mothers of minor children (Bloom, Owen, & Covington, 2003). The corrections system is currently examining interventions that will interrupt and reduce this trend of female imprisonment. Although there is widespread acknowledgment of the potential impact of parental incarceration on children, little attention has been given to identifying or coordinating the social services and supports that would optimize child development in these circumstances.

Parental incarceration does not happen in isolation, rather it is often a symptom of complex family problems. Children with incarcerated parents frequently have experienced poverty, frequent changes in housing, inconsistent caregiving, physical or sexual abuse, neglect, parental substance abuse, and/or mental health issues (Wright & Seymour, 2000). Highly vulnerable, these children particularly need to live in stable, supportive, and nurturing environments in order to mitigate the negative outcomes of parental incarceration that are predicated by statistical associations and cited in the

research literature. Parental incarceration offers social workers an entry-point into these at-risk children's lives to identify broader family issues and provide comprehensive intervention.

This research focuses on the unintended consequences of increasing incarceration rates: those children who are left without parents, and the need for alternative caregivers to step in to raise them. It first describes the national context for incarcerated women and their children and examines selected responses from specific states, as well as from several countries outside of the United States. It then focuses on the impacts of parental incarceration and highlights the experience and recommendations of Vermont caregivers, whose voices are represented in the interview data. Guided by the current literature, this study examines the service needs and access issues identified by caregivers of children with criminal justice involved parents. Finally, this paper discusses three key themes that emerged from analysis of the data. Recommendations are made for how these themes can be addressed in Vermont to enable caregivers to provide the best quality of care for, and meet the special needs of, children with criminal justice involved parents.

National Context

Women constitute the fastest growing population of incarcerated persons in the United States. Female incarceration is increasing at a rate twice that of male incarceration (Luke, 2002). In fact, the female prison population has tripled since 1985 (Kissman & Torres, 2004; Richie, 2004). In 1998, 950,000 women were under the purview of the justice system. Research suggests that the 'war on drugs' and subsequent tougher sentencing laws may account for this rapid growth; women are

more often convicted of low-level drug offenses than any other type of offense (Kissman & Torres, 2004). Women's incarceration constitutes a significant risk factor for their children's current and future success.

Nationally, mothers' incarceration is more likely than fathers' to lead to children's placements in foster care or with alternative caregivers such as grandparents. Data show that 90% of children whose fathers are incarcerated are living with their other parent (i.e. mother) as compared to only 28% of the children of female inmates (Bureau of Justice Statistics, 2000; Halperin & Harris, 2004). Peggy Arroyo, senior director of Alternative to Incarceration and Family Services programs at the Fortune Society, contends that incarcerating mothers is more damaging than incarcerating fathers. Arroyo stated, "When you incarcerate a man, you incarcerate the man... But when you incarcerate a woman, you incarcerate the whole family" (Obas, 2005, p. 3).

Women are not, on the whole, incarcerated due to parenting issues (i.e. abuse or neglect of their children) (Seymour & Hairston, 2001). They are more often imprisoned due to substance abuse or offenses of survival such as theft (Bloom et al., 2003). Men's offenses, typically involving violence or robbery, are seen by some as manifestations of their masculinity. Prisons are thought to be based on a masculine model, which perpetuates gender stereotypes and forces masculinity on women whose criminality is seen as an offense against their gender (Campbell, 2004). Prison programming has historically failed to address family preservation beyond family visitation. Specific statutes pertaining to parental incarceration are not included in child welfare laws. Very few state child welfare agencies have any special programming for children and parents affected by incarceration (Halperin & Harris, 2004).

One in eight children in the United States has experienced parental incarceration at some point in his or her life (Evans, 2006, Seymour & Hairston, 2001). These children have a 70% chance of becoming involved in the criminal justice system as adults (Bloom et al., 2003; Bureau of Justice, 2000; Evans, 2006; Wright & Seymour, 2000). However, there are few comprehensive policies in place in the Nation to ensure that these children's needs are met in a way that breaks the cycles of poverty, instability, and parental incarceration which they have experienced. Nell Bernstein (2005), a journalist who has interviewed a number of youth and their families in California, writes, "A parent's arrest is the moment when a child's invisibility is made visible; when it is communicated to him most explicitly how little he will matter within the systems and institutions that lay claim to his family," (p. 13-14).

The children of incarcerated mothers often grow up in households where domestic violence, substance abuse, single parenthood, and instability are the norm (Bloom et al., 2003; Seymour & Hairston, 2001). Research has shown that the children of women in prison experience poverty before, during, and after their mothers' incarcerations (Seymour & Hairston, 2001). They also experience emotional and psychological trauma related to these separations (Luke, 2002). Much of the literature contends that children of incarcerated mothers are among the most oppressed and vulnerable populations in the United States (Halperin & Harris, 2004; Kissman, 2004; Luke, 2002).

Though there is no accurate data on the numbers of children who are currently affected by maternal incarceration, studies estimate that many of the 80% of female inmates that have at least one child may have three or more children (Bloom et al.,

2003; Seymour & Hairston, 2001). Taken as a whole, mothers who are in some way under the purview of the State or Federal correctional systems in the United States are responsible for the care of an estimated 2 million children (Hanlon, O'Grady, Bennett-Sears, & Callaman, 2005; Luke, 2002; Surrat, 2003).

Grandparents are most likely to become caregivers of children with incarcerated mothers. The Bureau of Justice Statistics (2000) reports that more than half of the children in the United States with an incarcerated mother are living with their grandparents; one quarter are living with other relatives or friends; one quarter are living with their fathers; and ten percent live in a foster home or institution.

Responses from the States

In the February, 2002, issue of its "Special Issues in Corrections" publication, the United States Department of Justice published the services available in each state for families of prison inmates across the country. This report illuminated the fact that no state correctional department provided comprehensive services for every member of a family impacted by parental incarceration. The primary impetus for any policy initiative tended to be informal rather than instituted by statute or judicial litigation (Corrections, 2002). Further, few states have social services policies mandated to address the needs of children and caregivers impacted by maternal incarceration. Relevant policies that do exist are rarely state-wide and focus primarily on prison-based services for the incarcerated parent. These are most often delivered informally by interested non-profit or community organizations (see, for example, Texas' programs outlined at www.tdcj.state.tx.us/pgm@svcs/gokids/gokids-prison-program-listing.htm).

Several states, including Oregon, California, Michigan, and now Vermont, have

noted the dearth of policies concerning the issue of incarcerated parents and have begun addressing the need to identify and serve the at-risk children involved. The Children of Incarcerated Parents Project in Oregon, established by Senate Bill 133, makes policy recommendations, organizes trainings, and coordinates the activities of agencies in order to “improve outcomes for children whose parents are involved in the criminal justice system” (Project, 2002, p. 1). Recommendations by the Project include providing services and resources to incarcerated parents, their children, and those children’s caregivers.

Charlene Wear Simmons published a report on “California Law and the Children of Prisoners” (2003) in which she notes that “[t]he arrest of a parent of minor children is a family affair. It’s the precipitating event that catapults a troubled parent and his or her extended family into the public arena in a very visible and costly way” (p. 9). Research from Michigan discusses the impact of maternal incarceration on the “family structure” (Trzcinski, 2002, p. 14) and notes that “[t]he plight of children of incarcerated parents has become a very serious child welfare concern” (p. 20). Michigan also sponsored the Kinship Care Project and a Kinship Care Roundtable Series in partnership with the Michigan State University School of Social Work, focusing on kinship caregiver issues and policy recommendations.

While efforts are now underway to get true ‘counts’ and demographics of children impacted by parental incarceration, little research has yet been conducted on how to best serve these children and their caregivers. Sydney Gurewitz Clemens (2006) suggests that early childhood professionals offer an excellent vehicle for engaging and supporting young children affected by parental incarceration. Ann Adalist-Estrin, of

Incarcerated Parents and their Children Consulting Services, has drafted a series of articles published on the web by the Family Corrections Network specifically offering program and policy recommendations for children and their caregivers (Adalist-Estrin, 2006). The Oregon Department of Corrections published a booklet for caregivers in 2001 offering caregivers information on how to talk with and support children around parental incarceration (Sazie, Ponder, & Johnson, 2001).

The states of Michigan, Oregon, Washington, and California have all published substantial research on the subject of children of incarcerated parents and their caregivers. Nell Bernstein (2005) reviewed correctional policies and programs across the country and makes several policy recommendations including creating support groups for children of incarcerated parents and training staff “at institutions whose constituency includes children of incarcerated parents to recognize and address these children’s needs and concerns” (p. 265). These institutions include not just clinical settings, but schools and child care settings as well.

Other countries, including Canada, New Zealand, and Australia, have been looking at the impact of parental incarceration on children. Their reports indicate children are substantially impacted by parental incarceration, but they offer little in the way of service recommendations beyond maintenance of parent-child contact, parenting programming for inmates, and mentoring for children. While the social and financial burdens on caregivers and the importance of stable caregiving arrangements for children are acknowledged, broad policy and programmatic recommendations specific to address these issues are notably absent from current research.

The Vermont View

Reflecting national trends, in 2005, on any given day, there were 155 women housed in Vermont's prisons; the average number in prison as of June, 2006, was 170 women (Evans, 2006). Three thousand women are involved in Vermont's criminal justice system at any given time (Evans, 2006). Ninety per cent of these women are single, divorced, or widowed (Evans, 2006). While 80% of incarcerated women in Vermont are mothers, 70% have children school-age or younger with 22% of their children aged birth to four (Evans, 2006).

According to a Vermont Department of Corrections (DOC) survey on June 30, 2003, the Dale Facility in Waterbury, Vermont housed 55 women. Forty-two (76%) had children, totaling 89 children in all. There is no formal data collection on the number of children in Vermont who are affected by the incarceration of one or more of their parents, nor data on where these children are living while their parent(s) are incarcerated. However, between 2,400 and 3,600 children were estimated to be impacted by their mothers' involvement with the Vermont correctional system in 2006.

While the Vermont DOC tracks health and mental health services delivered to inmates, it does not yet track family-specific programming. In addition, the Vermont Department for Children and Families (DCF) has no formal method to track the number of children placed in foster care who have one or more parents incarcerated. The Child Development Division (CDD) tracks the number of children receiving mental health services or accessing benefit programs such as Healthy Babies, Kids and Families, Family, Infant, Toddler Program and child care subsidies, but not the demographics behind these children beyond income levels required for eligibility. There is no record

keeping entity in Vermont that documents children's connections to parental involvement with the Department of Corrections.

Vermont has begun to respond concretely to the needs of children with incarcerated mothers through a variety of programs within various state and community agencies. The Vermont Kin as Parents (VKAP) organization is a grassroots advocacy group created by kinship providers. VKAP encourages the creation of support groups, offers resource information, and advocates on behalf of all kinship providers, not just those impacted by parental incarceration. In the spring of 2006, VKAP completed a kinship caregiver needs assessment which was submitted to the State.

The Vermont Children's Aid Society (VCAS) sustains staff in both the Windsor and Dale correctional facilities to offer parent education and support mothers in maintaining contact with their children through the Mother's and Families United program. VCAS has also recently received a grant to support Kids A-part, a program with one staff person currently serving Chittenden County, which seeks to address the needs of children whose parents are in prison and their caregivers. Tara Graham of Kids A-Part is in the process of conducting a survey of needs and issues facing these children and caregivers. Graham reports that preliminary findings reflect national data: caregivers are primarily grandparents, most are not connected to services, nor are they aware of resources available to them. Graham's findings also indicate the need for children to have mentoring services, and caregivers to have resources such as reading materials about having a parent in prison.

The Family Tree Access Center created a "Very Involved Parents" program within the male correctional facilities in Rutland, St. Johnsbury, and Derby line. This

program encourages and supports incarcerated fathers as they seek to gain parenting skills and maintain contact with their children. The Vermont DOC has also partnered with other service providers to offer parenting support programs, including Head Start, grief/loss support groups, and groups that support parent/child contact within correctional facilities across the state. Through legislative mandate, the State Agency of Human Services, in partnership with the criminal justice system and Vermont Communities, created the Incarcerated Women's Initiative (IWI), which seeks, as one element of its effort, to work with children whose parents are incarcerated. The IWI also has sponsored training for service providers and caregivers around specific issues facing incarcerated mothers and their children.

The Vermont DCF has partnered with the University of Vermont to begin to gather data on the numbers of children impacted by parental incarceration. The Vermont CDD recently conducted a study of early childhood service providers' involvement in the IWI and made recommendations for expanding the involvement of this population. Additionally, working with VKAP, the CDD has expanded child care subsidy regulations to be more inclusive of the needs of kinship caregivers.

However, as with other states in the nation, Vermont's efforts remain largely dependent on contractual arrangements between state and community service providers. Community service providers are dependent on time-limited grants for most of their programming. Services and supports remain inequitably available across the state, and few focus on the needs of children and their alternative caregivers impacted by parental incarceration.

Impacts of Parental Incarceration

The literature has identified the effect of parental incarceration on children, noting their normal development is interrupted by the loss of a parent and associated stress, including shame, guilt, and lack of trust (Martin, 2006). These children often exhibit poor academic and social skills reflecting poor concentration, low self esteem, and behavioral and attachment issues; they are also more likely to experience depression, drug abuse, and juvenile delinquency due to a profound sense of loss and abandonment (Australia, 2005; Oregon, 2002; Seymour & Hairston, 2001; Simmons, 2000).

Caregivers of these children bear the fallout of these issues and behaviors. Often, however, they receive little or no support in their care giving. Yet these caregivers face a disruption of their households, economic strain, and uncertainty. Frequently they assume responsibility for the children on very short notice and with the intent that it will be a temporary arrangement. However, as women's sentences average 2-5 years in duration, these arrangements may continue for much longer than caregivers are prepared (Wright & Seymour, 2000).

When a mother is incarcerated, her children are usually placed with kin, most often maternal grandparents (Children's Defense Fund on the web, 2005; Wright & Seymour, 2000) whose income and health benefits are insufficient for meeting the needs of young children. It is estimated that over 50% of children are under the age of ten (Adallist-Estrin, 2005). Most grandparent caregivers will reach retirement age before these children leave their homes, but find retirement plans must be postponed while they raise their grandchildren (Phillips & Bloom, 2001). When relative caregivers face the need to liquidate retirement savings to meet the children's needs, sell their homes,

or compromise their own health or family choices, the caregiving arrangement may break down (Phillips & Bloom, 2001). Children may move among relatives for a time before ultimately being brought into the formal child welfare system (Nolan, 2003; Phillips & Bloom, 2001). Once children come into the child welfare system, parents become more likely to lose their parental rights as the Adoption and Safe Families Act (ASFA) regulations begin to impact them and their children (Luke, 2002, Halperin & Harris, 2004).

Rarely in the literature are child care providers recognized or discussed as caregivers of these children. Though oftentimes, as will be discussed later, child care providers clearly take on more than a professional role with these at-risk children and their families. In response to this lack of recognition, Sydney Gurewitz Clemens, an early childhood teacher, has conducted her own research and makes recommendations to assist caregivers in engaging young children around issues of parental incarceration (Clemens, 2006).

The literature is also largely silent as to the impact of parental criminal justice involvement on children and their foster parents. This lack of research may be complicated by the fact that there is no formal mechanism for determining how many children are in foster care due to parental incarceration. However, because the ASFA does not recognize when a parent is separated from his or her child due to incarceration, many incarcerated parents lose their parental rights because of extended prison sentences and their children are adopted by their foster parents (Wright & Seymour, 2000; Seymour & Hairston, 2001). Therefore, the State should assume a role in assisting the caregivers of the children of incarcerated parents, whether they are

relatives or non-related foster parents (Bloom & Steinhart, 1993).

Resources to support caregivers and children are often inadequate to meet the special needs of these alternative caregiving arrangements. Services typically require the caregiver to have legal responsibility for the child, which many do not have, or at least may not have for the 30, 60, or 90 days required for guardianship cases to be heard in probate court. Other times caregivers may not be aware of services and how to access them. Still other caregivers may be reluctant to seek services for fear of child welfare involvement, the stigma associated with receiving assistance, or because the parent may not approve and may retaliate by removing the child from their care (Bates et al., 2003; Nolan, 2003).

The lack of services, poor outreach to caregivers, and caregivers' reluctance to receive services combine to undermine the stability of these alternative care arrangements, compounding issues for children. These disruptions can have serious consequences for children's future success. Yet research has shown that alternative caregivers who receive appropriate support services have the potential to provide children with much-needed stability (Nolan, 2003). When children are in child care or foster care settings, appropriate supports to address specific emotional and behavioral needs promotes their stability in those settings. When caregivers are relatives, this support is critical to keeping these children from entering the foster care system. This current research seeks to determine how we can best support children with criminal justice involved parents by hearing the voices of their alternative caregivers as they seek to provide them with stable and consistent care and meet their special needs.

Method

Recruitment of Participants

Informants for this research were alternative caregivers, who, for the purposes of this study were defined as licensed foster parents (n=8), kinship care providers (n=11), and licensed child care providers (n=10). Letters inviting participation were included with all paychecks mailed to foster parents licensed by the State of Vermont Family Services Division on December 5, 2006 (approximately 1,500 foster parents). From this mailing, the Northwest Family Institute contacted this researcher advising they were forwarding this letter inviting participation to all of their foster homes. A notice was posted in the Vermont Kin as Parents newsletter for December 2006, and again in February 2007, inviting participation of kinship providers. This newsletter is distributed to approximately 2,000 kinship providers throughout Vermont. Finally, letters inviting participation were sent to all child care providers licensed and registered by the State of Vermont Child Development Division as of October 31, 2006 (approximately 2,500 providers).

Interview Procedures

Interviews were conducted with alternative caregivers of children with criminal justice involved parents to identify the supports and services they believe do, or would, enable them to provide stable, high-quality, and responsive caregiving. This interview method is in keeping with recommendations offered by studies such as those done by the Jane Addams Center for Social Policy and Research, which suggests that “persons whose lives are directly impacted by incarceration must be involved in the ...evaluation of programs, policies and research efforts designed to meet their material, emotional and informational needs” (Bates et al., 2003, p. 8; see also Australia, Children, 2005;

Oregon, 2002; Simmons, 2000).

All caregivers who participated in this study were interviewed by phone and asked two questions:

What formal or informal services or supports do you currently access or would you find helpful to assist you as you care for a child with a parent(s) involved in the criminal justice system?

What gaps or barriers have you encountered as you have sought services to care for a child with a parent(s) involved in the criminal justice system?

Additional questions were asked only as needed to gain clarity around an answer given by the interviewee to one of the questions asked above. The interviews were then transcribed and broken down by caregiver type. Within caregiver types, specific topics of concern were identified. The study results retained direct quotations from the interviewees under each topic heading as much as possible. Overall, this study followed the participatory action research methods described by DePoy, et al. (1999). Action research provides “an excellent vehicle for social change that emerges from and is controlled by those affected by the systems that are in need of revision” (DePoy et al., 1999, p. 561).

Data Analysis.

The interviews of caregivers were aimed at soliciting opinions and experience from the perspectives of the respondents. Accordingly, the questions had a significant amount of face validity. As such, they were examined through content analysis which addressed valued services and noted gaps, as well as noteworthy experiential phenomena. Specific programmatic recommendations made by individual caregivers

during the interviews were compiled and are included in Appendix A. Themes shared by more than one respondent within a caregiver group are presented in the findings.

Findings

Foster Parents

Eight foster parents responded to the study from the following areas of the state: two from Bennington, two from Burlington, one each from Springfield, Rutland, and Hartford, with the remaining respondent not identifying an area. Many of them had also adopted children formerly in foster care. Their responses addressed the topics of 1) specialized mental health services, 2) training and information resources, and 3) valuing the family, caregiver and children.

Specialized mental health services. Most foster parents noted that they felt supported and were able to access or receive basic health, mental health, and case management services necessary to care for those children impacted by parental incarceration. Almost all foster parents noted that the medical coverage through Dr. Dynasaur and Medicaid have been a help in meeting children's needs. Most children in their care were receiving counseling support; however, several note insufficient crisis or high-level mental health services in their area. One foster parent noted:

[Mental Health] Treatment services are weak in general in Vermont. For example I can't get an attachment therapist because there aren't enough to go around in our area. I still don't have a crisis plan for the child I have coming out of the Brattleboro Retreat. Getting things like crisis plans and other services takes too long. There are insufficient resources, so even if you get funds, there are no providers available when you need them. Services are so overwhelmed - you are

on waiting lists.

One caregiver explained that her adopted children have had the same therapist throughout their years in foster care and into their adoption which was extremely beneficial to them. All foster parents noted that the children in their care experienced some form of mental distress as a result of their separation from their parents. Some noted this distress exhibited itself in extreme behavioral outbursts, while other children felt abandoned and became either withdrawn or over-achievers. Foster parents generally noted that there is no “one-size-fits-all” approach that can be enacted to address these children’s needs.

Training and information resources. Several foster parents noted that there are no special services available to children experiencing parental criminal justice involvement. Two noted that they and their foster children experienced fear of an incarcerated parent being released and finding out where they live (one was aware the biological parent could be violent; the other was given no information about the incarcerated parent). Four foster parents discussed how beneficial they would have found training on the issues faced by children experiencing parental criminal justice involvement or incarceration. One stated that when her foster children arrived they had many questions about their parents and she did not know how to respond to them; she said she wished she had a pamphlet or book about how to talk with them about this.

Several foster parents noted the importance of educating service providers, prison staff, and foster parents – especially legal-risk foster parents (those who foster with the intention of adopting should the child be legally freed for adoption), about the benefits of contact with the incarcerated parent. Such training should include ways to

ensure this contact remains positive and supportive of the children involved. One foster parent echoed the thoughts of others, saying it is important to prepare caregivers and children for what to expect when visiting parents in prison. Another noted that incarcerated parents need to be prepared for visits, and supported by prison staff/volunteers, to ensure they keep content safe and positive. The foster parent pointed out that “Even if kids never see those parents again, they've had those good moments with them.”

Valuing of the family caregiver and children. The importance of service providers’ respect for families and children was raised by foster parents. One spoke passionately about the need for training service providers in this regard. As she explained:

If you don't educate the heads and the service providers on the front line about their responsibility to treat consumers humanely then nothing is going to change.

The disrespect or lack of value they have for caregivers and consumers comes from the top.

Several foster parents noted that this ‘lack of value’ exhibited itself as Family Services social workers and mental health case managers not calling them back in a timely manner, not keeping them informed of relevant parent and case issues, and not including them in discussions and decisions about the children in their care. “Due to lack of training and accountability, there is poor communication between caseworkers, caregivers, and foster children,” said one foster parent, “You need to listen to caregivers about what kids need.” Another foster parent noted that a social worker required a child to visit her parent in prison, even though this had a very negative impact on the child. “I believe in giving parental contact a chance as long as it is good for the child,” she said,

“But, the child's needs should be at the forefront of decisions.”

Still another foster parent, who adopted several children from the foster care system, described the pressures that adoptive foster parents face when the difficulties that children were experiencing place their families under extreme stress. She stated:

DCF says, “What would you do if it were your own child?” as if my own child would come with the same history. There are all kinds of pressures about being 'bad parents' - by not sticking with a troubled child. I can't fault those who have failed adoptions because at least they've tried. There is this really weird thing that happens where these families either keep going and are really struggling through to the detriment of their family, or they give up out of frustration because they can't get the help they need; then they are judged for that. There needs to be more sensitivity around the needs of the adoptive family. There are a lot of judgments of them. Take people where people are at.

The importance of seeing the caregiver as having a useful perspective to offer regarding children's needs was echoed across all caregiver types. One foster parent discussed this 'valuing' of individuals this way:

If we want these kids and families to feel valued then we have to treat them that way. In order to treat people as if they have value, you have to believe they have value. That is a training issue. It is a core value a social worker must have. Families that walk in to DCF don't have the energy to demand respect. They are hurting, beat down, and angry. If we speak poorly of people's families, then aren't we speaking poorly of them? Think about why you are doing what you are doing. Are you doing it to help the child or hurt or punish the parent?

Another foster parent noted the importance of speaking respectfully of a child's family, saying:

You can't take the parents away from the kids [meaning their emotional connections and memories of them]. I've always spoken positively of their mother saying things like, 'she's pretty, she was bright - good in math like you are...'

You can't take the family out of the child. The child will care for you more if you care for their family.

It was apparent from the interviews that foster parents served as significant resources and advocates for the children in their care. These caregivers ensured children received needed services and supports, were able to visit parents when appropriate, and remained stable in their homes and schools. Most of these foster parents have had their foster children for many years. One foster mother described her inexhaustible advocacy for her foster son to stay in school, "He got such a bad start. It's been a struggle and I know that because I have been struggling with him."

Kinship Caregivers

Ten kinship parents responded to the study from the following areas of the state: five from Burlington, two from Montpelier, one each from St. Albans, Morrisville, and Springfield, with the remaining respondent not identifying an area. Three had relative children placed with them from the foster care system, the rest were guardians of the relative children in their care with one in a tenuous informal caregiving arrangement with her grandchild's mother. All but two were grandmothers. One was an aunt; the other was a biological mother who responded because her child's father was incarcerated. Their responses reflected the topics of 1) dissatisfaction with most services, 2)

inadequate respite care, and 3) valuing the family, caregiver and children.

Dissatisfaction with most services. Most kinship providers indicated they felt largely unsupported by the services and systems in their areas, with the exception of those whose children were placed with them through the foster care system. This disparity in support was made most apparent by several kin providers noting that they felt that if their children had been in foster care they would have received the mental health services they so desperately needed.

When seeking services, a kinship caregiver said, "I hear this all the time [from service providers], 'God bless you. You guys are doing a wonderful thing. Sorry we can't help you.'" She discussed how she found this both frustrating and insulting. Another stated that she:

would love access to the foster care system for the stipend to support these kids and the access to services. RUFA [Reach Up Financial Assistance, essentially Temporary Aid to Need Families Child-Only grants] doesn't come close to covering the needs of these kids and we get \$127 per month in food stamps [she has 5 kinship children and 4 biological children in her home]. There needs to be some kind of law in place for people who become a permanent guardian - a grant or something.

The exception to this dissatisfaction was the benefit many kinship caregivers found in participating in support groups. These are located in Milton, Burlington, St. Johnsbury, Montpelier, Waterbury, Williamstown, Rutland, and Middlebury. Kinship caregivers stated that, because support groups are not available state-wide, many participants must travel from other counties in order to participate in them. Every group

has a component for children, effectively nullifying the need for kinship caregivers to seek respite care in order to attend. Some kinship providers noted that support groups provide a useful social connection, with others citing them as a way to network and learn about services and how to access them. One caregiver noted that she continues to attend her local support group, even though she describes herself as not experiencing any difficulties right now in caring for her grandchild. She explained, “I understand people when they come to these groups and say they are exhausted, overwhelmed and feel like everyone is against them. I know my experience can be of some value to them.”

Inadequate respite care. The need for and lack of respite care was a resounding theme among kinship caregivers. Many talked about the fact that parenting again at the age of 60 or older, or of doubling the size of their family, as in the case of a young aunt interviewed, was made more difficult by the fact that they never got a break. Most indicated they either had no one they could leave the children with, or the children’s issues were such that they did not feel comfortable or safe leaving them with another caregiver.

Several kinship care providers pointed out that they are unable to meet their own health needs because of the child’s numerous appointments or caregiving demands. Married caregivers noted the strain on their relationship as intimacy suffered due to exhaustion or simple concern over needing to be discreet with a young child in their home. A single caregiver described that she had lost a primary social connection when her grandson came to live with her – she could no longer attend her weekly bingo game. She explained, “I know I can do the rest of it because I live on the bus line so he

can do things the other kids do. I just need to get out and do things. I need a break!"

Another grandmother indicated that the respite she currently receives, three weeks per year, was insufficient. She described being the sole caregiver of her grandson as: "It was like living in a nightmare." Her daughter has since been released from prison during the week and serves her sentence on weekends. This enables her daughter to care for her grandson all week, maintain her employment and apartment, and for this grandmother to be responsible for the care of her grandson only on weekends.

Many caregivers described how their determination and advocacy enabled them to obtain services and supports, including informal respite supports on occasion. Some caregivers described how they tapped into local churches for resources such as clothing for their relative children. Others swapped caregiving with neighbors in order to get time for themselves or playmates for relative children. One said that she knew that if, "I just kept talking to people I could find a resource."

Valuing the family, caregiver and children. The issue of valuing the family, caregiver, and child also emerged in interviews with kinship caregivers. Several indicated feeling taken advantage of because they did not know their rights or for what services they were eligible. One caregiver stated that she felt she had no "credibility" with service providers. Another explained she did not know what a status hearing was or a case plan. She said she felt Family Services:

took advantage of the fact that I didn't know what I was doing. I didn't know I could speak up or that I had any rights. Had SRS worked differently they could have had an ally in me, but they treated me so poorly there was no way I trusted

them enough to want to help them. They didn't make it possible for me to trust them.

She cited an example of this as the fact that they did not return her calls. She went on to say that, “people have the sense that nobody really cares. Together we could have worked out a different outcome or solution through this process.”

Many kinship caregivers spoke of the frustration they experience as they try to access state support for the children in their care. One spoke with fervor about feeling disrespected by service providers:

I've been through a lot, but I've found that people just aren't there - they could care less. Social Services looks at grandparents like they are a piece of crap! The worker wasn't very nice when I grieved the denial of my grandson's benefits. I asked for a supervisor and got him his RUFA back. OCS [the Office of Child Support], however, dropped his father's child support case because he was in jail and so they said they couldn't get anything. I thought this was supposed to be about the child, but it's not.

Many kinship caregivers felt the struggles they encounter on behalf of the children they care for were undervalued. They discussed how their social security, pre-retirement employment, or current jobs were insufficient to meet their relative child's needs. Some described how meeting their grandchildren's needs have caused them extreme financial hardship, eating up retirement investments and savings, or requiring them to refinance their homes. One caregiver lamented:

It sounds so sad that it comes down to being about the money, but I spent a lot of time and money helping to keep this family intact before my grandson came to

me and I have since had to refinance my home and I am now looking at very little retirement. I am 62. My mortgage isn't even paid down 80% yet!

She said she would love to adopt her grandson, because he was legally freed for adoption. However, since he came into her care through probate guardianship, she knows he would lose his benefits because her income would be factored into his eligibility.

Kinship caregivers described feeling devalued when they tried to get answers to service and eligibility questions: "No one knows the answer to anything. I call for help and get sent all around - there is a lot of bureaucracy and red-tape." Some acknowledged the struggle they had getting child care benefits, explaining, for example, that it seemed family center staff needed training in the child care subsidy regulations. A few caregivers have employment that enables them to understand some aspects of the 'system,' such as Medicaid, economic and human services. These caregivers count themselves fortunate to be familiar with the system as it helps them access services, and this makes them aware of what others do not have.

A kinship provider acknowledged that DCF workers need training explaining, "they don't understand the enormity of these issues." These included contact issues with parents, legal problems with their caregiving arrangements, caregiver and child health concerns, children's mental health, the losses both the children and the caregivers face, and single parenting. Basic things become very complex for these families. For example one caregiver stated it would help if she had a 15-passenger van. She and her husband have four biological children and are caring for five nieces and nephews. She explained that in order to transport all the children they have to take two

separate cars; she missed being able to travel in the same vehicle with her spouse.

On the whole, kinship caregivers felt many of their concerns were under-addressed. Several discussed the need for mentors or support groups for their relative children, others talked about needing better mental health supports for these children, and still others indicated a priority of ensuring their relative children's needs were sufficiently met. Caregivers tended to put the needs of the children they care for above their own. One described how she has lost out on being a grandmother because she now has to parent; how her grandson misses out on time with his aunts and uncles because they feel his grandmother prefers him over their children; and how she misses out on being able to be a grandmother to her other grandchildren, "because I get tired and don't get to take them as much." Many discussed having only a day or even a few hours to make a decision that, according to one caregiver, changed the direction of her life. Every kinship caregiver said they would make the same decision, to take in their relative's child, all over again.

Child Care Providers

Ten child care providers responded to the study from the following areas of the state: three from Montpelier, two each from Rutland and Bennington, and one each from St. Albans, Middlebury, and Springfield. The responses of this understudied caregiver group represented the topics of 1) commitment to families, 2) training and resource issues, and 3) valuing the family, child care caregiver and children.

Commitment to families. Child care providers described a commitment to these children and families that went beyond their professional caregiving role. Several caregivers talked about providing a supportive net for the families in their care: caring

for children outside of their business hours without reimbursement, trying to help parents find and access supports, even responding to calls in the middle of the night to pick children up from the police station when their mother was arrested. One child care provider described how she tried to help a father, whose child's mother was incarcerated, look for financial supports for which he might be eligible. Another described how she cares for a child who is placed in a foster home and they regularly get together with another child care provider who cares for his sibling so they can retain the children's relationship as brothers. A center director explained that when her staff is aware that a family is having difficulty they will encourage them to seek Reach Up assistance, or refer them to the local family resource center to connect them to resources.

Many expressed concern over children's home situations and the struggles of their caregivers. Child care providers noted the importance of stability in living arrangements for children. One described how one family of children in her care seemed to be, "shuffled from one family member to another" on a regular basis. She described the situation of another child, who, in contrast, receives consistent and structured foster care. This child care provider described how the advantages of this stability spill over into the child care setting as the child has consistent attendance, is well-rested and therefore better able to participate in preschool programming. She noted that, "No matter whether it is kinship or foster care, [the child's home] must be consistent and stable. Stability is critical to a child feeling safe."

One child care provider described a child in her care as being an "unofficial member of her family." This provider explained that he, "has his own room in our home,

he goes to church and on vacation with us. If I'm going to be away I arrange child care for him, so that I know he's okay." This child entered her child care at 18 months of age and he is now 11 years old. She explained:

I think the most difficult issues with this child have been emotional ones - his hurts and not being able to trust. It's been heartbreaking not to be able to fix things for him. I have needed to get counseling myself to help me deal with my fears for him and my discouragement every time there is a set-back.

The child care provider explained that she and her husband, "are committed to seeing this child through his growing up years and we will find a way, God-willing."

Training and Resource Issues: Many child care providers said they needed help in accessing services for children and knowing how to talk with them about parental arrest and incarceration. Some found resource information on line, or pictures of rehabilitation facilities that could be shown to a child. One caregiver explained that, "At lunch kids say 'my dad's in jail' another kid says 'what'd he do?' The parents don't talk about it, and I don't know what to say. I just let them talk."

Child care providers also describe difficulty in getting help for children's behavioral issues in their child care settings. One provider explained that a, "child has been through a lot of child care providers because she is mouthy and rude and doesn't listen." The provider explained that the mother, who is involved with the department of corrections, has no back-up child care so the provider feels "caught and beholden to help her out."

Those child care providers who worked in center-based care appeared to better utilize existing resources for children experiencing emotional or behavioral difficulties.

One explained how, by using Children's Upstream Services (CUPS), in her center she was able to address one child's sensory needs. She explained that, "CUPS is a good resource when children have behavioral issues that go beyond the norm." The CUPS provider worked within her preschool classroom conducting a dance class integrating the child who was having difficulties along with his peers and in that way, "the whole class benefited." She noted that it seemed more beneficial to have CUPS services delivered at the child care center, noting that parents tend to be reluctant to invite service providers to visit their homes.

Other providers noted that Protective Services trainings, although useful, should incorporate more of training on how to deal with issues that children of criminal justice involved or substance abusing parents face, including instability, emotional and behavioral issues, and attachment difficulties. Again child care centers seemed to access more diverse training opportunities. One center-based provider described how staff at her child care center attends Prevent Child Abuse Vermont workshops and others offered through the Child Care Project out of New Hampshire for significant trainings on specific issues such as the impact of divorce on children. She noted that whenever training is offered at her child care center families are invited to participate. Two home-based child care providers noted that they were unaware of any services they could access to help children in their care.

Valuing the family, child care caregiver, and children. Child care providers expressed a desire for service agencies to recognize them as a resource for children and their families or alternative caregivers. Several caregivers said they felt out of the loop on what is happening in children's lives. Some say children might be living with

grandparents or foster parents, but that the child care provider had no idea where the parent was or why the child was not living with him or her. One provider explained, “the families don't talk about what is going on to me or even amongst themselves, so I often do not know what is really going on for a child around behaviors or issues I might see in my child care.” Child care providers asserted that knowing more about children's situations can help them help children better. A child care director affirmed that communication with service providers is currently crisis driven. One provider explained that, “Caregivers need to be seen as a resource; we spend time with kids in a very different way, we would have value at the table [among service providers trying to determine how best to help a child].”

A provider, who is regularly included in team meetings for children in her care who are State custody, explained the benefit she has found in being involved: “We are their caregivers and see them most of the time. We do more than just take care of the child; it's helpful to be part of the team and understand what is going on for them all around.” She recommended that all child care providers should be part of the case team. She suggested that:

DCF workers should go to the child care personally if necessary get to know the child care provider just as you do the parents, because child care providers can talk to parents about the kids and should be able to communicate with DCF in the same way. Ultimately DCF has custody of these kids. We need to know DCF as parent/guardian. Since it is the foster parent picking up, we don't know what is getting back to DCF about the kids, their needs and issues.

She encouraged the State to create a bridge between DCF and child care providers,

explaining:

You are representing the kids, but you don't often get the chance to really know them, whereas the child care provider sees them every day for 8-9 hours. How can you represent these kids if you don't have the whole picture?

Another caregiver noted that children often stop showing up at her child care and she never knows what has become of them because their family phone is disconnected, they have no car, and the child care center is uncertain where to find them. One child care provider articulated what many others alluded to: "For most of these kids I am the only stable thing in their life."

Discussion

It is clear from this research and the literature review that incarceration is not a single event. Rather it is the culmination of a process which is rooted in a family's history. For children and their caregivers the incarceration or criminal justice involvement of a parent makes visible a family for which there have been multiple and complex challenges for years, decades, or even generations. Parental criminal justice involvement brings to the forefront the need for early primary intervention and comprehensive service delivery. By the time a family is involved in the criminal justice system the instability, poverty, and other turmoil they may have suffered have taken such a toll that no one system or service can intervene to effectively mitigate the damage that has occurred. Only by working together, fully acknowledging the complexities of the issues involved, and effectively "meeting families where they are at" can services hope to interrupt the downward trajectory into further poverty, mental distress, and family disintegration in which these families seem caught.

Three integrative and common themes emerged from across all caregiver types: 1) the importance of valuing the family, caregiver, and children; 2) the need for comprehensive, flexible, and responsive mental health support for children and for caregivers; and 3) the need to establish holistic, coordinated, and flexible policy for meeting the needs of families, children, and caregivers impacted by parental criminal justice involvement.

Valuing the Family, Caregiver, and Child

Valuing families, caregivers, and children impacted by incarceration must start with service providers and extend out into our communities. Most often these families and children feel isolated by the stigma of parental criminal involvement and demoralized by poverty and the struggle to access adequate services. It seemed a resounding message across the caregiver interviews that training must take place to inform service providers about the complex issues these families face and the resources available to them so no matter what door they enter the system through, their needs are quickly, comprehensively and effectively addressed.

Caregivers should not need to know what services to ask for, since most are so exhausted or in such crisis they may not have the energy to advocate effectively for themselves. Most of their energy is spent on meeting their and the children's most basic daily needs. Knowledgeable and respectful responses by service providers could effectively alleviate much of the stress these families experience by offering them good information, as well as timely and full access to all benefits, services ,and supports to which they are entitled.

Valuing families and children means recognizing and respecting that they have

the same needs for support as other families. The stigma associated with criminal involvement should not extend to children in need. A child who has lost a parent to incarceration may feel as great a loss as a child losing a parent to death. Such a child is rarely treated with equal empathy or concern by the community.

Valuing caregivers also means ensuring they are kept informed of the ‘full story,’ whether that is the full story of benefits, services, trainings, and supports in their area, or the full story about what is happening within a family of origin, with an incarcerated parent, or with a child and an alternative caregiver. Respectful and complete communication with caregivers shows them they are valued and garners their support and buy-in to serving the best interest of the child(ren) in their care. It also ensures that service providers receive reciprocal and comprehensive communication to enable them to tailor a more effective package of services to meet the children and family’s needs. Through open communication, all participants are kept informed and are empowered to engage with service providers to identify ways to intervene earlier and more effectively.

Mental Health Supports

Comprehensive mental health supports for children and their caregivers was the only need identified by all caregivers that specifically identified insufficient resources. All noted in some way that increased service capacity was critical to adequately meet the needs of children impacted by trauma such as parental incarceration, substance abuse, and instability.

There was also discussion by all caregiver types about the need for training both caregivers and service providers. Caregivers said they needed training for themselves about how to deal with children with complex emotional and behavioral needs.

Caregivers also suggested that service providers should receive training on how to respond to and serve the needs of children in alternative care settings. They affirmed that timely and effective responses by service providers ensure that children experiencing difficulty and their caregivers are served in a way that preserves their connection.

One respondent addressed the obstacles created when service providers do not accept Medicaid, on which so many caregivers and children are reliant; or, and as is more often the case, when providers have long waiting lists or insufficient numbers of staff to readily respond to families. Many caregivers described either not knowing what services were available, or not being able to access them because of their legal status as caretakers of non-biological children, or because of the insufficient capacity of the system to serve children in a timely fashion. Several caregivers said they could only effectively access services if the children they cared for were in State's custody, even though such involvement often required they sever their connection to the children. These issues were most evident in discussions of crisis services.

Crisis services were identified as being insufficient in Vermont to address the severity of mental health issues encountered by children who have faced a lifetime of trauma. Crisis emergency services were reported as often unavailable, unresponsive, or inappropriate in relation to the needs of children. For example, one caregiver described how her now-adoptive daughter has been removed from her home countless times in handcuffs due to violent outbursts brought on by her mental distress. This practice has dangerous implications for children who have experienced parental criminal justice involvement and who may see themselves as inevitably following in their parent's

footsteps.

All caregiver types identified the need for supportive group interventions and activities for both children and alternative caregivers. One child care provider pointed out that it would be beneficial to have a supportive group for child care providers where they could learn from and support one another about how to deal with children's extreme behavioral issues, or the needs of at-risk families in their care. Kinship caregivers also indicated a reliance on support groups for both themselves and the children in their care as a way to network about resources, to receive support for their stress and concerns, and to socialize with individuals who understood and could relate to their situation.

Foster parents, child care providers, and kinship providers all indicated a need for supportive groups and activities directed at children impacted by parental criminal justice involvement. These groups were identified as providing socialization in a non-stigmatizing way with peers in similar circumstances to themselves, as well as information and skills to address some of their needs. Caregivers expressed the importance of children having a place where they felt safe and comfortable in talking about the issues they face.

Policy Development

Finally, the disparity in mental health services, as well as the inequity in other services across the state, is a serious dimension of parental incarceration which needs to be addressed on a state level. There is a critical need to establish broad policy that acknowledges the complexity of issues faced by families experiencing multiple stressors, alternative or informal caregiving arrangements, and significant instability.

Specifically, an emphasis was placed on creating policies that address the preparation of caregivers prior to the placement of children. This would include training, comprehensive assessment of children, and planning for multiple possibilities for interventions so caregivers would know immediately who to call when a crisis situation arises. Bernstein (2005) noted that the needs of children must be kept in the forefront of the minds of those who create criminal justice policies. The establishment of more effective policies regarding the children of incarcerated parents will take committed, careful, and coordinated collaboration.

Caregivers consistently pointed out what one individual articulated, that:

No one thing is going to make it better - it is figuring out the holistic combination for the child and family, what will work best for them. I know this makes it hard to create policy around this, but each family and child comes with unique problems and so no one solution will work for everyone.

Conclusion

Historically the needs of incarcerated parents, their children, and their children's caregivers have been dealt with in isolation. Social workers, families, and communities have had to scramble to provide for even the most basic needs of the children left in the wake of parental incarceration. Many informal or relative caregiving arrangements have been unsupported and thus have left children vulnerable to a lower standard of living, the instability of frequent moves, and increased likelihood of entering the foster care system (Bates et al, 2003; Phillips & Bloom, 2001).

As citizens in a civil society, we must value those children left behind by parental incarceration as well as those caregivers who step up to care for them. At the same

time we will want to protect them from the stigmatization that incarceration brings. John Hagan (1996) affirms this idea, noting that, “Criminologists have paid particular attention to imprisonment as a stigma that attaches to individuals and the groups to which they belong, in this case their families. The stigma of criminalization is another way children lose out” (p. 6).

Practitioners involved in criminal justice, mental health, child welfare, economics, services for the aging, community organizations, and most critically, those caregivers and children the system intends to serve must work together to design creative, collaborative, and responsive solutions for children impacted by parental criminal justice involvement and their alternative caregivers. Policies and services must be equitably delivered across the state, as a matter of course, to all caregivers and children in non-stigmatizing, coordinated, and holistic ways. All policies and services should be driven by the needs of the children to prevent their further disenfranchisement.

Social work professionals have a significant role to play in policy and service development, as well as in supporting the social justice and human rights of children. Social workers provide a bridge between systems and the constituencies they impact. They are in the best position and have relevant training to assess needs, coordinate services, and communicate with children and caregivers effectively. Perhaps most importantly, social workers are in a strong position to mitigate the competing values between social service and criminal justice systems to advocate effectively for the needs of children and caregivers impacted by parental criminal justice involvement. By including the voices of caregivers of these children we can ensure they do not continue to lose out.

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Appendix A

Specific Programmatic Recommendations by Caregivers

(in no specific order)

1. **Create a workbook or story book** geared to different ages of children to help facilitate discussion between children and caregivers around difficult issues children experience such as incarceration.
 - a. Families Anonymous, formerly run by Gene Prouty, used a 'Red Book'
 - b. Books that include pictures of facilities (correctional or substance abuse) where parents are located to dispel myths/fears of children
 - c. Books to prepare children and caregivers about what to expect at prison visits
2. **Counseling for Criminal Justice Involved Parents** to help them deal with their own issues, but also to help them recognize how their situations impact their children. Have alternative caregivers help create a curriculum to teach parents how to interact with their children and the children's caregivers in a positive and supportive way, and to understand how their interactions may emotionally affect their children.
3. **Alternatives to Incarceration** - requirements of incarceration are too stringent and do not take into account needs of parents or impact of extended separation on children.
4. **Provide resource materials and information at Probate and Family Court** – these could be packets caregivers could pick up at the point a child enters their care and would give them full information (including phone numbers) about services and supports they can access.
5. **Provide resource materials and information at child care and family centers** about services and supports available to those impacted by parental criminal justice involvement.
6. **Subsidized guardianship** – extend stipends, similar to those available to foster parents, to guardians to offset the financial burden they face.
7. **Training for educators** around the special issues children face who have parents involved in the criminal justice system to improve communication and tolerance between schools and families. This is equally important for children who 'model students' as it is for those who are struggling.
8. **Email or web site** that disseminates information about services and supports, and ideas that help caregivers working with children with criminal justice involved parents.
9. **Mentors for children** – this need goes beyond just these children, but certainly mentors would be helpful here, and should be trained on their specific needs/issues
10. **Visit support** for children, caregivers and incarcerated parents. Do not overlook fathers here, as many times they are very uncertain how to interact with their children
11. **Create after-school/out-of-school time spaces** in communities that include a special room staffed by a person who children feel safe talking to about their issues and concerns

Appendix B

Caregivers of Children with Criminal Justice Involved Parents: Service Needs and Access Issues Made Visible

Key Issues for Policymakers & Service Providers

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Introduction: Parental incarceration does not happen in isolation; rather it is often a symptom of complex family problems. Although there is widespread acknowledgment of the impact of parental incarceration on children, little attention has been given to identifying or coordinating the social services and supports that would optimize child development in these circumstances. Research has shown that alternative caregivers who receive appropriate support services have the potential to provide children with much-needed stability. When children are in child care or foster care settings, appropriate supports to address specific emotional and behavioral needs promote stability in such settings. When caregivers are relatives, this support is critical to keeping these children from entering the foster care system. Parental incarceration offers social workers an entry-point into these at-risk children's lives to identify broader family issues and provide comprehensive intervention.

Information from the Research: Research was conducted to identify the services and supports that are needed in Vermont to enable caregivers to provide the best quality of care for, and meet the special needs of, children with criminal justice involved parents. This research was conducted by interviewing caregivers of children with criminal justice involved parents in Vermont. Caregivers included foster parents, kinship providers, and child care providers. Caregivers were asked: *What formal or informal services or supports do you currently access or would you find helpful to assist you as you care for a child with a parent(s) involved in the criminal justice system? What gaps or barriers have you encountered as you have sought services to care for a child with a parent(s) involved in the criminal justice system?*

The following three key themes emerged from these caregiver interviews:

- 1) The importance of valuing the family, caregiver, and children:
 - a. Train service providers about the complex issues faced by these families, children and caregivers and resources available to them;
 - b. Assist communities in understanding the needs of children and families impacted by incarceration and normalize their situation to minimize stigma and maximize the natural support where children live.
 - c. Ensure caregivers are kept informed of the full story:
 - i. of the benefits and services that are available;
 - ii. of what is happening within the child's family of origin or with alternative caregivers;
 - iii. of how they can participate in discussions and decisions being made about children in their care.

- 2) The need for comprehensive, flexible, and responsive mental health support for children and for caregivers
 - a. Increase capacity and resources to comprehensively meet the mental health needs of children and their caregivers, especially equipping crisis services to equitably meet the needs of children experiencing severe emotional and behavioral disturbance.
 - b. Advocate for more service providers to accept Medicaid.
 - c. Ensure caregivers are prepared with resource information and plans as soon as possible when they assume care of vulnerable children.
 - d. Create supportive groups for caregivers and children impacted by parental criminal justice involvement, minimizing feelings of isolation and offering opportunities for positive social interactions with peers.

- 3) The need to establish holistic, coordinated, and flexible policy for meeting the needs of families, children, and caregivers impacted by parental criminal justice involvement.
 - a. Comprehensive policies need to be developed to address the complex needs of this vulnerable population:
 - i. Include representatives of all key service systems at the table: criminal justice, mental health, child welfare, economics, services for the aging, community organizations, and most critically, those caregivers and children the system intends to serve.
 - ii. Policies and services must be developed from the stance of children's needs.
 - iii. Policies should ensure services are equitably delivered in all areas of the state.

It is clear from this research and the literature review that the incarceration or criminal justice involvement of a parent makes visible a family for which there have been multiple and complex challenges for years, decades, or even generations. Parental criminal justice involvement brings to the forefront the need for early primary intervention and comprehensive service delivery. By the time a family is involved in the criminal justice system the instability, poverty, and other turmoil they may have suffered have taken such a toll that no one system or service can intervene to effectively mitigate the damage that has occurred.

Only by working together, fully acknowledging the complexities of the issues involved, and effectively “meeting families where they are at” can services hope to interrupt the downward trajectory into further poverty, mental distress, and family disintegration in which these families seem caught. We must value those children impacted by parental incarceration and those caregivers who step up to care for them. Policies and services must effectively address the reality of these children's and their caregivers' lives. By including the voices of caregivers of these children we can ensure they do not continue to lose out.

Please see the full report for comprehensive information about the ideas presented here.