



Exploring the potential role of financial interventions to improve the health of families impacted by incarceration

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Purpose of review

To summarize the impact of financial hardship on children whose parents have been incarcerated, describe both existing cash transfer and guaranteed income programs, and highlight their impact on child and family well being.

Recent findings

Emerging data on guaranteed income programs for formerly incarcerated adults indicates that the funds improve recipient health and legal system outcomes and allow participants to spend funds on stabilizing themselves and their families. Guaranteed income programs in the broader population similarly highlight the use of funds to support families' basic needs and improved parent-child relationships, but more data are needed to understand the impact on child health and well being among families impacted by the criminal legal system.

Summary

Over 5 million children experience parental incarceration, which directly contributes to financial hardship and subsequent negative health outcomes. Cash transfers may assist these families, but policies and administrative burdens limit the ability of existing programs to fully address financial hardship. Guaranteed income programs may therefore serve a unique role in supporting the financial needs of families impacted by incarceration. More longitudinal data focusing on child health outcomes are necessary to fully understand the impact of guaranteed income of children and families impacted by parental incarceration.

Keywords

cash transfers, family health, financial hardship, guaranteed income, parental incarceration

INTRODUCTION

With over 1.9 million people incarcerated, the United States (US) incarcerates more people per capita than any other country in the world [1]. This high rate of imprisonment is disproportionately experienced by Black, Indigenous, and low-income individuals and results in a massive health toll on incarcerated individuals that reverberates into their families and communities, who also suffer negative health effects [2,3]. Incarceration is associated with higher rates of mental and physical health problems for the incarcerated individual and their family members, including their children [4–9]. Children who experience parental incarceration have more physical health conditions like asthma, mental health problems like depression, and school problems like chronic absenteeism [5,9,10]. Because over 5 million US children have ever experienced the incarceration of a parent [4], addressing the health

impacts of mass incarceration is necessary to improve child population health.

Financial hardship is one driver of the negative health effects of mass incarceration [11,12], including child well being [13]. Incarceration drives financial hardship as it disproportionately impacts households that are low income and decreases household financial resources during and after incarceration [14]. Incarcerated individuals are

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KEY POINTS

- Financial hardship contributes to the negative health outcomes of families impacted by incarceration.
- Guaranteed income programs may improve the well being of children with parental incarceration by improving parents' ability to support and connect with their child.
- More research is needed to ensure guaranteed income programs are designed and implemented in a way that benefits children impacted by parental incarceration.

often primary sources of income for their households [15], and the loss of income during periods of incarceration results in already struggling households falling deeper into poverty. After incarceration, returning citizens experience challenges to improving their financial status. Employment opportunities are often limited for people with criminal records, and public benefit programs intended to support low-income individuals may explicitly exclude or limit participation for formerly incarcerated people. The ramification of such policies, collectively referred to as collateral consequences of criminal conviction, restrict people with specific types of convictions (e.g., drug-related felonies) from participation in public programs, limiting their effectiveness in reducing poverty [16,17]. Government investments in the financial security of this population – such as cash transfers or a guaranteed income – are critical to improving the health outcomes of children with parental incarceration.

PARENTAL INCARCERATION AND FINANCIAL HARDSHIP

Parental incarceration, whether for brief periods of time as in jail or for extended prison sentences, destabilizes household financial well being [4]. For the incarcerated parent, incarceration leads to loss of income while they are away and can limit financial prospects after they return. Reentry – an incarcerated person's return to the community – can be positive for both parents and children, particularly when the child feels close to a parent [7]. Reconnecting with children is a top priority for parents [18,19]. but the uncertainty associated with ongoing legal system involvement and the stresses of meeting basic needs can strain relationships that otherwise would improve child and family well being [20,21].

Because financial stability is critical to successful reentry, policymakers have supported programs like

the Work Opportunity Tax Credit, which provides subsidies for employers who hire formerly incarcerated people. Even with such programs, only up to 55% of formerly incarcerated adults are employed in the four years following release. Among those employed, most report low earnings, with an average annual income of \$13 890 [22], with more prominent declines in earning potential for Black and Hispanic individuals after incarceration compared to White individuals [23]. Additionally, legal system involvement itself can be costly, when accounting for legal fees (e.g., court fees, restitution), community supervision (e.g., electronic monitoring maintenance fees), and even fees for healthcare received while incarcerated [24–26]. Moreover, debts that existed prior to incarceration like child support or medical debt remain and are often compounded by the time of release [27]. In sum, formerly incarcerated parents return to the community with heightened financial pressures and limited resources to meet those costs.

The financial hardships of parental incarceration also impact the nonincarcerated parent and other caregivers who remain in the community. In the absence of the incarcerated parent and their income, remaining caregivers have to make up the difference to meet the material needs of their households. Many households participate in government public benefit programs like food assistance [28], yet children with incarcerated parents experience high rates of food and housing insecurity [29–31]. Caregivers assume new costs of traveling to visit their family member in prison, often located in remote locations, pay for phone calls, and deposit funds into commissary accounts [4].

Parental incarceration is an adverse childhood experience (ACE), an experience in childhood associated with subsequent negative adult outcomes like depression, diabetes, and cardiovascular disease [32]. To reduce the long-term health problems associated with ACEs, reducing traumatic stress by ensuring that children have supportive relationships with caregivers and reducing exposure to other ACEs – such as experiencing economic hardship – is necessary [33]. Financial hardships associated with parental incarceration like food and housing insecurity are associated with unhealthy eating behaviors, decreased educational achievement, behavioral problems, and heightened healthcare utilization [34,35]. Children who have experienced parental incarceration have more chronic health needs such as asthma, headaches, depression, and developmental delay. Challenges persist into adolescence and adulthood, when youth report high rates of mental health problems and healthcare utilization [6,14,36]. Financial hardship exacerbates these associations by

contributing to parenting stress and other parental mental health challenges, lowering household capacity to support a child's health needs [37–40]. Addressing the economic needs of families can thus work in multiple ways to mitigate the impact of incarceration on child physical, mental, developmental, and educational well being.

CASH TRANSFER PROGRAMS FOR US FAMILIES

Cash transfers are programs that provide cash to improve financial stability [41]. These programs were first implemented in the US in the early 20th century to alleviate poverty for widowed mothers and have since evolved to use multiple modalities to improve recipients' financial status [42^{***}]. Examples of government cash transfers include conditional social assistance programs [e.g., temporary assistance for needy families (TANF)], social insurance programs (e.g. unemployment insurance), and tax policies [e.g., earned income tax credit (EITC)].

In lower and middle income countries, unconditional cash transfers are associated with improvements in maternal and child health, healthcare utilization, nutritional outcomes, and immunization status [43]. Within the US, cash transfers have led to varied outcomes related to their designs and intended recipients, with most evidence focused on the EITC. EITC receipt is associated with improved prenatal care participation and declines in preterm and low birthweight births. Later in life, children whose parents received the EITC had higher high school completion rates and fewer missed days of school [44]. EITC receipt is associated with self-reported improvements in stress and well being, lower inflammatory markers, and improved blood cholesterol levels among adults [44,45]. The EITC has reduced food insecurity, a mediator of negative child mental and physical health outcomes [34,44].

In contrast, TANF has a more limited impact on child well being due to participation barriers including time limits, work requirements, and state-level funding structures [46]. Only one in five low-income families participates in TANF, and for those that do, the program benefits do not meet basic needs [46]. Even so, some data indicate that TANF participation may be associated with reductions in child maltreatment and increases in healthy family behaviors like eating breakfast together [47,48]. Participation among families with a parent incarcerated is even lower than the national average at 13% [10]. In another study, paternal incarceration did not predict TANF participation after controlling for covariates reflecting the high material needs of these families [28]. Instead, the high rates of TANF

participation were related to the high needs of this population rather than any increased access for families experiencing the exacerbated financial hardships associated with incarceration. On the contrary, formerly incarcerated people can be banned from participation in TANF based on the reason for conviction and the state in which they reside [17,28,49]. As of this writing, 7 states completely ban and 18 states partially ban people with drug-related felony convictions from participating in TANF [50]. Even for eligible people, administrative barriers like navigating and complying with eligibility criteria can erode the potential benefits of TANF for those who manage to access it [51].

Tax benefits, like the EITC, despite their promising outcomes, can exclude recently incarcerated people, since most do not have reportable income during reentry. Additionally, formerly incarcerated people who are employed are less likely to participate in the formal workforce, making EITC eligibility an ongoing challenge years after reentry [52]. Similarly, although 65% of imprisoned people work, this work does not count towards unemployment insurance or the EITC, leaving people unable to access these important resources during reentry [53].

All told, multiple barriers prevent formerly incarcerated people from participating in crucial financial programs, despite the evidence that financial stability improves family re-connections for the formerly incarcerated parent and child health status. For this reason, there is a push to improve the financial stability of families impacted by the criminal legal system. One proposal is the use of a guaranteed income, which directly provides scheduled unconditional income. Guaranteed income has expanded across the US recently, with multiple government and nonprofit entities piloting programs for individuals and families.

GUARANTEED INCOME AND HEALTH

Guaranteed income has emerged as a promising financial support. Participants in guaranteed income programs report improved physical functioning, reduced psychological distress, and reduced financial hardship. A scoping review of basic income programs added that recipients have improved mental well being due to better relationships with family and friends, reduced stigma, and feelings of hope [54].

A qualitative research brief on guaranteed income programs in four southeastern cities (Atlanta, Georgia; Birmingham, Alabama; Louisville, Kentucky; Shreveport, Louisiana) highlights the experiences of 67 parents and guardians [55^{***}]. Researchers found that parents were able to better provide for

housing and food, even stating that they could opt for healthier foods like fruits and vegetables. In addition to stabilizing their families by meeting basic needs, parents used guaranteed income for health-promoting expenses, ranging from doctor's appointments to over-the-counter medications and diapers. Parents expressed that they could balance their work to be more involved in their children's lives, bolstering the positive relationships that are crucial to child well being. Altogether, improved financial stability, relationships with children, and parenting efficacy contributed to improved parent mental health.

Long-term data on the impacts of guaranteed income on children are limited, but one longitudinal cohort study provides insights. The Great Smoky Mountains Study of Youth (GSMS) is a cohort study of child mental health in North Carolina that was initiated in 1993 and had been recruiting children and adolescents before a casino was opened by the Eastern Cherokee nation [56–58]. Once the casino opened, income supplements from casino profits were initiated for adult tribal members that overlapped with the ongoing GSMS. With this natural experiment, researchers have explored the long-term impacts of the income and found children in participating families had less anxiety and depression, improved physical health, and better financial functioning in adulthood. Although this study was not limited to criminal legal system involved families, researchers noted decreased criminal legal system involvement in recipient parents in the short term and in their children over the subsequent decades.

Many guaranteed income studies have been less conclusive. In a study of mother-infant dyads in four US cities, receipt of a higher unconditional cash transfer compared to a lower one was not associated with differences in child health or mothers' self-reported well being. However, this same study found that funds were often spent on healthier food or child-related items like books and diapers [59,60[¶]]. Through validated survey measures and biomarkers, the investigators found no improvements in physical health, and the mental health benefits were short-lived [61[¶]]. Other pilots' evaluations similarly found that anticipating the end of a guaranteed income pilot can be a stressor that impacts the long-term benefits of such programs [55[¶]].

Other guaranteed income pilot programs focusing on formerly incarcerated adults have been rolled out. One program, Just Income, provided guaranteed income to recently released adults in Florida for a year. Participants, similar to those in other pilots, spent the income on housing, transportation, and food, in addition to legal fees [62]. The Chicago Future Fund, which provided guaranteed income

to formerly incarcerated adults, found that common expenditures included living expenses and child care, important costs for improving child well being [63]. The funds were associated with self-reported improvements in physical and mental well being, with reduced stress in part due to feeling empowered to make future plans. Other pilots for formerly incarcerated people in Durham, North Carolina, and New Haven, Connecticut, have recently concluded, with data analysis pending. To date none have directly assessed the impact on participants' children.

Because pilot programs of cash transfer vary in target populations, size, amount of funds, program duration, and administering organization, there are limited data from which to draw conclusions on the utility and practicality of guaranteed income in this population. Scoping reviews and qualitative data highlight that participants in these programs endorse feelings of optimism, dignity, and autonomy [54,64]. Although there is ongoing debate about the utility of guaranteed income as a universal intervention, its utility for specific populations – like those who have been incarcerated – at critical moments like reentry appears to be promising and worth studying.

FUTURE DIRECTIONS

To address the financial needs of families impacted by incarceration, a multipronged approach is necessary. It is essential to both create policies and practices that reduce common barriers to participation in traditional cash transfer programs, like TANF, while also investing in guaranteed income programs and their evaluation.

For government cash transfer programs, improving access for formerly incarcerated adults is necessary. Proposals have included allowing preincarceration income and wages during incarceration to count for EITC eligibility [52]. Additionally, unemployment insurance should be available to formerly incarcerated people so that the same safety net afforded to others seeking employment is available during reentry [65]. Finally, there has been momentum around the country to end bans on TANF for adults with drug felony convictions, but half of US states still have a full or modified ban TANF participation for these adults [66–68]. Ending this ban, in addition to broadly making TANF less restrictive and onerous for beneficiaries, may improve uptake.

As guaranteed income programs are developed and scaled for different communities, studies should explore the factors that maximize program impact. Program timing, duration, and amounts should be assessed to ensure participants receive funds when and how they are most helpful. Additionally, prior

pilots have worked to ensure that guaranteed income program participation does not result in the loss of other benefits for which a participant is eligible [69]. Developing standard policies to ensure that the receipt of one program does not exclude participants from other programs is necessary to reduce unintended consequences of programs [70]. Finally, as described above, guaranteed income recipients commonly cite the health impact of the programs on their children, however to date there is limited research examining the outcomes of children. Longitudinal data will elucidate the effects and long-term cost-effectiveness of guaranteed income beyond the recipient parents to their children and communities and their population impact on addressing financial hardship on families impacted by incarceration.

CONCLUSION

High rates of financial hardship among families impacted by incarceration contribute to negative physical and mental health for millions of US children and targeted, evidence-based policies and programs are necessary to improve population health. Cash transfer programs – including existing government programs – have a critical role in supporting financial well being, and guaranteed income may also be a promising investment in these families. However, additional work is needed to understand the best approaches to implementing these programs for the families who would benefit from them most.

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Conflicts of interest

There are no conflicts of interest.

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