Rural low-income mothers' experiences with foster care

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Rural low-income mothers’ experiences with foster care

Abstract
This study explores the grief experiences, parental views, supports, and barriers of 22 rural low-income mothers with children in foster care. The family ecology perspective framed the research. T-tests were utilized in a quantitative analysis comparing depression and parental support and confidence between mothers with children in placement and children not in placement. Results indicated that the differences in mean depression scores were statistically significant between the participants and the control group. Depressive symptoms were found to be much more prevalent in mothers with children in placement than mothers with children not in placement.

The differences in mean scores between the participants and the control group for both parental support and parental confidence were not statistically significant, indicating that the mothers’ perceptions of her parental confidence and support were not significantly related to whether her children were placed in foster care or not. Grounded theory was used in a qualitative analysis of mothers' interviews over three years. Results indicate that mothers with children in placement rarely expressed their grief. Emotional, financial, relational, institutional, logistical, and parental supports and barriers both contributed to and hindered the mothers’ abilities to keep children in their care. The different systems of the family ecology perspective may directly and indirectly influence the mothers’ abilities to keep their children in their care and to parent effectively. One must examine the experiences of the mother comprehensively, and not narrow the focus to only one area of her life. Working to support the mother in turn helps the child and the family.

Keywords

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RURAL LOW-INCOME MOTHERS EXPERIENCES WITH FOSTER CARE

BY

TALIA JENNIE GLESNER

THESIS

Submitted to the University of New Hampshire
In Partial Fulfillment of
The Requirements for the Degree of

Master of Science

in

Family Studies

September, 2006
INFORMATION TO USERS

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16 August 2006
Date
DEDICATIONS AND ACKNOWLEDGMENTS

I would like to dedicate this thesis to my mother, my rock. Mom, you’re an amazing woman. You teach me every day to follow my heart and remain true to myself. Your unwavering support and love gives me strength.

I also would like to thank my committee. I truly appreciate the time, energy, and of course patience that you have all had.

To my friends and family who have also been a patient and kind ear for me during the last year. You keep me going. I am so thankful to have you all in my life.

The Family Studies Department has been a wonderful home for me these past six years. I have learned so much from all of the faculty and staff.

Last, but certainly not least, I would like to thank the mothers and families of this study. You have opened your lives and your hearts to us. Without your candid and honest voices we would be unable to learn and grow as a community. You are truly appreciated.

What are we here for if not to make our world a bit better? It is all of our responsibility, because we are all connected.

“No man is an island, entire of itself; every man is a piece of the continent, a part of the main. If a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of thy friend's or of thine own were: any man's death diminishes me, because I am involved in mankind, and therefore never send to know for whom the bells tolls; it tolls for thee.”

John Donne (1624)
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ABSTRACT

RURAL LOW-INCOME MOTHERS EXPERIENCES WITH FOSTER CARE

By

Talia Jennie Glesner

University of New Hampshire, September, 2006

This study explores the grief experiences, parental views, supports, and barriers of 22 rural low-income mothers with children in foster care. The family ecology perspective framed the research. T-tests were utilized in a quantitative analysis comparing depression and parental support and confidence between mothers with children in placement and children not in placement.

Results indicated that the differences in mean depression scores were statistically significant between the participants and the control group. Depressive symptoms were found to be much more prevalent in mothers with children in placement than mothers with children not in placement.

The differences in mean scores between the participants and the control group for both parental support and parental confidence were not statistically significant, indicating that the mothers' perceptions of her parental confidence and support were not significantly related to whether her children were placed in foster care or not. Grounded theory was used in a qualitative analysis of mothers' interviews over three years. Results indicate that mothers with children in placement rarely expressed their grief. Emotional, financial, relational, institutional, logistical, and parental supports and barriers both contributed to and
hindered the mothers' abilities to keep children in their care. The different systems of the family ecology perspective may directly and indirectly influence the mothers' abilities to keep their children in their care and to parent effectively. One must examine the experiences of the mother comprehensively, and not narrow the focus to only one area of her life. Working to support the mother in turn helps the child and the family.
CHAPTER I

INTRODUCTION

Foster care is the temporary removal of a child from a legal parent's home to an institutional setting or substitute home of either a relative or non-relative (Berrick, 1998). Estimates indicate that as of September 30, 2001 approximately 542,000 children were in foster care in the United States (U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, 2005). During this time of separation certain legal decisions are made through the collaboration of courts and workers to determine if a child will return to his/her legal parent's home, a process called reunification, or if a parent's rights will be terminated resulting in the child being placed for adoption. The well-being of the child and family during this time is determined by many components of the foster care process such as support from workers, resources for families, and positive interactions within the family. A family's involvement in the foster care system effects not only the children but also the parents who have had their children removed (Wiley & Baden, 2005; Colón, 1978). Little research has addressed the grief that families must bear while their children are in foster care. This study examines the experiences of rural low-income mothers with children placed in foster care.
Foster Care

Different forms of foster care exist and are defined by the type of care children receive: non-kin foster care, kinship care, and residential group care. Children living in non-kin foster care live with an un-related family who has been licensed to care for them (Kelly, 2000b). Kinship care allows children to remain with relatives that the judge has determined to be safe caregivers (Gleeson, 1999). The third option is residential care where a child may be placed in a group living environment where employees work with children in a structured setting (Kelly, 2000b). During the process of foster care, the parent may relinquish his/her rights as a parent, however, this is rare. After no longer than one year in foster care, children face three different routes for permanent placement as mandated by the Adoption and Safe Families Act of 1997 (ASFA) (Wexler, 2002): The children may be reunited with their legal families, remain in foster care until they age out (reach 18 years old), or be adopted by another family. Reunification between a parent and child/ren may or may not be successful (Courtney, 1995). If changes by the parent have not been sustained in order to ensure a healthy environment for the child and family members, the child may re-enter the foster care system or be placed for adoption.

The many decisions for families and children in foster care may seem clear on the surface. This, however, may not be the case, as factors like financial dilemmas or social stigmas around parenting play a role in choices a family makes, or decisions made for the family. Wiley and Baden (2005) suggest that relinquishment of parental rights exists on a continuum rather than
something of a categorical choice. While the process may be voluntary or involuntary, voluntary relinquishment may be subtly coerced (Wiley & Baden, 2005), or involuntary relinquishment may be agreed upon by legal parents and the system.

**Socioeconomic Factors**

Low-income and poverty-level families must negotiate many factors, such as financial obligations and the needs of their children. While this is may be true for families in general, meeting the needs of their children may be more problematic for low-income families (Culhane, Webb, Grim, Metraux, & Culhane, 2003). Low-income families involved in the foster care and/or adoption process, whether voluntarily (of the parents' choice) or involuntarily (mandated by courts' determination), may be dealing with factors such as required attendance at parenting classes (Schatz & Bane, 1991) that may make the process more difficult. This may be due to employment, transportation, and/or childcare conflicts. Lower income families may not be able to afford gas for transportation, or to pay for child care of their other children while they attend appointments.

Strained resources, emotional struggles, and little support may manifest itself through ineffective parenting. Stressors and limited resources may increase families' risk for parenting difficulties, and many need additional support for their children (Schein, 1995). As noted by Holloway, Fuller, Rambaud, and Eggers-Piérola (1997), many citizens as well as policy makers often are focused on specific choices that poor families should make such as employment opportunities or education for their children. These concrete choices, however,
depend largely on the available resources and cultural models that help dictate actions parents take (Holloway, Fuller, Rambaud, and Eggers-Piérola, 1997). Little attention has been paid to the social structure in which low-income families find themselves and experiences with the foster care system (Seccombe, 1999). A more holistic view needs to be presented of what fosters poverty and the stress poverty causes in parenting, especially for families involved in the foster care system. While poverty does not presume abuse and neglect (reasons for which a child may be removed from the home), social isolation does create a more stressful environment in which people must parent and those living in more rural environments may be more socially isolated (Garbarino & Sherman, 1980). Families that are more “socially impoverished” due to combined factors such as geographic isolation and financial strain, are associated with abuse and neglect (Garbarino & Sherman, 1980).

Grief and Separation

Grief is often attributed to the loss of someone due to death. Grief may also come during times of intense separation (Miller & Omarzu, 1998). The grief associated with removal from the home, both for children and legal parents may not be acknowledged or supported (Harvey, 2000). The grief of the legal family who has had a child removed may be categorized as disenfranchised grief, or grief that is not socially acceptable (Silverman, 1981). For grief that is seen as wrong, such as in parents who are [socially] considered unfit, that grief is not acknowledged (Fowlkes, 1990). Placing a child in out-of-home care is an
extreme form of separation, putting both parents and young children at risk for
developmental problems and attachment issues (Hubbell, 1981).

Though one cannot assume negative outcomes from foster care, one can
begin to tease out the factors which will bring about more positive outcomes for
families involved in foster care by hearing the stories and learning the situations
of families who are experiencing or have experienced the process. Wiley and
Baden (2005) note the focus of research for children in care has been primarily
on the adoption or placement outcomes for the children and not on grief. The
focus of this thesis research is to explore the potential experiences of grief for
legal parents of children in foster care, regardless of the reunification or
relinquishment, with the goal of developing recommendations to improve the
foster care process for parents.

**Theoretical Approach**

The family ecology perspective (Bronfenbrenner, 1979) is useful as a way
to explore the interconnected influences of the foster care system, poverty
contexts, and the dynamics of the legal family. Family Ecology Perspective helps
to understand family experiences by placing family members in the context of
their environment. Examination of parenting through an ecological perspective
takes into account the various other organizations and interactions like financial
stresses, unemployment, familial relations, educational institutions and policies
that may influence parenting (Culhane et al., 2003; Shonkoff & Phillips, 2000;
Garbarino & Sherman, 1980). Viewing grief during foster care and its impact on
mothers through the ecological lens recognizes multiple levels of influence, and
allows intricate interactions among systems. The family can be affected by grief from within familial relationships, and societal norms and expectations around the grieving process. One is then able to further understand the various levels at which improvements may be made. To more fully appreciate how families and larger systems impact each other, examples illustrate those system/family connections. Bronfenbrenner (1979) proposed four layers of systems, macrosystem, exosystem, mesosystem, and microsystem, which have bi-directional relationships with the family.

The macrosystem contains the values and norms associated with the culture and society in which the family is a part (Bronfenbrenner, 1979). Ideologies rooted in politics and religion help to shape this level of analysis for examining systems. The macrosystem may include beliefs and social stigmas around the foster care system, families living in poverty, or the best interest of the child.

The exosystem includes systems that are not in direct contact with the individual, but may have influence at the micro- or mesosystem level (Bronfenbrenner, 1979). This level of analysis may include policies around welfare reform and foster care.

The mesosystem is the interacting point among the other systems (White & Klein, 2002). For example, this level of analysis is where a family or person and an educational institution or societal norm finds mutual influence over each other. These relationships may include the caseworker and the parent's influence on the child in foster care.
The microsystem is the interaction between a given person and other individuals (Bronfenbrenner, 1979). How a child and parent interact is an example of the microsystem level. Bronfenbrenner posits that the smallest level of analysis is a dyad, as the developing individual is in some form of relationship from the moment of conception (White & Klein, 2002).

Three assumptions of the ecological perspective directly pertain to the issue of families involved in the foster care process (White & Klein, 2002). The first assumption suggests that families may survive and flourish only if their needs are met and fostered through the environment. Basic needs such as food, clothing, and shelter are not necessarily maintained and provided solely by the immediate family, as other environmental relationships may assist families to support their members. Secondly, systems and individuals mutually affect each other. Changes at one level of analysis will initiate changes at other levels. Conflicts and strains, especially between families and other institutions such as work, or with systems such as welfare systems, can put strain on the parent-child dyad and the point at which parenting occurs. Third, understanding of behavior can happen at multiple levels (White & Klein, 2002). Thus as researchers and professionals work to understand families and the nuances in which they function, families can be viewed through various lenses at different levels of analysis (i.e., microsystem, mesosystem, etc.) to provide the most comprehensive support.

Garbarino and Sherman (1980) suggest that when families exist in a community where adults with varied resources such as financial support, child
care opportunities, and emotional support come together there is less child maltreatment than for families that are more socially isolated. Research relative to various levels of interaction may have a bi-directional effect. Support from a community may minimize the stresses brought on by everyday experiences, as well as unique experiences such as foster care involvement. Legal parents may deal in a more healthy way with the separation and placement of the child with community support, thus leading to a healthier environment to which the child could return.

Grounded in this ecological perspective, several questions are posed regarding grief and families involved in foster care. This study was developed after reviewing various bodies of literature and noticing themes that legal families were grieving during the foster care process but at times with little support and acknowledgment of that grief (Haight, Mangelsdorf, Black, Szewczyk, Schoppe, Giorgio, Madrigal, & Tata, 2005; Burgheim, 2002; Hubbell, 1981). The specific research questions guiding this study are 1) To what extent do rural low-income mothers of children who have been removed by the foster care system experience grief? 2) What are these mothers' views of themselves as parents? 3) What support do these mothers receive a) from friends, (b) from family, (c) from child welfare professionals, (d) from other providers, and (e) others? The first question addresses both the macrosystem and mesosystem. The ideas surrounding grief and how those concepts of grief interplay with the mother and her environment are acknowledged through this question. The second question connects the microsystem and the mother’s relationships with her children with
the macrosystem and mesosystem and how norms of parenting may or may not play a role in the mothers' views as a parent. The third question is able to easily tie in multiple systems, examining supports in the mesosystem with family and friends, the exosystem with institutions and their employees, and the macrosystem’s norms which may serve as a guide for how individuals and institutions interact with the mother.
CHAPTER II

REVIEW OF LITERATURE

Research has focused on several of the components that help to characterize rural low-income mothers studied here. As discussed further, however, little research has focused on a group as specific as being rural low-income mothers and having had their children removed into foster care. Several factors must be discussed to understand where research acknowledges the issues relevant to this study, as well as gaps that this study hopes to fill.

Literature and research often identifies families who have had their children removed as the natural or biological families. Referring to mothers in these limited terms neglects the acknowledgement of stepfamilies or adopted children, and then had the children removed from the home or placed for adoption. Throughout the study, normally termed biological or natural families or parents will be referred to as legal families or legal parents. The focus of this study is on mothers only.

Foster Care

Children are placed in foster care when families are either unwilling or unable to care for their children. Inability or unwillingness to care could be due to many factors that may include addictions of the parents or children, behavioral problems with the children, domestic abuse of the parents, abuse or neglect towards the children, or the inability of the parents to care for their children when
the basic needs of food and shelter cannot be met (CASA of New Hampshire, n.d.).

Child welfare services may enter if there is a suspicion of child abuse or neglect. The federal Child Abuse and Prevention Treatment Act (CAPTA) insures that in the case of suspected child abuse or neglect that the family will be investigated. In these cases children may be removed from the home and placed in temporary foster care. CAPTA guidelines suggest notifying parents of their rights and providing documentation for parents' rights during investigation (Beeler, Schneider, Hughes, & Lewis, 2005; Davidson, 2005).

During the time that children are placed out of the home there are several options from which a judge may choose (Gleeson, 1999). The first, and currently least often used, is residential care. Residential care offers structure and trained employees to work with the children. Staff workers that are employed to work in shifts and often times are not available for children all of the time (Kelly, 2000b). Kinship care is a developing form of home-based placement that child welfare services are increasingly using as a way to keep families together. Some children will be placed with relatives that do not receive compensation while other relatives are compensated depending on state regulations (Gleeson, 1999). Kinship care hopes to offer a sense of continuity and a lowered sense of separation or trauma associated with removal from the home. It also allows the child to grow and develop within the family's community and culture (Berrick, 1998). The third type of foster care is home-based non-kinship care. A child is placed with a foster care licensed family that is not related to the child. This type
of care is seen to be more child-centered than residential care, and supports healthy attachments between the child and his/her legal family. Currently foster care values an inclusive approach maintaining the well-being of the child as central, but acknowledging that the well-being of a child includes positive and continuous relationships with their legal family. This also includes partnering with legal parents to promote a healthy collaboration to close the case with reunification (Kelly, 2000b).

During placement, legal parents may have visitation rights. These visitations may be supervised or unsupervised according to the determination of the courts. As reunification is the hope for these families, continued parental contact is necessary (Kelly, 2000a). During this time of visitation and time spent apart, the parents have been mandated by the courts to make specific changes in their environment and in their behavior in an attempt to create an environment amenable to reunification with their children. The ultimate goal of the child welfare system is to protect children and avoid out-of-home placements. Safe and supportive visitation between parent and child can continue and support a relationship between child and parent so a relationship exists during a time of separation and upon reunification (Meyers, Smarsh, Almund-Hagen, & Kennon, 1999). Many decisions are made in the best interest of the child which looks at the child's safety and general well being (Willemsen & Willemson, 2000). The best interest of the child is not based on the condition of the child, but instead focuses on the assessment of the parent and family life in which the child lives (Hubbell, 1981).
Controversy exists related to how successful the Adoption and Safe Families Act (ASFA) has been to both children and maintenance of the family unit. Studies have found that often children are placed in foster homes when their parents are unable to either receive services such as transportation or child care, or housing is unstable (Wexler, 2002). These were seen as illegitimate reasons for placing children in foster care. The ultimate hope of the child welfare system is that substantial changes will occur for the legal family and the environment will improve in such a way that the child will be able to return to the home and the family. Services provided to the legal family are in place to provide support and guidance for the desired changes to also be sustained (Frame, Conley, & Berrick, 2004). Child welfare services provide preventative education or primary intervention to minimize the separation of family and child, and reunification services for families to work to come back together (U.S. Department of Health and Human Services Administration for Children and Families, 2000).

The path a family travels during the foster care process is unique for each situation. Once a child has been placed and the mandated requirements for family reunification have been determined, the successful or unsuccessful completion of these requirements is the deciding factor regarding whether the child returns home or not. The rates of reunification are lower the longer the child is out of the home, when a child is placed with a relative, where there is a lack of parental visitation, or family poverty (Taussig et al., 2001). The legal family needs to show the caseworkers and judge that if reunified, their children
will have a healthier home than before removal of the child and that the child's basic needs will be met. This might be a struggle for low-income families as providing basic resources such as transportation to appointments and housing can be difficult.

Shared parenting after reunification is becoming a part of the reunification process that takes a family centered approach and includes both legal and foster parents' input to how the child will be parented. Work with the shared parenting technique has found that this collaboration gives legal parents a better sense of working with their child, increased self-esteem and confidence with parenting. Parents are able to learn from the foster parents, and receive ongoing support after reunification with their children (Jordan Institute for Families, 2003; Galaway & Hudson, 1989).

Children live in foster care for varied amounts of time. After 12 months, 18 months at the most, a decision regarding the permanent placement for the child is determined by the court (Judicial Education Center, 2006). The child welfare system works to promote permanency for the family and child, and not leave the family or child in limbo for a determination of final placement. Having a deadline to determine placement may help eliminate lingering uncertainty for families. Parents may or may not have a clear understanding of what potential permanent placement for their children may consist of.

Adoption occurs when a parent relinquishes parental rights, or the courts terminate the parental rights of the legal parents. The adoption incentives program offers incentives to states that increase the numbers of children adopted
out of foster care. This program supports permanency, however, only offers incentives to permanency regarding adoption. It does not directly support permanency in terms of reunification or providing guardianship (The Pew Commission for Children in Foster Care, 2004). The incentives that support adoption may be beneficial for permanency of the mothers, however may be examined as a support that makes people shy away from reunification or guardianship as an option.

Another option for a permanency plan may be guardianship. Guardianship occurs when a child is not adopted, nor reunified with his/her parents. This may be due to cultural norms that do not support parental rights termination, or the possibility that some other arrangement can be agreed upon. Whomever assumes guardianship of the child also assumes rights as the caretaker and is responsible for the child’s education and general well-being. This means the guardian is responsible for protecting and making decisions for the child. The child is no longer in custody of the state, and the original legal family has all but terminated parental rights (The Pew Commission for Children in Foster Care, 2004). Understanding that this change may occur, how the relationship is characterized between child and parent may change in response.

If the case workers do not have enough funding, flexibility, or services available to offer the parents, the likelihood of reunification decreases as the support to make necessary changes to create a healthy environment for the family is limited (The Pew Commission for Children in Foster Care, 2004). Likewise, emotions such as anger, depression, or resignation that many legal
families experience while their children are in foster care may influence the chance they have to reunify with their children, (Hubbell, 1981). The combination of institutional shortcomings compounded with parental frustrations may make reunification more difficult.

Sometimes families are in need of services that extend beyond what the child welfare system can offer. The logistics of crossing these boundaries to other services may hold challenges with eligibility, tracking, or multiple management systems. Having services with different regulations may mean having different caseworkers for each service. Evidence suggests that in such instances there is the chance of poor communication between caseworkers (The Pew Commission for Children in Foster Care, 2004).

There are concerns that the child welfare system relies too much on foster care, rather than other family strengthening/supporting services. Federal funding focuses primarily on the use of foster care and, secondly, on other services intended to keep families safely together. Title IV-E of the Social Security Act is an open-ended entitlement program that guarantees federal reimbursement for every income-eligible child that is placed in foster care. In contrast to this, Title IV-B is a two fold approach, providing funding for a) specific child welfare services and b) services for children and families. The funding has varying flexibility and is capped. It holds less available money than title IV-E. Due to the funding disparity, a child may be placed in foster care hastily creating further separation and grief issues, when perhaps the family needed other services and may have been able to stay together, or perhaps be reunited much more quickly.
A child's welfare is always paramount, and includes ensuring support for the family members, and providing services for the parent's wellbeing in order to create an environment healthy for the child and family. The best interest of the child standard focuses on the individual child, and not necessarily on the other family members and their interests. A strict adherence to this standard does not recognize the mother's potential loss of a child placed, or the inadequacy felt as a parent in these circumstances (Hubbell, 1981). In working towards the best interest of the child discussion has risen, creating a parents' versus children's rights issue implying that these two positions are mutually exclusive. Taking the parents' rights' position generally purports that the relationship between the child and legal family is respected and fostered. This position also supports a partnership between parents and agencies and service workers that are involved with the case. Some believe that resources used to keep an eye on parents would be better used to support their situation and improve resources available to them (Kelly, 2000b). In contrast, the children's rights position advocates for empowerment of children and their opinions and voice for choosing a placement. This position also supports the notion of preparing children for their life after they leave care (Kelly, 2000b).

Having children in foster care is a difficult position for legal parents because they retain some parental rights until the rights are either terminated or
relinquished completely, but the parents also struggle with the idea that another person, whether it be another family member or a non-kin foster parent, is caring for the child. The "authority" of a parent may be described as "care, custody, and control" of a child, but if a foster parent assumes the role of caretaker, the mother's role may become blurred and the mother may be unsure of her new position as mother but not caretaker (Takas & Hegar, 1999). The legal parents may be trying to renegotiate those feelings of loss of control and authority as a parental figure, or be trying to understand how to share that role of an authority figure with foster care parents (Takas & Hegar, 1999).

Positive relationships with social workers along with supportive relationships with other employees of agencies that work with families involved in social services contribute to a greater sense of control and well-being for legal parents. Similarly, negative relationships or interactions may be detrimental to the well-being of the legal mothers and contribute to their feelings of helplessness, hindering their ability to function or to focus on reunification (Frame, Conley, & Berrick, 2004). The relationships with caseworkers may help or hinder the feelings of control and empowerment that the family will be reunified.

**Socioeconomic Factors**

The components of socioeconomic factors and their role in families involved with the child welfare system do not only include income. Common markers for socioeconomic status are parental education, occupation, as well as family income (Duncan & Magnuson, 2003). Along with socioeconomic factors, the
culture associated with the lower socioeconomic status discussed in this study, may contribute to how society participates along with the families involved with the child welfare system impacting the quality of parenting of their children. Parenting expresses itself through one’s socioeconomic context (Bornstein, Suwalsky, & Haynes, 2003). Cultural norms often dictate how parenting is perceived and what is accepted as appropriate. These cultural models vary among social classes (Holloway et al., 1997). Parents of lower socioeconomic groups are sometimes seen as ignorant or irrational, and potentially capable of jeopardizing the lives of their children. Children are at times seen as ‘at risk’ by special interest groups who using poverty as a lens for political action (Holloway et al., 1997). Polakow (1993) supports these conceptions, suggesting that the discussion becomes a “discourse about them” (p. 43). Polakow further suggests that at times children are deemed at risk more because we as a society feel “their condition threatens our security and comfort, our children, our schools, our neighborhoods, or property values” (p. 43). While limited tolerance for various parenting models may not directly influence permanency placement in favor of or against legal families, it may help or hinder the family. Caseworkers, agencies or other services, or judges that limit their concepts of what parenting “should be” based on a class focused lens may or may not give families an unbiased opportunity for reunification. Intolerance for multiple parenting strategies or needs may also limit the support a grieving parent may be receiving, as stigmas and prejudices may come into play.
Poverty

Poverty is an issue in the United States that not only affects those receiving federal assistance, but families within 200% of the poverty line (Kids Count Minnesota, 2003). People and families that border the qualifications to receive federal assistance may struggle even more because they do not have the resources to provide adequate necessities for their families, yet do not have the support of Temporary Assistance for Needy Families (TANF) and other government supported programs to give them the boost they may need.

Low-income families are often target populations for child and family services. Parents that lack financial resources and struggle with basic needs are often seen as placing children in jeopardy for optimum development. Children from lower-income families are at more risk for poor outcomes, in school and learning, and with behavioral issues (Shonkoff & Phillips, 2000). Poor families may be seen as creating inhospitable environments for their children. Some may feel that lower-income parents have less adequate parenting skills and education and therefore create a detrimental environment for their children’s development. Studies on welfare reform suggest that in isolation, family income and reduction of poverty is not enough to offer what benefits young children cognitively or emotionally, nor does evidence suggest that poverty, alone, is harmful to children. (Shonkoff & Phillips, 2000).

Experimental studies do not generally indicate a causal effect between income and parenting models. Non-experimental studies may hold some bias and not control for other factors that influence parenting such as education,
mental health, etc. of the parent (Duncan & Magnuson, 2003). One study indicated that as education levels increased, the mother's involvement with child welfare services in low-income homes decreased (Culhane et al., 2003).

It can be noted that many studies are child focused when discussing the effects of poverty on families. A trickle down theme can be noted when examining the literature. Long-term problems of poverty such as unstable housing or health problems, or difficult responsibilities such as childcare or transportation issues, contribute more to the depression of women in low-income environments than any other single crisis (Schein, 1995). The struggles and barriers of financial strain may have some influence on the well-being of the mother, creating difficult parenting environments, in turn creating more hurdles for parents.

A subculture that is maintained by poverty may help characterize the situations many low-income families face. Socioeconomic status, according to Okagaki and Divecha (1993) is not only related to income and level of education, but also the experiences and opportunities to which one has access. Monetary resources help to define the lives of many low-income families and the accompanying stresses, such as transportation, childcare, or unemployment.

The poor may feel a sense of disempowerment and/or humiliation when working with people of authority. Many of the poor are already facing barriers when reaching out for support as well (Narayan, Patel, Schafft, Rademacher, & Koch-Schulte, 2000). These feelings may be heightened if their parenting has been called to question. They are very aware of their lack of voice or power.
Support of family and friends can be an important aid to children remaining at home as frequently poorer populations rely on informal networking rather than more formal institutions. The poor may see limitations of informal networks compared to formal institutions, however, are more trusting in these connections because of the families’ comfort with the established networks, and discomfort with the authority of more formal networks (Narayan et al., 2000). Social supports are usually based on the concept of reciprocity. In communities or relationships where resources are limited, reciprocity may not be possible. If someone feels that he/she cannot reciprocate emotional or logistical support, he/she may withdraw and become more isolated with even less support and potentially fostering depression or low self-esteem (Narayan et al., 2000; Garbarino & Sherman, 1980).

**Parenting**

Single parent families face higher risks of poverty than do two-parent households, and most single parent households are headed by females (Shonkoff & Phillips, 2000; Schein, 1995). Low income mothers are second most likely to have children involved with child welfare services compared to other mothers (Culhane et al., 2003). Single parents are continuously juggling the tasks often delegated to two parents. This would be difficult for many people, but compounding the situation with financial strains heightens the difficult position in which many women find themselves (Schein, 1995). Employment held by single female heads of households may lead to time constraints which may in turn influence how effectively they supervise their children (Shonkoff & Phillips, 2000).
Women may find themselves in a catch-22 as they try to be both the “good parents” staying home with their children, while also working to be “good welfare recipients” trying to work outside of their homes. Society has made these two circumstances mutually exclusive putting women in a difficult situation where they feel they must choose (Henderson, Tickamyer, & Tadlock, 2005).

For many mothers the choice to leave the home and work for more income rather than stay home with their child is an unfortunate one. In another circumstance mothers might not have left their children alone after school or early in the morning, but having to be at work to financially sustain their family may mean that these mothers must make difficult choices. In emotionally demanding situations, such as parenting, parents become more effective agents when needs are met through supportive relationships (Vondra & Belsky, 1993). Single parents, especially those in rural and isolated areas, frequently do not have their emotional or situational needs met (Vondra & Belsky, 1993). This could be from not having many close relationships on which they may rely. This may also include not having as many people around to provide last minute child care or transportation.

Rurality

Research on child welfare and foster care involvement has primarily used samples in urban settings, overlooking the rural population, making it difficult to draw conclusions on the rural population (Strong, Del Grosso, Burwick, Jethwani, & Ponza, 2005; Schein, 1995). There is a lack of empirical research on important issues through this rural population (Strong et al., 2005). Rural areas
are defined by population density, population size, measures of isolation, commuting patterns, and so forth, and the definitions of what is considered to be rural may vary depending on how each of these categories is perceived (Strong et al., 2005; International Fund for Agricultural Development, 2001). If rural and nonrural environments are studied, the results are often not discussed separately. This dearth of research limits how relevant certain studies are to the specific rural population. Nonetheless, there has been some research which has found that children from rural areas who are placed in foster care homes are more likely to be returned to their families, unlike their urban counterparts who are more likely to be placed for adoption (Strong et al., 2005).

The lives of rural families are different from urban families. Employment and other resources are generally more limited in rural areas. Rural families also differ in their social supports, specifically structure, access and use (Strong et al., 2005). Rural families are less likely than urban families to use formal childcare such as within businesses. This may be due to limited availability, limited financial resources, or other reasons (Strong et al., 2005). This distinction is important to make as families that are involved with social services may need resources, which are obtainable only in limited ways, or are not constructed or presented in a way that is helpful to the rural population.

Grief and Separation

Grief includes intense emotion due to the loss of something or someone loved. Grief due to death is often the focus in literature. Grief due to loss is an area of study that continues to be developing. Much research on loss and stress
uses temporary stress, and does not distinguish between different types of losses or stressors, or operationalizes stress in very general terms such as “expressing a negative mood” (Miller & Omarzu, 1998, p. 11; Cohen, Doyle, Skoner, Fireman, Gwalthey, & Newson, 1995). Stress occurs whenever one must adapt to change or when one feels less confident in one’s ability to manage the circumstances presented. Change does not, however, necessarily leave one anticipating grief. One may grieve when the change involves a loss of attachment in some way (Kugelmann, 1992). Grief is described to be one of the most acute kinds of stress (Jones, 1989).

Many studies focus on death as a type of loss, therefore loss and death are often used interchangeably. This is most likely because other forms of loss can be recovered from, such as health, a relationship, or employment. Death is a loss that is not recoverable (Miller & Omarzu, 1998). Grief resulting from relinquishment of a child, according to La Monica (2000), has been compared to the bereavement experienced by parents after the death of a child. While relinquishment may be determined to be voluntary, the grief experiences have been studied and found to be similar (Talbot, 1996).

While grief accompanies many significant losses, temporary or permanent separation, such as separation from foster care placement, may cause a form of grief (Acord, 2001). The separation may include little to no visitation, or the child and parent may have a significant amount of time they can spend together even though the child is living in a foster home. The separation may affect parent and child individually as well as their relationship with each other, so that allowing the
relationship to continue may minimize trauma for both child and legal parent (Kelly, 2000a). If the continuation of the relationship is not fostered by the multiple systems with which both the child and mother must interact (i.e., foster care system, foster family, job schedules to accommodate for visitation) the relationship and attachment may begin to deteriorate due to separation.

According to Bowlby (1982), healthy attachment does not end completely and may be renewed. The grief from separation may hold the same intensity as grief from death, and the movement through the grief process is much the same as when a loved one has died.

The process of grief is described as occurring in stages or having a course (Parkes, 1998). Each stage is important, and helps with the healing process. The number of stages may range from a few to over nine and may include immediate reactions of shock or denial. As people develop a sense of awareness of the loss, anger may be present, bargaining, or a preoccupation with the physical absence of the person. At the stages of full realization there may be feelings of depression, or emptiness along with physical and psychological changes. The resolution stage may include acceptance or a sense of recovery/reorganization/reintegration into life (Mander, 1995; Jones, 1989; Kübler-Ross, 1969; Parkes, 1986). The patterns of grief are usually similar in most individuals and can include psychological and physical elements (Parkes, 1998; Jones, 1989).

Controversy exists over whether using “stage models” to explain grief is beneficial to the person grieving. Kübler-Ross (1969) and Harper-Neeld (1990)
use stages to describe the grief that people will face during and/or after a significant loss such as permanent separation with a family member. In contrast, Wortman and Silver (1989) suggest that assuming all people will experience grief through these stages, or that grief will at some point end, is presumptuous (Miller & Omarzu, 1998). The point is further discussed that the stages are not in and of themselves a staircase to ultimate recovery from the grief of a loss. The stages may be considered helpful, but not prescriptive (Mander, 1995). Stages offer some idea of what is experienced as a way to normalize the grief. Normalizing of feelings may provide added support for people as they handle their own grief, and as others are involved in the grief facing the person. For example, caseworkers who understand stages of grief may be more equipped to support a grieving parent and help them find the best way to function in light of the loss. The assumption that grief manifests itself in specific ways may also hinder a grieving person, for example if another caseworker is rigid in thinking a parent is not grieving in the correct way.

American culture emphasizes competence, strength, and accomplishment. Since grief often involves other characterizations/behaviors, a grieving person may be unsure whether what he/she is feeling is normal or pathological (Jewett, 1982). The grieving person, especially a mother grieving the loss of a child due to temporary or permanent placement of the child outside the home, may be facing subtle or explicit pressures from others to grieve in a specific way or not grieve at all (Mander, 1995). This may be considered disenfranchised grief as the loss is stigmatized by the public and the mourning or
grieving experience is not seen as acceptable (La Monica, 2000). Relationships between people often have a socialized regulation regarding closeness and appropriate grieving that should accompany the loss of that relationship or attachment. For example, in the situation of foster care, a social regulation may exist which suggests that the legal mother should not be permitted to grieve since her behavior created the situation that caused her child to be removed from her care. While the loss of a family member is the most accepted relationship to grieve, the level of appropriateness in instances of child welfare is layered within the context which the loss occurs (La Monica, 2000; Fowlkes, 1990).

Talking with others about loss can be a healthy and productive way to grieve. Repressing emotions in front of others, not wanting to burden others, not seeking supportive relationships, and not having others that want to be supportive to the person grieving, can limit the opportunities the person has to share his/her story in a healthy way (Mander, 1995; Thompson, 1991). Opportunities to share and express grief help to find meaning and control, which in turn will help the person cope better. It is not clear whether simply the presence of social support leads to good outcomes, or whether people who are emotionally healthy to begin with are able to establish and maintain social support to meet their needs after a loss (Osterweis, Solomon, & Green, 1987). Positive support that fosters further discussion about feelings of grief and how to manage that grief may help a parent grieving the separation from a child to function more efficiently and confidently. The ability to cope with grief and
function well in spite of grief may give control to parents who are otherwise dealing with a situation out of their control.

Perceived control of any situation is related to better coping (Thompson, 1991). Trying to escape and/or avoid the situation may help someone cope in the short-term, but in the long-term dealing with the situation head on is more effective (Thompson, 1991). There is usually a temporary feeling of inability to control one's own circumstances which can restrict motivation, cognitive abilities, and/or result in depression. Regaining locus of control is important for legal mothers whose children are in foster care so they can function efficiently to work and regain a life with their child/ren (Mander, 1995). Supportive grief and regaining a feeling of control may help the legal mother function more effectively and establish a life that will be conducive to regaining custody of her children, or to live in a successful way with her children not in her custody.

**Depression**

Researchers distinguish between grief and depression (Worden, 2002; Zisook, 1987). Symptoms of grief and depression are similar and include disturbances in sleep and appetite, and intense sadness (Worden, 2002). Loss or lowering of self-esteem, however, is more common in clinical depression, and although grief and depression experiences share similarities, are seen as two different “conditions” (Worden, 2002, p. 21; American Psychiatric Association, 1994). While depression may be conditionally different according to the Diagnostic and Statistical Manual IV of the American Psychological Association, depression does partly characterize grief. Depression explains how grief may
manifest itself, and under stress may cause someone to seek help to manage feelings of depression. Already existing depression may be exacerbated following loss and may interfere with normal grieving (Osterweis, Solomon, & Green, 1987).

Depression, while a symptom of grief, is also a prevalent mental health issue in low-income populations. Nationally representative estimates of mental health problems indicate that poor and less educated people in the U.S. have twice the rate of major depressive episodes than those who are more advantaged (Blazer et al., 1994). The increase in depressive symptoms for this population may be because they experience more negative life events and have fewer resources to help cope with adverse circumstances (Shonkoff & Phillips, 2000). Depression, and the stressors that may worsen it, are tied to parenting as well. The responses that mothers have to their children may be less positive and consistent, and more detached and harsh when mothers are depressed (Shonkoff & Phillips, 2000). The depression may play a role in parenting prior to the child’s removal into foster care, and/or also during the time of visitation and how the parent/child relationship continues.

**Summary**

Rural low-income mothers whose children have been placed in foster care must contend with a variety of barriers. Poverty itself may help to create stressful and difficult situations within which mothers must parent. Compounding rural environments, low-income, and financial restrictions may reduce the amount of logistical and emotional support that could be available for mothers facing such a
tumultuous time as having children removed from home and their parenting placed under a magnifying glass. What continues to be unknown at this time are the experiences of rural low-income families with child welfare services and of having their children placed in foster care. Limited work has been done to bring to light what this group of people are feeling and dealing with while having their children live out of the home.

This research explores the experiences of rural low-income mothers as they are involved in child welfare services and as their children are removed from the home and placed in foster care. A better awareness of this group is needed to further understand the lives of those involved with the child welfare system. By beginning to examine the experiences of mothers with children in foster care, a better understanding can be developed for how to support the mothers and also the children through the process. Understanding one half of the mother-child dyad may help to support the other half.
CHAPTER III

METHODOLOGY

Rural low-income mothers’ experiences with the foster care process are important to examine because the mothers’ experiences may influence the whole family. Foster care involvement is a significant occurrence for parents, and multiple layers of systems may work with or against parents as their children are in out-of-home care. This study asked three questions: 1) To what extent do rural low-income mothers of children who have been removed by the foster care system experience grief? 2) What are these mothers’ views of themselves as parents? 3) What support do these mothers receive a) from friends, (b) from family, (c) from child welfare professionals, (d) from other providers, and (e) others?

Data

Data used for this study are from the USDA-funded multi-state longitudinal study NC223/NC1011 “Rural Low-Income Families: Monitoring Their Well-Being and Functioning in the Context of Welfare Reform” also known as “Rural Families Speak.” The purpose of this study was to examine changes in well being of rural families in the context of welfare and public assistance policies. States involved with the Rural Families Speak are California, Colorado, Indiana, Iowa, 

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1 See Appendix A for researcher Institutional Review Board approval and Appendix B for a sample NC223/1011 IRB approval. Interview protocol was approved by every participating University's IRB.
Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New York, Ohio, Oregon, South Dakota, West Virginia, and Wyoming. This research was supported in part by USDA/CSREES/NRICGP Grants - 2001-35401-10215, 2002-35401-11591, 2004-35401-14938. Data were collected through three panels, each panel containing a different set of states. Panel 1 data are from California, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New York, Ohio, Oregon and Wyoming. Data were collected in three Waves. Wave 1 in 1999-2000, Wave 2 in 2000-2001, and Wave 3 in 2002-2003. Panel 2 data were collected in a West Virginia county and a second county in Ohio. Wave 1 data are from 2001-2002 and Wave 2/3 combined is from 2003. Panel 3 covers data from Iowa and South Dakota and is still being collected and processed. This study used data from Panel 1 as no families in Panel 2 had children in placement.

**Rural Families Speak Participants**

Mothers were recruited to the Rural Families Speak study by staff in family-based agencies where families were the recipients of food stamps, WIC, welfare to work programs, Head Start, social service agencies, adult education programs, and literacy programs. Cooperative Extension educators assisted in recruitment in many of the states. To be eligible for the study mothers' had to be Food Stamp, WIC, income eligible and have at least one child under the age of thirteen. The total sample consisted of 413 rural mothers from twenty-three counties across the United States. Rural counties were identified by researchers
in each state based on the Butler and Beale (1994) coding scheme, USDA-ERS Rural-Urban Continuum Code (RUCC). Eighty percent of the counties chosen had RUCCs of 6, 7, or 8. Counties with codes of 6 or 7 indicate an urban population of 2,500 to 19,000. Counties with codes of 8 do not have a town with more than 2,500 people (Bauer, 2004). Trained interviewers did face to face interviews at the participant's home or a public location. The interviews were conducted in English or Spanish.

The current investigation used data from twenty-two mothers who were participants in the Rural Families Speak study and who had children placed in foster care. The interviews from the Rural Families Speak study did not include interviews with fathers. The data for Rural Families Speak were examined and all participants who had children out of the home during any interview were identified. Within that group, participants were excluded if the child was out of the home for any reason other than being placed in some form of foster care. The final group of cases consisted of mothers with children who had been placed in an out-of-home setting, and either (1) were waiting to determine if the child would be returned, or (2) if permanency was determined to remove the child or reunify the child with the mother. Interviews were used from twenty-one of the twenty-two mothers because one mother did not discuss her children or her involvement with foster care during the interviews.

**Foster Care Data**

Secondary data from participants from Panel 1 were reviewed to obtain information regarding their experiences with foster care from coded interviews.
(one interview from the original twenty-two mothers was not used because that mother did not discuss her experiences with foster care). Those sections were subcoded on Maxqda2, software used for qualitative data analysis. Grounded theory was used to uncover themes surrounding grief, separation, the child welfare system, supports, barriers, and any other themes that presented themselves. A quantitative analysis with the secondary data compared mean scores between the participants and a random sample of mothers from the Rural Families Speak study with children who were not placed in foster care. T-tests were used to help determine whether or not differences in the mean scores for these tests were statistically significant.

Quantitative Analysis

Using SPSS, descriptive statistics were used to characterize the sample of the twenty-two mothers with children in foster care. To compare the depressive symptomatology and parenting confidence for mother with children in foster care and mothers with children not in foster care, data from the twenty-two mothers were compared with a random sample of twenty-five mothers with children not in foster care. Two groups (families involved in foster care and those who had not been involved in foster care) were compared in order to explore differences depression scores, parenting confidence, and parenting support. Variables used for analysis included: 1) variables from the Parenting Ladder which measures parenting confidence and the level of parenting support through self-assessment to explore research question two, and 2) the Center for Epidemiologic Studies Depression Scale (CES-D) which measures depressive symptomatology.
Analysis of these data addressed how multiple levels of systems are interconnected. Examining the extent of external supports may help begin to understand how support may help or hinder the experiences of these mothers. Similarly, as depression is an aspect of grief, comparing mean depression scores with mothers who have not had children involved in foster care may further describe how the mothers with children in placement are faring.

**CES-D Scale**

The Center for Epidemiologic Studies Depression Scale (CES-D) (Appendix C) was designed to measure depressive symptomatology in the general population (Radloff, 1977). It has been widely used in a variety of research populations. Respondents are asked to rate how often they experienced specific situations or feelings in the past week. For example, one item states, “I felt that everything was an effort.” Response choices are: (a) rarely or none of the time, (b) a little of the time, (c) a moderate amount of time, or (d) most or all of the time. Each response option was given a corresponding number. Four of the items used reverse scoring. The items scores were summed. Respondents could receive a score from zero to 60. Receiving a score of 16 or higher indicated being at risk for clinical depression. Cronbach’s alpha on this scale for the Rural Families Speak data-Wave 1 population was .89 (N=402) (Bauer, 2004).

**The Parenting Ladder**

The Parenting Ladder (Appendix D) is a measure constructed by the Oregon State University Family Policy Program for use in a statewide evaluation.
of the Healthy Start Program. The measure is divided into two sections: a self-
assessment of parenting confidence, and a self-perceived level of parenting
support. The original 10-item measure was modified by the Oregon State
University Even Start Evaluation team in 1996/97 to include the addition of two
items measuring stress that include “Where would you put yourself on the
Parenting Ladder in terms of the amount of stress in your life right now?” and
“your ability of cope with the stress in your life?” An additional modification made
at the same time was the inclusion of one item measuring the amount of support
in the respondent’s life.

Cronbach’s α based on the Rural Families Speak data for parental
confidence using all seven items was .60 (N=404). Factor analysis using the
Oregon Even Start population, however, suggested that one item, “The amount
of stress in your life right now” showed little loading (contribution) to the concept
of parental confidence and it lowered the overall reliability. Based on this result
the alpha was recalculated to exclude this item, which increased the alpha to .70
(N=404). Alpha for parental support was .85 (N=403) using all six items
(Richards, 1998).

Qualitative Analysis

Retrieving experiential information from legal mothers who are going
through or who have gone through the foster care process gives voice to these
families and helps to better understand what the process is like for these women.
Through the coding and analyzing of interview data, strengths of the process as
well as areas for potential growth and improvement will be discovered. Children,
parents, and the environmental context in which they live have a mutual effect and influence on parents' well-being.

Analysis of the qualitative interview data is guided by grounded theory. Grounded theory is helpful in developing concepts, central themes and relationships from coded data (Strauss & Corbin, 1990). The interviews from twenty-one mothers (one mother did not mention her experiences) from the larger Rural Families Speak study went through a three step process using Maxqda2. Open coding, the first phase of the coding system, provided an opportunity to develop basic concepts and categories under which the transcripts were coded. Axial coding was the next phase, taking the categories and further analyzing them to develop subcategories or more closely related categories. By asking the questions of when, where, why, how, and under what conditions, axial coding was completed (Strauss & Corbin, 1998). The final phase of coding was selective coding. During selective coding, the last phase in grounded theory coding, the information gathered from open and axial coding was further analyzed to fine tune the themes and begin to tell the story was laid out n the transcripts (LaRossa, 2005). Themes included: 1) emotional barriers and supports, 2) financial barriers and supports, 3) relational barriers and supports, 4) institutional barriers and supports, 5) parental barriers and supports, and any other themes or sub-themes that arose regarding placement in foster care. Themes, while under the premise that each has supportive and restrictive components, reflect multiple levels of the ecological framework as relationships and interactions between systemic levels present themselves through the data.
Each theme is interconnected and aspects of interviews may cross the boundaries of several themes. Understanding the interconnectedness of themes reinforces Bronfenbrenner's ecological perspective that systems are interwoven and have bidirectional effects with other systems.
CHAPTER IV

RESULTS AND DISCUSSION

The results from this study answer the three research questions: 1) To what extent do rural low-income mothers of children who have been removed by the foster care system experience grief? 2) What are these mothers' views of themselves as parents? 3) What support do these mothers receive a) from friends, (b) from family, (c) from child welfare professionals, (d) from other providers, and (e) others? Throughout the results, these questions are answered and acknowledged.

The quantitative and qualitative data from this study offer insight into the experiences of twenty-two rural low-income mothers from multiple levels, and acknowledges the various systems that interact with the mother during time her child(ren) are in placement. As the mothers with children in foster care responded to a variety of questions regarding their well-being and lives, they included information regarding the macrosystem, exosystem, mesosystem, and microsystem of their lives in the context of their children’s placement in foster care. Discussion around grief, separation, and supports and barriers from a variety of resources helped to frame the construction of the themes and the results and following discussion.

All data are from Panel 1 Waves 1, 2, and 3. No cases were used from Panels 2 or 3 as no mothers in those panels had children out of the home due to
foster care placement. Quantitative analyses are based on data from twenty-two mothers. The demographics of mothers only are discussed to familiarize the reader with the mothers and their situations. The interviews are from twenty-one of the twenty-two mothers who had children in foster care. Some mothers spoke of their circumstances while others did not. Although one mother had a child in out-of-home care, she did not discuss any specifics of her situation. Six themes emerged from the interview responses from twenty-one mothers. The themes are: emotional, financial, relational, institutional, logistical, and parental supports and barriers. The mothers discussed both supports and barriers to maintaining or losing custody of their children as well as having their children returned to their care. These themes help to organize the supports and barriers for discussion and serve the purpose of helping to answer the third research question about mothers' support systems. Themes often overlap, encompassing both a support and a barrier. The themes directly acknowledge the various research questions posed in this study. Specifically, emotional supports and barriers including grief and depression, as well as mental health, and examination of the CES-D depression scores help to shine a light on the grief experiences of the mothers. Parental supports and barriers, including parental strengths and confidence, along with examination of the Parenting Ladder, help to answer the second question about how mothers view themselves as parents. Lastly, the third question regarding what supports are available for mothers is addressed through the various themes regarding financial, logistical, and relational supports and barriers. Each theme incorporates multiple levels of Bronfenbrenner's family...
ecology perspective. After a brief commentary on each theme, the mothers' comments are used to illustrate that theme.

Demographics

The sample is composed of the twenty-two rural low-income mothers from the Rural Families Speak sample who had their children removed to an out-of-home placement. The mothers resided in eight states: Indiana, Kentucky, Maryland, Massachusetts, Minnesota, New Hampshire, Nebraska, and Oregon. The mothers varied in educational level, ethnicity, age, and number of children in placement.

At the time of the first interview the mean age for the mothers was approximately 32 years of age ($SD= 6.30$). Eight mothers had completed some high school; six had a high school degree or GED; three had specialized technical, business, or vocational training after high school; three had completed some college; while two had completed eighth grade or less (Table 1). About 82 percent of the mothers had their first child before they graduated from high school. Four had an eighth grade education or less when they had their first child. The remainder had more education when the oldest child was born. Six already had a high school degree or GED, one had some college education, and one some specialized, technical, business or vocational training after high school when her first child was born. At the time they gave birth to their first child the mothers ranged in age from sixteen to thirty-three years. The mothers' average age at birth of first child was approximately 21 years old ($SD= 0.99$).
Table 1  
Demographic Frequencies  
(n=22)  

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<th>Characteristic</th>
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<th>Wave 2 (n=18)</th>
<th>Wave 3 (n=16)</th>
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<tbody>
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</tr>
<tr>
<td>Age: Mean (SD)</td>
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<tr>
<td>Education:</td>
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<tr>
<td>8th grade or less</td>
<td>9.1%</td>
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<tr>
<td>Some high school</td>
<td>36.4%</td>
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<td>High school or GED</td>
<td>27.3%</td>
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<tr>
<td>Specialized technical, business, or vocational training after high school</td>
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<td>Some college, including AA</td>
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<td>College or university graduate</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One or more years beyond college</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate degree</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>86.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>9.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>4.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>40.9%</td>
<td>27.8%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Divorced</td>
<td>27.3%</td>
<td>22.2%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Separated</td>
<td>4.5%</td>
<td>5.6%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Living with partner</td>
<td>9.1%</td>
<td>27.8%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Single</td>
<td>18.2%</td>
<td>16.7%</td>
<td>18.8%</td>
</tr>
</tbody>
</table>

The mothers self identified into three ethnicities. The majority of mothers interviewed were non-Hispanic white. Nine percent of the mothers classified themselves as Hispanic/Latino and 4.5 percent as Native American the remaining 86 percent were non-Hispanic white (Table 1).
Most mothers were married during the first wave of interviews. Marital status, however, was fluid and although most mothers were married over the course of three waves the mothers who were married changed. During the first wave nine mothers were married, six were divorced, one was separated, two were living with a partner, and one was single. Between waves one and two, four mothers changed their marital status, and between waves two and three, five women changed their marital status. Throughout the three waves of interviews, at least one third of the mothers were with a partner: 50% in Wave 1, 45% in Wave 2, and 36% in Wave 3 (Table 1).

Mother's annual income, employment, and federal assistance also fluctuated over the three waves of interviews. The mean annual income for mothers shifted from about $10,537 (SD= 6503.33) in Wave 1 up to $17,277 (SD= 12,651.77) in Wave 2, then to $16,922 (SD= 12,040.63) in Wave 3. Of the mothers interviewed in each Wave, no more than about 40% of the mothers were employed during any Wave (nine in Wave 1, six each in Waves 2 and 3). The hours worked by either the mothers or their partners were not of interest, simply whether or not they were receiving income from employment. The mothers receiving TANF decreased during the three Waves. Similarly, transportation assistance as well as childcare assistance decreased over the three waves of interviews. The number of women receiving housing assistance did not decrease, but the mothers who were receiving housing assistance did not necessarily continue to have housing assistance during all the interviews (Table 2).
Table 2
Economic Resources

<table>
<thead>
<tr>
<th></th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household Income</strong></td>
<td><em>M</em>=10,536.77</td>
<td><em>M</em>=17,276.84</td>
<td><em>M</em>=16,921.60</td>
</tr>
<tr>
<td></td>
<td><em>SD</em>=6503.33</td>
<td><em>SD</em>=12,651.77</td>
<td><em>SD</em>=12,040.63</td>
</tr>
<tr>
<td></td>
<td>(n=22)</td>
<td>(n=18)</td>
<td>(n=16)</td>
</tr>
<tr>
<td><strong>Employment:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother Employed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>40.9% (n=22)</td>
<td>33.3% (n=18)</td>
<td>40.0% (n=15)</td>
</tr>
<tr>
<td>Mother On Disability</td>
<td>18.2% (n=22)</td>
<td>11.1% (n=18)</td>
<td>20.0% (n=15)</td>
</tr>
<tr>
<td>Partner Employed</td>
<td>72.7% (n=11)</td>
<td>80.0% (n=10)</td>
<td>37.5% (n=8)</td>
</tr>
<tr>
<td><strong>TANF (% Receiving)</strong></td>
<td>31.8% (n=22)</td>
<td>6.0% (n=17)</td>
<td>4.0% (n=15)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housing Assistance</strong></td>
<td>40.9% (n=22)</td>
<td>5.0% (n=17)</td>
<td>6.0% (n=15)</td>
</tr>
<tr>
<td>(% Receiving)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transportation Assistance</strong></td>
<td>18.2% (n=22)</td>
<td>2.0% (n=17)</td>
<td>3.0% (n=15)</td>
</tr>
<tr>
<td>(% Receiving)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Childcare Assistance</strong></td>
<td>22.8% (n=22)</td>
<td>4.0% (n=18)</td>
<td>3.0% (n=15)</td>
</tr>
<tr>
<td>(% Receiving)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Homeless</strong></td>
<td>38.9% (n=18)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Moved Since Last Interview</strong></td>
<td>N/A</td>
<td>44.4% (n=18)</td>
<td>56.3% (n=16)</td>
</tr>
</tbody>
</table>

Children in Placement

During the first wave of interviews, the twenty-two mothers had a total count of 67 children. These children, in Wave 1, ranged in age from less than one year to about 15 years old. Some mothers had grown children as well as others who were living out of the home for other reasons; these were not included in this study. Included for this study are those minor children who had...
potential for living in the home. Over the course of the three waves of interviews, between 20 and 26 children were in some form of foster care during any one year. Of the 22 mothers, the total number of children in and out of the home changed over time as well as their type of placement (Table 3). Children were removed from the home either voluntarily or were forcibly removed. Five mothers voluntarily had their children placed due to behavioral issues or inability to care for the children. Eleven mothers had their children removed from the home by child protective services for various reasons such as neglect or suspected abuse. Two mothers did not discuss whether it was voluntary or not. Three mothers had children who at one point were removed by child protective services and then they voluntarily placed their children out of the home.

Table 3
Placement of Children During Three Waves

<table>
<thead>
<tr>
<th></th>
<th>Wave 1 (n=22)</th>
<th>Wave 2 (n=19)</th>
<th>Wave 3 (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children in Placement</td>
<td>20</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>Number of Children at Home</td>
<td>40</td>
<td>31</td>
<td>27</td>
</tr>
<tr>
<td>Number of Children Out of the Home, But Not in Placement (i.e., Grown, or Other Parent Has Custody)</td>
<td>7</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

The mothers had different outcomes for permanency placement (Table 4). Every combination of changes existed for the placement for children of the mothers. Some children remained in kinship care during all three Waves. Some children entered care, returned home, and went back into care. Some children
came home to stay while others were adopted. Twenty mothers discussed the final placement of their children. Within one family a child may have been reunified with the mother at the end of the three waves of interviews while at the same time a permanent decision was pending for another child. Only two mothers were reunified with their children at the end of the interview period. Ten mothers still had pending situations. One mother had relinquished her parental rights, and one mother had her parental rights terminated. The final placement for four mothers' children was unknown. Two mothers had children adopted during the first wave of interviews. One of those mothers had a child adopted while one was placed in foster care at the same time. That child's final placement was unknown by the third interview.
Table 4
Count of Type of Placement for Children by Wave
(n=21)

<table>
<thead>
<tr>
<th>Type of Foster Care</th>
<th>Wave 1 Only</th>
<th>Wave 2 Only</th>
<th>Wave 3 Only</th>
<th>2 Waves (Consecutive)</th>
<th>Waves 1 and 3</th>
<th>All Three Waves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Kin Foster Care</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kinship Care</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Care</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Placements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Adopted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

Note: Each count is by mother, not number of children. “Multiple Placements” means that a mother may have more than one child in more than one type of placement.

Quantitative Analysis

The quantitative analysis consisted of independent-samples t-tests on two groups of mothers being run on three different scales: The Center for Epidemiology Studies-Depression scale, parental confidence scale, and parental support scale. The mean scores were compared using independent-samples t-tests to explore the extent of depressive symptoms, support and confidence in parenting between two groups of mothers. The first group included the twenty-two mothers identified in the study. The other group was a random sample of
twenty-five mothers from the Rural Families Speak study who did not have children placed in foster care.

**CES-D Scores**

In all three waves of interviews, the mothers responded to the Center for Epidemiology Studies-Depression paper and pencil measure to assess their depressive symptoms. Scores reflect the extent to which the mothers may be at risk for clinical depression. A score of 16 or higher indicates the person is at risk for clinical depression. The twenty-two mothers who had children in foster care were compared to a random sample of twenty-five mothers from the same study who did not have children in foster care. An independent-samples t-test compared the means of scores between mothers with children in foster care with mothers without children in foster care to determine whether these two groups were statistically different.

A significant difference between the mean CES-D scores of the two groups was found (Table 5). The mean scores of the mothers with children in foster care, while they remained similar over the three years of interviews, were significantly higher than the mean scores of the mothers with no children in foster care. For mothers with children in foster care, the mean scores were 21.78 ($SD=14.84$) in Wave 1, 19.93 ($SD=16.45$) in Wave 2, and 18.13 ($SD=14.19$) in Wave 3. For mothers with children not in foster care the mean scores were 13.95 ($SD=8.53$) in Wave 1, 9.74 ($SD=6.43$) in Wave 2, and 11.68 ($SD=8.55$) Wave 3. The differences in means suggest that the mothers with children in foster care had significantly higher depressive symptoms than mothers without children in foster care.
foster care. The t-tests from CES-D Depression Scale scores do not indicate a cause. The scores do not indicate if the mothers’ depression was partially because their children are in out-of-home placement, or if it was mothers’ depressive symptoms that restricted her ability to parent effectively. Determining if the difference in mean CES-D scores are statistically significant of the two groups of mothers helps to further answer the first research question which asks how rural low-income mothers experience grief. Since characteristics of grief and depression may be similar, understanding the depression of the mothers may begin to illuminate how the mothers are feeling.

**Table 5**

Tests of Significance for CES-D Depression Scale between Participants and a Control Group

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>df</th>
<th>Sig.</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wave 1</strong></td>
<td>Participants: 21.78(14.83) (n=21)</td>
<td>42</td>
<td>0.022</td>
<td>2.084</td>
</tr>
<tr>
<td></td>
<td>Control: 13.95 (8.53) (n=23)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wave 2</strong></td>
<td>Participants: 19.93(16.45) (n=16)</td>
<td>33</td>
<td>0.000</td>
<td>2.340</td>
</tr>
<tr>
<td></td>
<td>Control: 9.74 (6.43) (n=19)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wave 3</strong></td>
<td>Participants: 18.13(14.19) (n=15)</td>
<td>32</td>
<td>0.012</td>
<td>1.642</td>
</tr>
<tr>
<td></td>
<td>Control: 11.68 (8.55) (n=19)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05, one-tailed
**Parenting Ladder Scores**

During Waves 1 and 2 the mothers were asked to complete a paper and pencil Parenting Ladder questionnaire. The Ladder was formed from two smaller scales, measuring parenting support and parenting confidence. A total score for each section sought to determine what kind of support each participant received with her parenting, and her confidence as a parent. For both the parental support and parental confidence scores, the higher the score the more support or more confidence the respondent felt she had.

An independent-samples t-test was used to determine if the mean scores of mothers with children in foster care and those who did not have children in foster care were significantly different. A higher score on either scale indicated a greater feeling of parental support or parental confidence. For mothers with children in foster care, the mean scores for parent support scale were 26.30 (SD= 8.74) in Wave 1 and 27.72 (SD=6.29) in Wave 2. For mothers with children not in foster care the mean scores were 28.17 (SD= 6.59) in Wave 1 and 27.79 (SD= 6.21) in Wave 2. The mean scores for the parent confidence scale for mothers with children in foster care are 30.16 (SD= 4.11) and 30.24 (SD= 6.73) in Waves 1 and 2 respectively. For mothers with children not in foster care the mean scores were 32.40 (SD= 4.34) in Wave 1 and 32.15 (SD= 4.07) in Wave 2. No significant difference was found between the mean scores for either the parent support scale or parent confidence scale (Tables 6 and 7). This indicates that mothers’ self assessment of their confidence and support were not significantly different from mothers who had no children in foster care.
Determining if the difference in mean scores between the two groups of mothers for each scale is statistically significant helps to answer the second research question which asks how mothers see themselves as parents. The confidence and support as assessed by the mothers is not significantly different depending on the placement of the child in or out of the home. Mothers did not seem less confident as parents or feel significantly less support if their children were in placement.

Table 6
Tests of Significance for Parenting Support Scores between Participants and a Control Group

<table>
<thead>
<tr>
<th>Wave</th>
<th>Participants</th>
<th>Control</th>
<th>df</th>
<th>Sig.</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave 1</td>
<td>26.30(8.74) (n=20)</td>
<td>28.17 (6.59)</td>
<td>42</td>
<td>0.150</td>
<td>-0.807</td>
</tr>
<tr>
<td>Wave 2</td>
<td>27.72(6.29) (n=18)</td>
<td>27.79 (6.21)</td>
<td>35</td>
<td>0.618</td>
<td>-0.033</td>
</tr>
</tbody>
</table>

Note: Mothers were not asked to complete the Parenting Support Scale during Wave 3.
*p< .05, one-tailed
Table 7
Tests of Significance for Parenting Confidence Scores between Participants and a Control Group

<table>
<thead>
<tr>
<th>Wave 1</th>
<th>Mean (SD)</th>
<th>df</th>
<th>Sig.</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants:</td>
<td>30.16(4.11)</td>
<td>42</td>
<td>0.808</td>
<td>-1.736</td>
</tr>
<tr>
<td>(n=19) Control:</td>
<td>32.40 (4.34)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wave 2</th>
<th>Mean (SD)</th>
<th>df</th>
<th>Sig.</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants:</td>
<td>30.24(6.73)</td>
<td>35</td>
<td>0.304</td>
<td>-1.605</td>
</tr>
<tr>
<td>(n=17) Control:</td>
<td>32.15 (4.07)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=20)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Mothers were not asked to complete the Parenting Confidence Scale during Wave 3.
*p<.05, one-tailed

Themes

The exploration in the themes that emerged helped to answer the first, second, and third research questions. Themes that emerged suggested supports as well as barriers from multiple system levels of the family ecology perspective. The first question which inquired about the mothers’ grief experiences was acknowledged through the theme of emotional supports and barriers. Parenting supports and barriers helped to answer the question asking how mothers saw themselves as parents. The third question inquired about the supports that rural low-income mothers received from family, friends, caseworkers, other professionals, etc, and was answered through the following themes.
Emotional Supports and Barriers

For some mothers, it was emotional stability and the immense desire to maintain a relationship with their children and keep parental rights that helped them through difficult times. For others, grief, depression, emotional instability, or other mental health issues became barriers to creating homes with effective, functional parenting. Mothers' experiences with grief were not strongly articulated during the interviews. Aspects of grief and depression surfaced within responses that acknowledged that grief was experienced by the mothers. Mental health issues included diagnoses other than depression since depression may be paired with grief as symptoms are characterized similarly. Mental health is important to note as aspects of the mother's mental health areas other than depression may play a role in their capacity to parent.

Grief

Grief was not specifically mentioned during the course of the interviews with one exception. Only one mother spoke directly about her grief and how the grief she was going through could not be equated to grief due to a death. It was interesting that no other mothers directly connected their feelings and experiences to a form of grieving, nor did many suggest that others made connections with grief and their situation. Mothers were able to express feelings which have been noted to characterize grief, but did not specifically mention that they were grieving. Mothers used words such as “distress,” “upset,” “guilty,” “happy,” “worried” or “depressed” when speaking about their feelings during the
time of separation and after. Some mothers spoke about physical expressions of emotions such as crying and feeling “down.”

Enid\(^2\), age thirty-six, became very frustrated when people would equate her grief experiences to those who had lost a child to death. She did not perceive what she was feeling to be a grief similar to others. The interviewer asked Enid how she and her family dealt with a crisis. Enid responded:

“The best way we can. You know, just take it one day at a time... You can't dwell on it, because believe me, I've had crisis- not a crisis, but, well- C. and E. being put up for adoption is something I deal with every day of my life. I know people think it's so easy, it's like, no, it's not, you don't know what I'm dealin' with. Like I tell people, 'Well, how you doin’?' I say, 'Takin' it one day at a time,' it's all you can do. There's times when I've cried, but they- I talked to counselors and they said it's all normal. They're like, it's part of the grieving process...You know, and they're- and that's one thing that kind of ticks me off, that there's not a grieving counselor group around here for adoption kids. They're like, 'Well, there's one for, like, parents that die or whatever.' I'm like, 'That's not the same.' I said, 'Cause those people are dead.' I said, 'My kids aren't dead. My kids are alive,' so it's a totally different situation...”

Grief is often a mixture of emotions including relief as well as sadness. Jade, 32 years old and single, needed to make the difficult decision to place her children back in foster care and ultimately up for adoption. She had mixed feeling regarding her decision. Jade's reference to her experiences is not atypical of a grieving person.

“It's a double-edged sword. The kids went back into foster care, so, I mean, it's a good thing and a bad thing. I mean, it's bad for me but it's good for them. And to be an unselfish person I am letting them stay.”

Finding hope and reconciliation with the separation was often a struggle for grieving people. When asked what some of her biggest challenges were at

\(^2\) All names used are official Rural Families Speak pseudonyms.
the time, Jade responded that she must work to find happiness after her children left permanently. She said:

"Um, holding to my decisions and giving myself permission to have a happy life without them....I'm reminding myself that I'm doing the right thing for them."

Although grief began as a focal point in this research, it was not a focus for most of the mothers in their interviews. The emotions and associated vocabulary, such as sadness, frustration, guilt, etc. associated with grief were rarely encountered. Many of the mothers spoke more about the issues surrounding financial and logistical barriers and supports. This, however, does not preclude grief being an issue. The emotions surrounding their grief simply might not have been acknowledged by the mother or interviewer. Without specific questions focusing on grief an interviewer might not have thought to inquire with a prompt leading the mother to discuss her grief. Mothers might not have felt able to express their grief during the interview.

Depression.

As understood, depression is a separate diagnosis from grief, however depression may be exacerbated by grief (Osterweis, Solomon, and Greene, 1987). Mothers with children in foster care had statistically higher mean CES-D scores than mothers with children not in foster care. A cause, however, is unable to be determined by these mean score differences. The depression that mothers faced could be due to a multitude of factors. The rural mothers, however, voiced specific issues that may have exacerbated their depressive symptoms. Their ability to function successfully in light of their depression was due partly to
support received from resources that may have provided financial or parenting assistance.

Lilliana, 35 years old and divorced, found depression closely linked to her ability to financially provide for herself and her family. Lilliana illustrated that the extent to which depression is experienced may be contingent on external factors such as financial stability. Lilliana indicated that external factors, such as more financial stability, helped alleviate some of her depression. It was not either the children in or out of the home, but rather a larger system that influenced how she and her child lived.

“Oh, the depression thing... (gone)...It's amazing when you can pay your bills and you don't have to worry about your housing how the depression thing kind of... (goes away).”

Ellema was a 36 year old mother who lived with her partner. She had been with him so long she felt married. As a mother who had struggled with drug addictions, she found herself thinking of her children when she would feel depressed. Her children were her motivation to continue living a sober life. She was able to understand that her depression was also linked with her parenting. Her depression restricted her ability to see herself as an able parent, and thus was unable to follow through with her parenting responsibilities and so was unable to have custody of her children.

“If you are in a bad mood, it's like you can... Sometimes I just find myself, I'm like, 'what the hell am I doing here? I got a kid. I've never had any of my kids. What am I doing with this kid?' I get these little feelings. I would always try to get my kids back, and I would go into a deep depression. The fear, the responsibility, it's like I would set myself up to fail and screw up even worse. And sometimes I'm like, 'I'm gone. I want to get the hell out of here and just leave everyone behind.' I have been fighting for her for almost
four years in court. I think about it a lot when I have urges. It’s like she’s right here in my forehead.”

Depression can severely limit a mother’s ability to function in a capacity to maintain custody of her children. A mother may be impaired by depression and limited in her ability to work and maintain income. She may be unable to exert enough energy to parent her children (Worden, 2002).

Other Mental Health Issues.

Other mental health issues were categorized separately from depression. For some mothers mental health and emotional instability posed a specific barrier to reunification. Some mothers, such as Ellema and Jade, spoke about activities that supported the improvement of their mental health such as keeping a journal as a way to express their emotions.

Jade suffered from several mental health issues. She felt that was a barrier to providing for her children. Jade had applied for disability because her mental health was a problem. She acknowledged that it was her mental health that prohibited her from being able to care for her children.

“I got a lawyer and we've written three or four letters to the labor department for a hearing and they have ignored us or put us on the bottom of the list. Um, I also had to apply for disability in order to get food stamps. And I was actually able to get...I may actually be able to get it because of the PTSD, and depression and anxiety disorder that I have... It was bad enough that I couldn't take care of my kids anymore. So, my doctor thinks that it should be approved.”

Linnette, 32 years old, felt that her mental health prohibited her from being able to have her son in her custody. She found it difficult to cope with one child and knew she could not handle two children.
"I know I’m not doing my son....I’m doing what’s in the best interest for him and it doesn’t bother me. I admitted to saying I don’t want my son back in my life. I’m having a hard time with my mild nervous condition to deal with Ellie. One child.”

The themes of depression, grief, and mental health overlap. The mental health issues of these women created barriers to employment, and also created barriers to their ability to care for their children. As illustrated by Jade, other resources such as legal services, are supports that promote the mother’s custody of her children. Journaling, according to Ellema, kept her mind and emotions from restricting her ability to parent effectively. It is the ability to express oneself that was seen as a strong support for some mothers.

The personal mental health of the mothers very strongly influenced their ability to parent. Their mental health also influenced their ability to work outside of the home and provide income for themselves and their families. Bronfenbrenner’s concept of a bidirectional effect between levels of systems is demonstrated here. The mother’s own health influenced her ability to parent and to be employed, which in turn affected her income and employment status, affected her ability to provide for her children and, thus, jeopardized her parental rights.

Financial Supports and Barriers

Throughout the interviews a prevalent theme was the mothers’ struggles to maintain consistency in providing the basic necessities of life for their children. Mothers discussed the difficulty of providing stable housing, healthy balanced meals, and/or other basic needs; and that these difficulties helped or hindered their ability to be with their children in the home. The annual income of mothers
over the three years also suggest that employment was inadequate to provide familial needs of food, shelter, clothing, etc. As the data in Table 2 illustrate, annual income changed over the three years, and both the mothers' and the partners' employment fluctuated as well. For some mothers, specifically those divorced, separated, or single, their employment provided their sole source of income. Some women received TANF, allowing them to receive other welfare benefits as well, including housing, energy, transportation, and childcare assistance (Table 2).

Housing was an aspect of these rural mothers' lives that either contributed to or became a limitation for being able to provide for their children. The mothers' financial arrangements for housing were varied. During the first wave of interviews, seven mothers confided that they had been homeless at one point in the previous two years (Table 2). Some mothers received housing assistance (Table 2).

The mothers' income and employment situations illustrate how the exosystem (institutions and services) influences the microsystem, the relationship between child and mother. For some mothers employment and its policies or federal assistance regulations held more weight than for other mothers in interacting with the child's placement decision. Stable employment and adequate transportation affected whether a mother's child could remain in the home or not.

Kelli was a 23 year-old single mother at the time of the first interview. She had struggled with housing in the past and at one point did not have a home of
Illustrated below is the mother’s understanding of why her daughter continued to be out of her care. While she was ultimately unsure if housing was the central issue regarding her daughter's placement, she was aware that it was a contributing factor helping to decide her future with her daughter.

I: “Do you think there is the possibility of getting custody back [of your daughter]?”
R: “Oh, yeah. I have a stable home now. But, I really don’t know.”

At the time of the first interview, Rhea was a 30 year-old married mother. She had children who had been adopted and one who was living in foster care. She voiced her concerns regarding financial barriers by posing a hypothetical scenario. While this may or may not reflect her personal experiences, she had a sense of the interconnectedness that multiple systems have on what may or may not afford her the ability to maintain custody. Her reference to multiple financial factors such as childcare, gas, housing, and other bills acknowledges a potentially losing situation.

“Like say I'm a single mom and I've got my 4 and my 5-year-old, and I won't be able to go get a job and get them off to school, afford to pay for my house, my bills, childcare, my car and gasoline for my car, just things that my vehicle's gonna need. Am I gonna afford all that going out and working outside the home? Probably not. Where, if I stay at home and I draw the assistance at least my children will be getting the education they need. But then the thing is also the housing issue. Who's gonna pay for the house? It's a win-lose situation.”

Juliana was 26 years old and single. She had one child living in her care, and other children in placement. Juliana found it difficult to balance the multiple aspects of parenting. She wanted to financially provide for her children while also emotionally supporting them. She noted that the policies and rules for
AFDC added to the difficulty for her family. The interviewer asked about her children who were removed and the difficulties that Juliana faced paying her bills. Juliana replied:

"I don't know, 'cause I was on AFDC and then that's when they told me I was supposed to find a job and that, and....It was hard, for transportation, I didn't have a car at the time, so I had to find money to go get a car, and put insurance on it, and all that, and so it was money."

I: "So they took the kids away, and then they said, "Ok, now you need to go find a job..."
R: "Find a job. So I found one, but it wasn't enough hours..."

Financial difficulties related to inadequate income due to low wages and/or less than full-time employment may influence the mother's ability to adequately provide for her children. The women used terms such as "win-lose situation," or "it was hard," suggesting stress or negative situations that may have contributed to a difficult parenting environment.

Financial supports and barriers presented as extremely influential to the mothers' ability to provide for their children. Mothers' employment changed over the three years, as well as their partners' employment. Unstable employment, compounded by the need to accommodate children's schedules, may create financial difficulties for mothers to provide adequately for their children. Mothers specifically described scenarios that illustrated conflicts with employment and care for their children. They also expressed how stable housing contributed to their ability to have their children in their care. During the three waves of interviews, over one third (44.4% between Waves 1 and 2, and 56.3% between Waves 2 and 3) of the mothers experienced housing changes (Table 2). Clearly stable housing was a reoccurring issue for the mothers.
These interactions exemplify Bronfenbrenner's mesosystem (the direct interactions between the mother and other workers, peers, family members, etc.). The employment institutions working either in support of or in conflict with the mother indirectly affects her relationship with her child.

**Relational Supports and Barriers**

Relationships with friends, family members, and partners may support the mother as she works to be reunified with her child, may support her as she cares for her child, or may create barriers as she tries to provide a healthy environment for her child. Supports come in many forms. The mother may be able to emotionally lean on her relationship with another, or she may be able to call on that person to help financially or logistically. Some women stayed in abusive relationships right up to the point at which their children were removed; this fact complicated plans for reunification. An abusive relationship may result in the mother needing to enter a shelter. A divorced mother's financial situation may change as she goes through a divorce and loses a second source of income. If a partner who is living in the home goes to prison, the mother may lose a second source of income due to that change as well. As can be seen, changes in the relational aspect of a mother's life can alter the financial status for the mother and destabilize her life enough to where she may be unable to regain custody of her children.

Mothers found support from family and friends. Mothers may have felt supported by their ability to share emotions, or by someone to share in the caring of their children. The relationships with partners or family may affect other areas
of the life such as housing or finances. Child support may play a role in how finances are handled. Similarly, a divorcing family may need to negotiate child custody, potentially affecting the relationship between mother and child. Relationships may be either supportive or unsupportive, but will have some form of impact on how the mother functions in relation to her child, and as a person in society.

Nell was 27 years old and married. She benefited from consistent family support. She was able to have family with her as she went through court hearings that were emotionally draining. Nell could count on her family being available for emotional support during a potentially distressing event. She went on to further share that this was something she was happy about.

“My mom goes to every court hearing there is. And my step-dad, too. Usually he gets to everyone except for the last one that we went to. He has a job...he runs a business, so he sometimes has to be there. But other than that…”

Anjalee, a 22 year-old mother, was living with her fiancé. Although some people were not helpful, Anjalee found support from a friend who had gone through a similar situation. Having a friend to support her in this way helped manage the experience, since she could share her thoughts and receive helpful advice from a source that understood the process. This appeared to help put Anjalee in a position of more control.

R: “She's confused as to why she isn't home. And she don't understand what's going on.”
I: “How is it trying to explain the situation to her?”
R: “It’s difficult. It's hard, because, where she don't understand very well.”
I: “Is anyone helping you with that?”
R: "Not really. They've given me suggestions on how to do it, but I get very antsy when I do it."
I: "Okay. Anyone else?"
R: "Not really. Well, my friend, S., because she's dealt with the state and whatnot before. My friend... I've got a lot of friends that dealt with things like this. Their friends and whatnot."
I: "So, you're getting some support on the difficulties of going through this?"
R: "Oh yeah."
I: "And you mentioned, too, your family's been supportive?"
R: "Yup."

Some mothers found relationships to be more hurtful than helpful to their situation. Non-supportive relationships may drain the mother from her ability to effectively care for her child. In extreme cases, relationships may even prevent mothers from being able to parent. For Jenise and Jade, abusive relationships kept them from maintaining custody of their children. Jenise, 35 years old and separated, explained her situation:

"I allowed my husband back into my house and the state took my kids. Well actually I asked him to come help me fix repairs for [state housing assistance], so they removed my children from the house."

I: "Oh, so is that, that's why they were removed? You have, he has like no visitation?"
R: "Right."
I: "Was he abusive with them?"
R: "He was to my son Edwin. But I have asked, I mean even the state for help, no one would help me. And it was a last resort, so I still had to save my [state housing assistance]."

Jade also explained her situation:

R: "...At that point I went in to [battered woman's] shelter, because he's been emotionally abusing me as well. And my children. And, um, I really was at a very low point... I was able to contact, by a miracle, the foster parents that had the children who loved them very much and, even though I miss them, it's the right thing to do, to have them there. Because my life has been unstable in a lot of things... from domestic violence. I've got PTSD, and I have some emotional problems I need to deal with."
I: “Okay. When your children were living with you, did you feel that they were safe where you were living?”
R: “I thought so.”
I: “Okay, until your personal situation made it unsafe.”
R: “Right....And I immediately took action...I put them first.”

Changes in the Relationships.

Changes in family and other relationships may positively or negatively impact the mother. Some mothers had unstable and stressful relationships with family members that had been repaired. For some of the mothers it was the once rocky familial relationships that became very supportive. For others, relationships changed due to decisions that the mothers made regarding placement for their children. While it was not specifically these relationship changes that sparked mothers to make placement decisions, these changes illustrate how actions in one aspect of the microsystem may affect another system.

Linnette had placed her son in foster care. She found that making a very difficult decision to put her child back in foster care created unintended problems with family members.

“My sister R. and me are on shaky ground because of ... putting our son in foster care. Period.”

Jade’s family stopped communicating with her when she made the decision to not put her children in placement. For some people, the decision to put children in placement is viewed negatively. In response to this people may not support the mothers that needed to make that difficult choice.

I: “Can you tell me about any changes with your relationships with your parents or your brothers or sisters or other relatives that have happened over the last year?”
R: "None of them will talk to me anymore….Because they don't understand where I'm coming from with putting the kids back and letting them be adopted."
I: "Okay, so that's been a big change because you said you were fairly close."
R: "Yeah, very. It hurts really bad. "
I: "And this is causing some stress in your life, I imagine?"
R: "Lots of sadness. They know where I am, they know my phone number and nobody has called."

Jade’s response to her family reflected hurt and sadness. With minimal support from her family during this difficult time she may have a hard time making meaning of her decision successfully. Her grief may become more difficult to handle.

Relational supports greatly influence how the mother feels supported or not. Mothers’ responses showed that support or barriers from partners may increase the risk for financial, logistical, or emotional barriers that restrict the mother from maintaining custody. Some mothers lost their housing due to an unsupportive relationship and entered a shelter. Extended family can provide emotional support by acting as a sounding board or a cheerleader for the mother.

Mothers experienced both direct and indirect effects from relationships with family, and friends. Not having support appeared to have greater negative ramifications than supports had positive effects. For example, two mothers who brought their abusive partners back into their homes had their children removed. Their relationships with their partners directly influenced their children's out-of-home placement. In contrast, while a number of mothers felt support from family members, support was not a deciding factor for placement. For example one mother felt that a relationship with a partner helped her through drug

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rehabilitation, thus stabilizing her enough to reunify with some of her children. Relationships can greatly influence the lives of the mothers. Without healthy and supportive relationships the mothers could be at risk for negative consequences that jeopardize their lives with their children in their homes.

**Institutional Supports and Barriers**

Institutions surrounding foster care and welfare form part of the exosystem in Bronfenbrenner’s ecological perspective. Components of the exosystem may greatly impact the relationships between other systems, most specifically the relationship between the mother and child, and how the mother is supported as an individual or may care for the child. The mothers discussed both supports and barriers received from child welfare professionals. The mother may be supported, or confronted with barriers, from child welfare workers. Supports and barriers may also come from policies that welfare laws and governmental regulations place on recipients of services. Mothers expressed their frustration and appreciation with a variety of facets of institutional supports and barriers. Court ordered activities, caseworkers, and visitation issues were all consistently mentioned as supportive and restrictive to their reunification work. The stigma associated with being involved in the variety of social welfare institutions was highlighted in their comments. Knowledge of and involvement in the process appeared to be a useful tool in keeping families on a healthier road.

Ellema found that perhaps the court’s rulings were for the best. She ultimately felt supported by a decision with which she was not initially satisfied. This illustrates how the policies and workers at the macro and exosystems
connect with the relationship between the mother and child from the microsystem in the mesosystem level.

“A few years I was mad at the court, but I'm very grateful. Because if I would have gotten my daughter back then, I would probably still been chipping off or something could have happened. I'm glad. Right now I'm at the point that I got her now. I was ready for her.”

Juliana found her experiences with the child welfare institution to be extremely frustrating. She did not trust the process. Her story includes not only problems with the way her case was handled, but also conflicts with specific caseworkers.

“And then, when they got this report, saying I was using alcohol and drugs, well, they brought it into the court, and actually saying I was, but I told the judge, I go, 'I'll go in every hour, have it done So I went to County, and did my urine sample, and all that, and I looked at Mom, I go, 'I'm going to the clinic 'cause you never know what they can do to you,' and they all came back negative, so I was glad...I got that back- the one that I did on myself- I gave it to the judge, and then he gave me a court trial for September thirty-first. December thirtieth, and October first, and he goes, 'Well, if we can't find anything wrong with you, and being a parent than that- we're just gonna try to get your kids back' and I walked away and I was happy.”

I: “Yeah, that's good. Ok, so you feel like the people at the agencies talked about you behind your back.”
R: “Yeah, they like- like my mom...well, I thought your copy for yourself was supposed to be confidential, well my social worker just starts blabbing away, and lets my mom know everything... it's just too much of a hassle, so I just ignore my social worker, like if she makes an appointment to come out, I'm never home.”

Formal institutions, such as the court or child welfare services, can be experienced as barriers when the process may not be handled well such as in Juliana's case. Some mothers found the institutions supportive even if only in hindsight, such as for Ellem. The simple frustration of working with institutions that have procedures in place may dishearten mothers and lead them to believe
they will not reunify with their children. This feeling could exacerbate the negative emotions that potentially immobilize mothers as they strive for reunification.

**Court Ordered Activities.**

Some mothers were mandated by judges to participate in parenting classes, counseling, or other activities as a step towards reunification with their children. Sasha, 44 years old and divorced, was court ordered to be on federal assistance during a time she was having problems with her children. She was also taking classes to understand her daughter's health problems and hyperactivity. Six mothers attended counseling or therapy, either alone or with their children, as ways to work through problems and emotions. Some of the attendance was court ordered whereas some was voluntary. Linnette in general felt much happier by the third wave of interviews. She voiced that much of her happiness had to do with less involvement from child services, courts, parent aids, and not being mandated to take parenting classes or go to counseling. These specific mandated activities were devised as methods by institutions to support the reunification process. The mandated activities connect the exosystem regulations from the child welfare agencies and the courts with the microsystem of the child and mother. The interplay of these two systems occurs at the mesosystem where systems interact.

The counseling mandates provide an outlet for mothers to share their emotions and work through potential grief surrounding the separation between children and mothers. Research supports that people manage their grief more
effectively when they are able to speak about it. The counseling mandates may help provide that outlet.

Caseworkers and Agency Employees.

For some mothers, their relationships with their caseworkers and/or foster parents to their children were positive. For other mothers, the relationships and encounters were stressful and/or not helpful. These encounters occurred at the microsystem level, where direct interactions had a bidirectional effect on the relationship with the mother and child.

Juliana found solace in a relationship with her son's foster parents. She continued the relationship with them and was able to find logistical support from that relationship.

"...when I needed a break from Spencer, they usually take him for a weekend. So they usually take him from me for the weekend. So they usually take him once a month, between, once a month and two months..."

Juliana, while she felt positively towards her children's foster parents, alluded to a negative connection with her caseworker. She found the help that the caseworker was trying to provide more frustrating than supportive of the way Juliana lived her life.

I: "What do you dislike about her?"
R: "Her attitude, she's really snotty. She tells you what to do, and then if you don't do it, the next time when she comes out, she'll sit there and wait 'til you do it right, like- I got yelled at for having a glass knick-knacks laying around, well, I did that, since my kids were born, they never touched 'em, and I was supposed to put 'em up but I never did. I just ignore it. 'Cause mostly every house you go to, I betcha there's knick-knacks laying around."
Placing blame on the caseworkers could contribute to loss of trust in the child welfare institution. Stella, 39 years old and married, felt the workers made her situation worse than necessary. The working relationship between Stella and the child welfare system may suffer from potential distance and loss of trust.

"Because they really screwed our lives up and my son's life up. And then now that they've got it all screwed up and all the people that screwed it all up, they all quit working there."

Since the caseworkers and foster parents are directly involved with the children, they are often directly or indirectly involved with the mothers as well. As evidenced by difficult relationships with caseworkers, the mothers reported not feeling supported through the process. The mothers acknowledged not completing the required changes in part because of that negative relationship. The standoffishness of the mother, caseworker, or both may contribute to a difficult relationships, and one where the reunification of mother and child is in jeopardy. Having a working relationship that emphasizes more positive interactions may lead to helpful future relationships such as the one that Juliana had with her child's foster parents.

**Stigmas and Misperceptions.**

Mothers voiced that they had encountered mistreatment and received negative responses by others as recipients of federal assistance. Some mothers also felt stigmatized by being low-income and involved in child services.

Linnette experienced a general negativity towards mothers with children in foster care. Linnette acknowledged the limited ability of agency workers to move
past the negative situation in which the mothers find themselves, and be open to a mother who is able to change and improve.

“I think [state child-family services agency] for... they’re just too negative. They look at everything negative and they try to keep it... whatever they do, negative. They get in your life and you tell them one thing, and they just totally make it too negative. They don’t try to look at the positive. And they don’t look at people as being able to go from negative to positive.”

Many of the mothers involved with foster care placement for their children were on welfare. If some service workers feel that people on welfare are “stupid” this sentiment may be translated into agencies that work with mothers with children in foster care. These misperceptions may limit the support that the mothers receive as they are deemed less than intelligent. Jade and Joanne both felt that agency workers or service providers may have categorized people on federal assistance as less intelligent. Jade specifically spoke of Medicaid recipients.

“I just believe that there’s a lot of prejudice against people, especially when they’re on Medicaid...the doctors get sick of Medicaid patients because they don’t often get paid or when they do get paid it’s not the full amount. Or, if you’re on welfare you’re automatically...they automatically assume that you’re stupid. Things like that. I’m not stupid.”

Mothers may be less likely to accept or seek agency support if agency workers express demeaning language or sentiment. Joanne, twenty-five, remembered being made to feel like a “moron” at a particular agency.

“They helped me several years ago. And then, it’s probably been it was a year and a half ago whenever Jefferson went to jail. And I needed their help, and she was the snottiest you know, I’m not going to take and need somebody’s help and be felt that I’m a moron.”
Nell recalled specifically how she was labeled based on her situation and involvement with social services and that people avoided interacting with her. Although she did not know this explicitly, her sense was such that people with children stayed away from her.

"I don't...there are a lot of people, you know, they know my situation, and I think it has to do with them having children. They are afraid that if social services finds out...because my children were taken, and I'm around their children, then they'll bring social services into their home, so they don't... They may not say so, but..."

Mothers voiced both frustration and satisfaction with their involvement with agencies, judges, workers, and activities that were actively involved in their cases. Rural low-income mothers may be stigmatized based on the welfare assistance they receive (Narayan et al., 2000). The rural low-income mothers interviewed for this study who had felt negativity from others due to their welfare status also felt they were being stigmatized as bad mothers.

Societal stigmas, norms, and values help to categorize the macrosystem in the ecological perspective. A trickle down effect exists when these stigmas and 'norms' influence how policies at institutions and agencies at the exosystem are formed. The mother/child dyad must then negotiate their relationships at the microsystemic level based on the other larger systems. The mothers, feeling that they are not "stupid," work to defy the stigmas. Some mothers worked hard to be actively involved. The interactions the mothers have with institutions at the mesosystem influences the stigmas at macrosystem level. This circular movement exemplifies the theory within which this study is framed.
Knowledge and Involvement.

Mothers varied in their active participation in the management of their cases. Some mothers were well-informed about what was or might happen to their children, while others were not. The process may or may not have been explained to the mothers. Support from agency workers might include having a discussion about the process, expectations, and realities of roadblocks. Again, from a mesosystem perspective, support may or may not come from agency workers.

When Lilliana tried to be involved with her child's placement, her opinion was not taken into account and her child was put in a school that ultimately was unsatisfactory for her child. Due to the fact that her son had a Children in Need of Services (CHINS) petition she should have had some involvement in where her son was placed. However, her input was not received the way she had hoped. Lilliana alluded to her feeling of disempowerment by saying she had no "choice." Removing the mother's authority as a parent may make her feel a loss of control and helpless.

I: "So you're not happy with this living situation for your son?"
R: "No, not at all. And I had no choice in it. They told me to go interview at two different schools. The one I picked is not the one they picked because it's not in state."

It may be helpful for agency workers to ensure all parties involved are knowledgeable of the situation and the future direction of the case. Clear, understandable vocabulary may be useful. Tailyn, 38 and divorced, was unsure of the vocabulary used by agency workers and the official status of her son.
"Well I don't know if it's called custody or he's placed there right now."

Stella was not very sure about her son's status. She felt out of touch with what was happening with her child and his placement during the time that he was being moved around. She said she was not told about what he was doing and the rationale behind the decisions child services was making. Again, a sense of loss of control and lack of understanding can act as a barrier for reunification. If a mother does not know the situation with which she is dealing it is unlikely she would be able to know the best next step to improve the situation.

Sasha had been commended by child welfare professionals for working hard to be up to date on the status of her child in placement, and her own role as mother. She tried very hard to remain informed. At one point she was unaware of the medication that her daughter was taking because her daughter was not in her care. Though Sasha tried very hard to be kept abreast of her daughter's status while in care, she remained disconnected from the needs of her child in terms of physical/mental health. This illustrates the difficulty a mother may experience even if she is in the most proactive position.

While some mothers were supported and included in their children's foster care involvement, others needed to be proactive and work for involvement. Being out of touch with the process appeared to cause the mothers distress. Encouraging a mother that she can have a sense of control in the situation may foster the mothers' ability to manage her feelings as well as increase her involvement with her child with whom she hopes to reunify.
Visitation.

Mothers had strong feelings regarding the time they did or did not spend with their children who were placed in out-of-home care. While some mothers were heavily involved with their child and visited often, others were not able to have contact with their children. Research has shown visitation can be a benefit or a hindrance for mothers (Ryburn, 1999). While separation between mother and child can cause distress, visitation may help the mother to feel connected and a part of her children’s lives. Understanding visitation experiences for rural low-income mothers through the lens of their involvement with the larger child welfare institution and caseworkers may bring to the surface supports and barriers that the institution provides. These may be emotional or logistical supports and barriers. Maintaining the microsystem relationship between child and mother, through positive visitations is beneficial, and may be helpful for when the mother is ultimately reunified. If the lack of visitation is causing distress, the mother’s emotions may continue to inhibit her ability to make significant changes for her child and family.

Visitation brings together multiple systems. Judges often decide what visitation a mother will have with her child, though this may vary by state. This decision, however, is created based on conversations with caseworkers and other agency workers that are involved with the case. Clear support from caseworkers and other institutions may foster confidence in mothers that may in turn help the mothers to parent better. Having a consistent and clear method for
preparing the mother for reunification may allow for a connection between the caseworker and mother to grow into a supportive interaction.

Linnette voiced her opinion about visitation with her child to her parent aid, the agency worker that supervised her visits with her child, and described what she said. The following quote illustrates Linnette's frustration with the inconsistencies in her child welfare case. Linnette felt she was a good parent for one child, but may be unsure as to what she was doing wrong that prohibited her from having her other child in her care.

"I'm sick and tired of a social worker or a parent aid standing in the corner babysitting me because I'd be so much at ease with her, knowing I feel like I deserve to be a parent to her. I'm not allowed to have time alone with my son, but I'm allowed to have my daughter 24 hours, and it's a conflict of interest for me, because I'm allowed to raise the younger child, and not the older child for any time alone, and I just feel odd, and that's for someone like... anxiety and nervousness, from that, just that. Just thinking about it. It stresses me out a little bit."

**Logistical Support and Barriers**

Some mothers had a difficult time reunifying with their children due to logistical restrictions such as transportation issues or job schedules. Conversely, assistance from different resources and services aided in mothers' efforts to maintain custody of, or reunify with, their children. The interconnectedness between greater resources and the relationship between the mother and her child highlights again how systems are not placed in isolation but act and react to each other.

Having transportation allowed some mothers to continue relationships with their children who were in placement. They were also more involved in the
situation as they visited with the other adults who were in the lives of their children. Jenise, Nell, Anjalee, and Ellema were able to visit their children because of transportation provided by different agencies. Although by the third wave all of the mothers continued to have their children in placement, their relationships were maintained. Linnette did not drive and so she was dependent on someone else for transportation. If the weather was bad or she could not get a ride she did not see her son who she normally would visit once a month for two hours. She felt that her court-ordered parenting classes and counseling sessions were stressful because she had to find a babysitter for the child she had at home, as well as finding a mode of transportation to and from these mandated activities. Limited transportation was a barrier for some mothers, as it was for Linnette.

While for some mothers the everyday conflicts such as transportation and child care were problematic, for others it was policies arranged through levels such at the exosystem that made parenting more difficult. Juliana, a single mother, was placed in a difficult situation when the logistics of an emergency jeopardized her children’s care.

“So I called ER, told them what happened, and he goes, ‘Is your son ok?’ And I go, ‘Well, he’s sittin’ in the chair, he’s unconscious and he’s turning white.’ And he goes, ‘Ok, just watch him,’ and I go, ‘Well, I don’t have a way to the hospital and I don’t have anyone to stay with my kids’, he goes, ‘If it gets really bad, call the ambulance, and we’ll come and get him. But, we need a parent that goes with, and a parent to stay home with the other kids.’ I go, ‘I’m a single mom, what do I do?’ And then, he goes, ‘Well, try this-during that time when you hang up the phone, watch your kids, call the ambulance,’ well I couldn’t go-no matter which way I turned, well they got me for that, for not supervising my children.” I: “Oh, because of when the ambulance came...”
R: “Yeah. I couldn't be at two places at once. So who stays home with three, who goes with [my son] in the ambulance? Well, do I cut myself in half, and go? You know?”

The mothers faced many logistical dilemmas. These problems of logistics were often out of the mothers' control. As Bronfenbrenner might suggest, no one and nothing is in isolation. Transportation, necessary appointments, and other ordinary requirements of life, can greatly impact mothers’ success at keeping children in the home. Policies, financial restrictions, and regulations that are placed upon the mother and her family are out of her control.

**Parental Supports and Barriers**

The mothers who have had their children in placement reflected on their roles as parents, their supports, confidence, and strengths. Feelings of confidence, control, and again, support, helped as they moved through difficult times.

Parental support and parental confidence were explored by examining the Parenting Ladder questionnaire. One cannot assume that parental support and confidence play a significant role in whether or not a mother’s child is moved to out-of-home care. As previously discussed, neither the parental support nor the parental confidence mean scores were significantly different for the mothers with children in placement than those of mothers with children not in foster care. During the interview, mothers talked about the changes that occurred in their parenting and how they parented during the time their children were in foster care. Some indicated that parenting classes helped them parent more effectively.
Nell acknowledged that she found support within herself and found her own strengths and confidence to provide for her child. Not many mothers considered themselves as their own form of support, rather they looked to outside sources for emotional support.

I: “Since your last interview, how has parenting changed for you and you don't have to say much if you don't want to.”
R: “Yeah. Let’s just say it was there, it went, and it came back again. You know, it’s... let’s just say through any stress or pressure, I had to relieve any, all of it, just knowing that I was pregnant and I couldn’t hurt him with my emotional self, so I had to just let things come and go as they were going, and leave it alone and not get depressed over it, or have any anxiety over it, and have a happy, healthy baby with me.”
I:” Well, good for you. I’m sure that took a lot of willpower. And mind strength.”
R: “(I had to have?) big shoulders. (I carried it all?).”

Rhea, a married 30 year old, explained that her strengths were not just in how she managed her children, including disciplining them and interacting with them, but also providing for their basic needs. Rhea felt that her parenting improved when she was able to provide transportation and basic needs to her children. Her ability to have stable transportation appeared to be due in part to greater financial stability.

“I’m loving, and I try to be understanding and caring. I think I’m a good mother by providing the right nutritious foods, be sure they have a clean, safe environment to live in, clean clothing, that they both get a good school education, better than what I had. That we have good reliable transportation all the time, so we don’t have to worry about walking anywhere or riding a bicycle anywhere for a long period of time.”

Jenise acknowledged that there were some adjustments within the family and she needed to work with those adjustments. A barrier for Jenise, as she
described, was her old and ineffective behavior. She found she needed to
reconstruct her role as parent.

I: “Overall, how would you say that things are going for your family
right now?”
R: “Pretty good. There’s a lot of adjustment stuff...Them coming
home and the biggest problem with the kids right now is that they
expect my old behavior. And they go out of their way to make sure
that they get some of it. So, we’re working through that.”

Rosemary, who was 22 years old and married, changed her approach to
parenting and found that her parenting was more effective after being involved
with social services. Rosemary expressed similar thoughts as Jenise, and
alluded to her changed parenting techniques as a support to maintaining custody
of her children.

“Well things have actually changed some. I used to punish them by
hitting them, but now I approach things differently. I take their
privileges away. Like TV or video games, things like that. And I
have noticed that things are much better now, they respond better
to this new way than before.”

Linnette had been taking parenting classes. She agreed with Rosemary
that the classes were very helpful to minimize her use of physical punishment.

“They sent me to parenting classes, I’ve gone to, I’ve done
everything they’ve asked me to do....I’ve learned a lot of ways on
being a better parent for my child that’s living with me and better
discipline. So, there’s not so I’m not feeling it was done to me as a
child. There was less physical force in my house, that’s the word
they used.”

Changes in parenting seemed to act as supports for mothers as they
continued to parent their children. For some mothers, although they may
continue to self-identify as mothers, they had relinquished their parental rights
and their children had been adopted to another family.
Summary

This study found similar aspects of the rural low-income mothers' circumstances to be both supports and barriers to maintaining custody or reunification. The overall results were as follows: 1) The mothers did not offer freely much information regarding their grief experiences. While they did provide information surrounding their depression and mental health, mothers were more likely to share phrases or terms intermittently that reflected emotions that may characterize grief. Barriers to expressing emotions or the lack of support during emotional distress seemed to foster ineffective parenting. These results answer the first research question which asks how mothers experience grief. The mothers did not explicitly speak about how they experienced grief, indicating that grief was not an area of conversation openly acknowledged. 2) Mothers seemed to consistently discuss financial instabilities and barriers that they needed to contend with on a daily basis. Roadblocks to providing for their children seemed to stem from inadequate income, access to transportation in a rural area, employment, and other financial problems. 3) Familial and partner relationships seemed to offer either great support or immense barriers to maintaining custody of their children. The relational support that was offered by extended family members seemed to come in the form of emotional support, rather than financial or logistical support. 4) At all levels, Institutional support was at times present and at times lacking. Through various interactions with institutions and agency workers, mothers found themselves either supported or frustrated at the mesosystemic level. 5) Financial supports and barriers were translated in many
ways to logistical supports and barriers. Adequate or limited financial resources helped to either allow or limit the mother's abilities to manage having one child or more in her care. These results help to answer the third question which asks what supports are available for mothers. Clearly supports existed, as well as barriers which contributed to how the mother functioned while her children were out of the home. Finally 6), mothers self assessment of their parenting was not significantly different depending on whether the children were in placement or in the home. The t-test score comparisons as well as the parental supports and barriers that were discussed helped to answer the second research question which asks how mothers saw themselves as parents.
CHAPTER V

CONCLUSIONS AND IMPLICATIONS

This study explored the supports, barriers, and grief experiences for twenty-two rural, low-income mothers with children in foster care because the Rural Families Speak project did not interview fathers. For these mothers, interactions with people and institutions illustrated the various bidirectional effects multiple system levels had on mothers' abilities to maintain custody.

The mothers in this study articulated areas where they felt supported during the time their children were placed in out-of-home care. They were also able to highlight areas where they felt a lack of support, or experienced barriers to adequately providing for their children. The themes identified in the results are used as a guide for further discussion to understand how the results connect with the literature and suggestions for further research. The first research question which asked how rural low-income mothers experienced grief was answered through implicit findings. Mothers did not speak explicitly about their grief. The second research question asked how rural low-income mothers saw themselves as parents. The mothers' views of themselves as parents were not significantly dependent on the placement of their children. Overall, they thought they were good mothers as they acknowledged in the qualitative analysis as well. The third research question asked how rural low-income mothers were supported by various people and institutions. This question was most clearly answered
through the various themes that emerged and also acknowledged which supports were not present.

The exploration into the grief experiences of rural low-income mothers began as a central component to the research. The mothers were not specifically asked about grief during the interviews, however. Discussions about their children and feelings about their lives prompted mothers to include aspects of the grief experience. Keeping grief as a major issue would not help to understand the mothers as their experiences are more comprehensive and also included financial, logistical, parental, and institutional supports and barriers.

The twenty-two rural low-income mothers were not specifically asked questions about foster care nor their experiences surrounding their children's placements during the interview process. Questions focused on important parts of the mothers' lives including relationships, family, finances, health, and general satisfaction. Many of the mothers, however, spoke about where their children were placed, and their cares, concerns, worries, frustrations, and overall feelings regarding the situation at the time of the interviews.

The emotional, financial, relational, institutional, logistical, and parental supports and barriers are fluid and interconnected. Mothers made direct connections among how relationships and policies or regulations played a role in their ability to provide for their children, and the relationships they had with their children. For example, Juliana was forced to make a very difficult decision when one of her children needed emergency medical attention. The regulations of the hospital required someone to go with the child to the hospital, but Juliana also
needed someone to stay with the children at home. The situation caused Juliana distress and forced her to make a decision that was not to the benefit of her children. Similarly, the mother/child dyad may influence other areas of her life and larger systems. For example, Jenise found it easier to maintain employment when she did not have her son at home. His struggles with behavior and school required that she often leave her place of employment for him. As the external factors exhibited influence on choices the mothers needed to make, the mothers responded within their own capacity. Overall, the mothers seemed to be in very difficult situations, and many had significant barriers. If these mothers had more choices and resources, the mothers might have made different decisions. The interplay between systems and the mothers’ relationships with their children is evident and important.

The resulting themes can be directly related back to the three areas of focus in the review of literature. The themes emotional, financial, relational, institutional, logistical and parental supports and barriers are closely tied to foster care, socioeconomic status, and grief and separation. The piece of largest importance to this study is the interconnection between each theme, foster care socioeconomic factors, and grief and separation. One is not able to discuss one component without leading to a mention of another theme. It is much easier to see these connections if viewed through the family ecology perspective, and with the assumption that multiple levels of systems interact with each other, as would multiple themes within those systems.
Grief and Separation

The first research question inquired about the grief experiences of rural low-income mothers in connection to their children placed in foster care. Many mothers did not offer information regarding their feelings surrounding grief without a prompt. This may be due to multiple factors, such as ranging from their discomfort with sharing information with the interviewer to not feeling their emotions were valid or justified. This idea is supported by previous research on disenfranchised grief. Mothers may be unlikely to share their emotions surrounding this form of grief (Harvey, 2000). According to Harvey (2000) at times people are not aware of their grief. Expressing thoughts and emotions that characterize grief were not often directly recognized by the mothers as a part of their grieving. Limiting expression of grief can restrict the ability to grieve in a healthy way. Healthy grieving may include finding meaning in the situation and reaching a new level of understanding and peace with the situation. With positive support from family, friends, partners, and competent and knowledgeable agency workers, the mothers may begin to find meaning in the separation from their children, and control in their lives. Validating the grief through discussions and speaking with others may reinforce that their emotions are not unfounded or invalid (Thompson, 1998). Mothers spoke about sharing their emotions through journaling, counseling, and speaking with family, friends, and caseworkers as helpful. Understanding that these mothers may not be acknowledging their grief, or finding ways to express and manage their grief is important as child welfare professionals work alongside the mothers. Some
mothers may need prompting from others to feel safe sharing their grief or even acknowledging the feelings that they had.

Although grief and depression are different conditions, they have similar features (Osterwies, Solomon, & Greene, 1987). Grief may predispose people to physical and mental illnesses and also that grief can aggravate existing illnesses (Osterweis, Solomon, and Greene, 1987; Zisook, 1987). Some of the mothers attributed their depression to financial difficulties, while others felt their depression contributed to their inability to care for their children. Depression exhibited a very strong hold for some mothers and these mothers were very vocal about their depression. Zisook (1987) suggests that depression may be related to a non-resolution of grief rather than healthy grieving. With this in mind, mothers who find support for their grief, may help improve the functionality of the mother and her ability to parent.

Multiple losses that occur within a close timeframe, such as financial hardships or relationships ending, compounded with mental health problems, may make grief more difficult to manage (Harvey, 2000). Difficult grief that mothers face, or depression exacerbated by grief, may be ameliorated by providing more resources such as financial and logistical support. For example, viewing job loss as a non-isolated event, and considering how relationships change due to job loss may increase the effectiveness of emotional support (Price, Friedland, Vinokur, 1998).
Foster Care

Several themes emerged that could directly help rural low-income mothers' and their families' ability to remain unified. Financial, logistical, relational, and institutional supports and barriers permeated the mothers' experiences with children in foster care on multiple system levels. Themes illustrated supports from professionals, other providers, and state and federal institutions, as inquired about through the research questions for this study. These supports and barriers are important particularly in association to how workers and policies interact with the mothers.

Child protective services work to protect children from maltreatment and makes decisions for placement for children based on risk (Zurvain & DePanfilis, 1999). Many decisions, regulations, and responsibilities of the workers focus on the benefits for children. This study has demonstrated that interactions with the mother through supports or restrictions have a direct influence on how the mother is able to care for her child, influencing the placement of the child in or out of the home.

Frame, Conley, and Berrick (2004) suggest that services should be available to mothers to support and guide the desired changes needed to retain custody of their children. The research from this study suggests that while supports are available, such as parenting classes, transportation assistance and options, as well as support from agency members, mothers continue to face substantial barriers. Lack of reliable transportation, difficult work schedules, and financial stressors made it hard for the mothers to provide adequately for their
children. Often mothers’ ability to fulfill visitation was contingent on their ability to either find transportation and/or have a work schedule allowing them to visit during the times set. TANF requirements and the need to financially provide for the family, paired with limited transportation or childcare resources, may increase the risk for mothers of having their children placed in out of home care (Courtney, 1999). Mothers found employment difficult to maintain due to limited or no transportation. Inadequate income kept mothers from feeling they could give their children the material necessities they deserved.

While the foster care system attempts to limit the amount of time children spend in foster care, many of the mothers felt unsure as to when their children would come home, and if they would come home. An apparent disconnect existed in the communication between the child welfare workers/system and the mothers. The lack of communication and involvement may also intensify the mother’s feelings of being out of control, a component to grief that often restricts the mother’s ability to function as well as she might otherwise (Frame, Conley & Berrick, 2004; Thompson, 1998).

Supports existed at various levels, such as regulations at the exosystem level, or supports from individuals at the microsystem level. The multiple supports (and at times barriers) that connect with the mother and her child are at the mesosystem. Programs, ideas, and people who would be positive supports are beneficial only if they are able to interact and improve the situation for the mothers directly. Mothers mentioned various policies, regulations, and mandated programs that were available for their case. The mothers, however, also
expressed some dissatisfaction regarding the implementation of the programs and policies, as well as dissatisfaction with the workers that helped to implement them. It is the movement from a good idea or support in theory into action that will really help mothers and their children. The movement from ideas and theories in the macrosystem to regulations and policy planning in the exosystem will translate into real assistance for both families and children at the mesosystem and microsystem level.

Some mothers' responses indicated how positive and negative reactions and relationships with agency workers can contribute or be detrimental to the mother's well-being and ability to parent with confidence. The relationships between agency workers and mothers contribute to the growing body of knowledge surrounding worker/client relationships and the reunification process (Frame, Conley, & Berrick, 2004; Takas & Hegar, 1999). Negative perceptions from stigmas and stereotypes may be conveyed to the mothers from service workers. The continuous negative feedback being received by the mothers makes it difficult for mothers to break out of this environment and feel positively empowered as a parent.

Services accessible to mothers need to be available. Access may be limited by the lack of transportations in rural areas. The community's ability to provide services that are affordable to these low-income mothers is also a concern. Mothers spoke about needing to work, and attend programs while staying within their financial means. Transportation to and from programs could add to the financial strain the mothers are feeling. Providing preventative

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services for new mothers through parenting classes may limit the number of children that need to be placed in out-of-home care (Guterman, 2001). Mothers in the study discussed how they improved their parenting based on what they learned from parenting classes they were required to take.

Kinship care is an increasingly used option for foster care. This was reflected in how many mothers had children in kinship care, and had children who remained in kin care over the interview years. The time children spent in kinship care in this study supports the available research which suggests lower reunification rates for children placed with kin (Taussig et al., 2001; Courtney, 1999). Mothers felt able to remain in touch with their children because children were placed with relatives rather than strangers.

**Socioeconomic Factors**

The third research question inquires an exploration of supports from people and institutions. Financial, logistical, and institutional supports and barriers often included areas that helped or hindered the mothers’ socioeconomic status. Finding secure employment, dealing with transportation problems as well as stigmas and misperceptions were all barriers for rural low-income mothers with children in foster care.

Stigmas and misperceptions (characteristics of the macrosystemic level of the ecological perspective) about families with low income continued to surround the group of mothers interviewed for this study. No concrete evidence could be found that service workers or other society members made decisions regarding children’s placement based on the mother’s financial status or other
generalizations about rural low-income families. This finding relates to Duncan and Magnuson's (2003) finding that income did not necessarily have a causal effect on parenting. The mothers did feel negativity directed at them, however, and felt they were taken less seriously due to their financial position. Unsatisfactory encounters with service workers at the mesosystem left the impression that workers thought them to be not particularly intelligent. While these misperceptions may be founded or not based on previous experiences, they became barriers to the mothers' well-being, and substantial enough so that services were not provided to the extent the mothers deserved.

The resources available and accessible to mothers, however, may support or limit how the mother is able to parent, and was illustrated in the study. Limitations in transportation and childcare restricted the lives of many mothers. Their ability to function as parents, i.e. to provide the basic needs for their children, was minimized due to financially unavailable and inaccessible resources. Hitting barrier after barrier often increased the mother's level of stress, and with so many negative and stressful situations depression may be unavoidable. This is important to understand so that stresses and losses do not accumulate, and support can be given in a preventative fashion. While financial hardships may not be easily rectified, providing an outlet for emotional distress through capable caseworkers may help mothers to manage their emotions.

Single motherhood is often associated with poverty and thus with having children involved with foster care (Culhane et al., 2003; Shonkoff & Phillips, 2000; Schein, 1995). The mother's marital status as related to foster care
involvement did not emerge as themes in this study. Many of the mothers in this sample were married or living with a partner. Having a partner in the home did not necessarily mean having a dual income home, however. Many of the partners were unemployed as well as were the mothers. Like Strong et al. (2005) acknowledge, this study found that the limited employment options of rural communities, as well as a lack of reliable transportation, can increase stress. Stress in one area such as employment and finances may create further stress in other areas such as relationships and parenting. Mothers found limited logistical and financial supports from service professionals and larger institutions to substantially help her as she parented. Once again the bidirectional nature of the themes is evident.

**Policy and Practice Implications**

From this study, several recommendations can be made. By seeing where gaps existed for the mothers in terms of support, policies and practices may begin to make improvements. Mothers found transportation to be a significant barrier to accessing services. Clustering services would minimize the extent to which a mother would need to transport herself to receive multiple services. For example, pairing prenatal health care with parenting classes or parenting supports would not only minimize the number of times the mother would need to find transportation, but would also act as a preventative measure so her parenting would be supported later in her experience of mothering.

Providing mandated services for mothers, such as visiting nurses for support or other services that would visit the mothers in their homes, would also
minimize the need for transportation. This would also ensure that mothers were receiving those services and not being neglected.

This study acknowledges that mothers do not exist in isolation. Supports and barriers do not help or hinder a mother in only one area. The study found that barriers in one area of a mother's life may negatively effect other areas. Likewise, supports in one area may further support the mother in another area of her life. This study illustrated the family ecology perspective and the interplay of people, institutions, and cultural norms. From this understanding, one may say that by helping one area we may help another. By helping the mother we may help the other half of the dyad, i.e. the child, and help the family as a unit.

Limitations

Having a small sample is not necessarily problematic when using qualitative methods. This study combines quantitative and qualitative components. The small sample is not representative of the population of rural low-income mothers who have had their children placed in foster care. A small sample analysis may not elicit all themes or significant findings compared to the population. A small non-random purposive sample limits the study's generalizeability (Neuman, 2006). Limiting generalizeability restricts the possibility for the research to contribute to the knowledge base.

The use of secondary data limited the breadth and depth of usable data (Neuman, 2006). The interview questions did not cover many specific topics related to foster care, separation, and/or grief. Some participants did not offer information regarding these topics. Using secondary data does not allow for
further probing into a certain topic that may be specifically related to the research questions. Therefore the material obtained was limited only to the questions asked by the larger study and did not directly acknowledge all of the research questions for this study. While optimally, questions pertaining specifically to grief and the research questions would provide the most information, the use of secondary data in this study did not significantly detract from obtaining information.

Grief, parenting, and foster care involvement are sensitive topics to discuss. Mothers might have given socially desirable responses to questions. This issue of social desirability bias is important to acknowledge. Giving socially desirable responses distorts data. (Neuman, 2006)

**Strengths**

A strength of this study includes the comprehensiveness of topics provided by the secondary data. The larger study from which the secondary data was retrieved was very thorough and covered many different topics. This was helpful when using the data to paint a picture of the experiences of mothers who have had their children removed from the home into foster care. Responses to questions were available that might have seemed like obscure information, but bolstered the results profoundly. For example, having the information regarding age and educational level at birth of first child gave a sense of context to the lives of mothers as parents.

As mentioned previously, little research has specifically targeted rural low-income families. This study contributes to the knowledge base in this area.
While future research is needed, this study promotes the awareness of this population and the need to study this group further.

**Future Research**

This study sought to explore the experiences of rural low-income mothers who had their children placed in foster care. Although this study has looked in depth at the lives of these women, the sample is small. Expanding the sample size would allow more themes to emerge and for themes to emerge more distinctly.

Further research into this area would be bolstered through interviews that directly ask rural low-income mothers about their experiences with foster care including services provided by agencies and knowledge about the process in which they were involved. A comparison study would be useful to begin to understand more clearly what might enable mothers to prevent their children from being placed in foster care. The t-tests which analyzed the mean scores for the CES-D and parenting ladder provided useful information. More comparative research is recommended. Two groups of mothers of similar demographics, financial situations, as well as other considerations could be included to build a more comprehensive comparison. Comparing mothers with children not in the foster care system with mothers with children in the foster system would provide useful information and insights into strategies for keeping children out of the foster care system. Comparisons may be done by using a qualitative study interviewing both groups of mothers.
Some suggestions developed from the results are to have employment opportunities that are more stable; accessible, reliable and affordable transportation; more available and accessible programs to help keep people in school; and education surrounding parenting skills and financial planning for people regardless of their socioeconomic status. Reliable transportation would be a tremendous asset to this group of women. In rural areas, particularly, transportation is a constant issue (Strong et al., 2005). These suggestions are, however, fuel for further research. The solutions to maintain healthy families and limit the need for foster care placement are complex and varied. One needs to consider our national financial resources, and where we as a country choose for the resources to be distributed.

Systems interact to play a part in bringing a mother to the point where she may put her children in foster care or be required to do so. The choices a mother makes, or the decisions made for her in terms of custody, are not made in isolation. Bronfrenbrenner suggested the smallest interaction is a dyad, and these interviews have highlighted that each mother, in similar and varied ways, is involved in a complex variety of interactions with emotional, financial, relational, institutional, and parental barriers and supports. One must consider that actions at one system level will inevitably influence other system levels. Also important is the need to examine the multiple facets of the foster care system, the relationships that are included in that system, and the larger and smaller systems that are also involved. Seeing foster care through the eyes of the legal mother, and the comprehensive lens through which her experiences are viewed, may
help create more complete supports to provide supportive and helpful methods to work with the mothers and maintain the family unit.

From a standpoint of a child advocate and in the best interest of the child, one must look at the parent's welfare. Children are extremely dependent on the physical, emotional, and financial well-being of their parents. Society must then look at preventative measures to provide for the best interests of our most valuable resource, our children. As this study suggests, we must support mothers so they may become productive, emotionally strong, and financially stable members of our society. We must not play catch up by placing our children in foster care, but use this study as a tool to reflect on the importance of a comprehensive approach.
LIST OF REFERENCE


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presented at 'What Works!? Evidence Based Practice in Child and Family Services' (Biennial Conference), Australian Children's Welfare Agencies (ACWA), Sidney, Australia.


6/8/2006

Glesner, Talia
Family Studies, Pettee Hall
40 Gables Way, #220
Durham, NH 03824

IRB #: 3720
Study: Separation and grief: Rural low income mothers' experiences with foster care
Approval Date: 5/19/2006

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has reviewed your response to its concerns and approved the protocol for your study.

Approval is granted to conduct your study as described in your protocol for one year from the approval date above. At the end of the approval date you will be asked to submit a report with regard to the involvement of human subjects in this study. If your study is still active, you may request an extension of IRB approval.

Researchers who conduct studies involving human subjects have responsibilities as outlined in the attached document, Responsibilities of Directors of Research Studies Involving Human Subjects. (This document is also available at http://www.unh.edu/osr/compliance/irb.html.) Please read this document carefully before commencing your work involving human subjects.

If you have questions or concerns about your study or this approval, please feel free to contact me at 603-862-2003 or julie.simpson@unh.edu. Please refer to the IRB # above in all correspondence related to this study. The IRB wishes you success with your research.

For the IRB,

Julie F. Simpson
Manager

cc: File
    Elizabeth Dolan
March 28, 2005

Dolan, Elizabeth M
Family Studies, Pettee Hall
Durham, NH 03824

IRB #: 2159
Study: Rural Low-Income Families: Tracking Their Well-Being and Functioning in the Context of Welfare Reform
Review Level: Expedited Approval Expiration Date: 04/18/2006

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has reviewed and approved your request for time extension for this study. Approval for this study expires on the date indicated above. At the end of the approval period you will be asked to submit a report with regard to the involvement of human subjects. If your study is still active, you may apply for extension of IRB approval through this office.

Researchers who conduct studies involving human subjects have responsibilities as outlined in the document, Responsibilities of Directors of Research Studies Involving Human Subjects. This document is available at http://www.unh.edu/osr/compliance/IRB.html or from me.

If you have questions or concerns about your study or this approval, please feel free to contact me at 603-862-2003 or julie.simpson@unh.edu. Please refer to the IRB # above in all correspondence related to this study. The IRB wishes you success with your research.

For the IRB,

Julie F. Simpson
Manager

cc: File
Suzann Knight

Research Conduct and Compliance Services, Office of Sponsored Research, Service Building,
51 College Road, Durham, NH 03824-3585 * Fax: 603-862-3564
FEELINGS ABOUT HOW THINGS ARE GOING

For each of the following statements, check the box that best describes HOW OFTEN YOU HAVE FELT THIS WAY DURING THE PAST WEEK.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or none of the time</th>
<th>A little of the time</th>
<th>A moderate amount of time</th>
<th>Most or all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was bothered by things that don't usually bother me....................</td>
<td>□</td>
<td>□</td>
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<tr>
<td>2. I did not feel like eating; my appetite was poor............................</td>
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<tr>
<td>3. I felt that I could not shake the blues even with help from my family and friends</td>
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<td>4. I felt that I was just as good as other people...............................</td>
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<td>5. I had trouble keeping my mind on what I was doing...........................</td>
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<td>6. I felt depressed...............................................................................</td>
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<td>7. I felt that everything I did was an effort......................................</td>
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<td>8. I felt hopeful about the future....................................................</td>
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<td>9. I thought my life had been a failure.............................................</td>
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<td>10. I felt fearful..................................................................................</td>
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<td>11. My sleep was restless......................................................................</td>
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<td>12. I was happy.....................................................................................</td>
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<td>13. I talked less than usual..................................................................</td>
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<td>14. I felt lonely....................................................................................</td>
<td>□</td>
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</tr>
<tr>
<td>15. People were unfriendly.....................................................................</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>16. I enjoyed life..................................................................................</td>
<td>□</td>
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<tr>
<td>17. I had crying spells..........................................................................</td>
<td>□</td>
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</tr>
<tr>
<td>18. I felt sad..........................................................................................</td>
<td>□</td>
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</tr>
<tr>
<td>19. I felt that people disliked me......................................................</td>
<td>□</td>
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<tr>
<td>20. I could not &quot;get going&quot;....................................................................</td>
<td>□</td>
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</tbody>
</table>
APPENDIX D

THE PARENTING LADDER

6 High
5
4
3
2
1
0 Low

Where would you put yourself on the Parenting Ladder in terms of:

Your knowledge of how children grow and develop? ____________
Your confidence that you know what is right for your child? ____________
Your ability to create a safe home for your child? ____________
Your success in teaching your child how to behave? ____________
Your skill at finding fun activities that interest your child? ____________
The amount of stress in your life right now? ____________
Your ability to cope with the stress in your life? ____________

Parenting is often smoother when others are there to help. Where would you put yourself on the Parenting Ladder in terms of:

Other parents for you to talk to? ____________
Someone to help you in an emergency? ____________
Someone to offer helpful advice or moral support? ____________
Someone for you to relax with? ____________
Professional people to talk to when you have a question about your child? ____________
Your overall satisfaction with the amount of support in your life? ____________