



**MONASH** University  
Criminal Justice Research Consortium

# **Maintaining family contact during COVID-19: Describing the experiences and needs of children with a family member in prison**

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# EXECUTIVE SUMMARY

## **Background**

Visiting by children has been regularly investigated in research about parents and family members in prison. This has predominantly focused on three aspects of visiting: (1) describing the extent of visiting; (2) describing the barriers to visiting; and more recently (3) examining the effects of visiting on outcomes for the imprisoned person, notably recidivism. There has been limited attention to these experiences in Australia in recent years. What is indicated, however, is that visiting can have a positive impact on children's wellbeing and their connection to the imprisoned parent, as well as on the parent themselves, with regard to their parenting role in the short term, and on their return to the community.

Prison visiting across the globe has been significantly affected in 2020 by the COVID-19 pandemic. By March 2020, prisons across the world began to limit or ban face-to-face visits, in an attempt to manage the health risks for a more vulnerable group, within typically overcrowded settings. In-person visits in all Australian prisons were cancelled at this time. While there has been some reintroduction of visits in some jurisdictions, at the time of writing, visits in New South Wales and Victoria, which hold one-half of the country's prisoners, remain suspended. Formal understanding of the impact of COVID-19 on prisoners and their families, their coping during imprisonment and/or the processes of re-entry remains limited at this stage.

## **Aim**

The aim of this report is to improve understanding of the needs and experiences of children with a family member in prison, with regard to visiting during COVID-19. The study was commissioned by SHINE for Kids, with a request to focus particularly on changes to visiting as a result of COVID-19 restrictions introduced in prisons across Australia, from March 2020.

## **Methods and participants**

Data were gathered via an anonymous survey facilitated by online platform Qualtrics. The survey was available from June 17 – August 17, 2020. The link was distributed via a range of mechanisms: SHINE for Kids, other not-for-profit organisations across Australia, a range of social media platforms, as well as via professional networks. The survey gathered descriptive data on: the type and frequency of contact pre and during COVID-19; the challenges experienced with regard to maintaining contact; factors affecting visiting and other forms of contact; perceptions of the availability and quality of contact between children and the imprisoned family member; the perceived effects on children; carers' self-reported coping, their observations on how both the children and the imprisoned family member were coping; as well as suggestions for improvements.

## **Findings**

Eighty-four carers of dependent children with a family member in prison completed the survey. Although no official data exist on children and families who experience the imprisonment of a family member, our survey responses indicate that in general terms, the imprisoned family members of the survey respondents were broadly similar to the wider prison population, with regard to age, gender, legal status, and prior imprisonments. Aboriginal and/or Torres Strait Islander people were somewhat under-represented.

Women under the age of 40 years, caring for one or two children whose father was in prison, were the dominant group of survey respondents. The children they were caring for were typically under 10 years of age, with 30.9% being of pre-school age. Boys made up around 60% of the overall group. The level of disability or chronic illness reported in children was considerably higher than in the community.

Two-thirds of respondents described the quality and availability of visits pre-COVID-19 as good or very good, with most describing weekly face-to-face contact, despite it being common for people to have to travel long distance for visiting. Those who needed to travel more than two hours to get to a visit were more likely to indicate problems with visiting, however, few people indicated any problems at this time.

Survey responses indicate that the introduction of visiting restrictions had created a range of difficulties for maintaining contact with the imprisoned person. Contact was assessed to be less available, and children were described to have less contact time with their relative (most typically their father). Although the vast majority of respondents stated that they had engaged in some form/s of non-contact visits (videoconferencing and phone calls mostly), there were problems. The impact of prison lockdowns and lack of offering of such options were noted. These visits were not seen to be particularly suitable for young children; they were too short in length, or were offered at times which were not appropriate for children. However, where these issues were addressed, for example the video visit allowing a parent to read a story to a child and participate in the bedtime routine, respondents saw great value in this visiting modality. Carers also outlined the benefits of offering visits by videoconferencing: reduced travel time and cost; and not needing to take children into a prison environment. Despite these positives, overall, respondents described the negative impact of visiting restrictions on the emotional wellbeing of both children and the imprisoned family member.

## **Implications**

Overall, this study supports the use of video visiting, complementary to in-person visits, as a way of supporting family contact. However, a range of actions are required. This includes a commitment to face-to-face visits as the main form of contact, where possible, which should not be replaced with video visiting; specific attention to prioritising families who live considerable distances from the prison; tailoring visits to the needs of the child/ren – including the specific needs of children with disabilities, and consideration of skill building for effective use of videoconferencing with children.

# 1. BACKGROUND

Visiting by children has been regularly investigated in research about parents and family members in prison<sup>1</sup>. This has predominantly focused on three aspects of visiting: (1) describing the extent of visiting; (2) describing the barriers to visiting; and more recently (3) examining the effects of visiting on outcomes for the imprisoned person, notably recidivism.

The research has consistently reported that around one-half of imprisoned parents receive no visits from their children. While there are some questions about the accuracy of this figure (data are often collected via a cross-sectional approach, quite close to the time of entry into prison, when it has been shown that this may be when people are least likely to have visits), there is obvious reduced family contact during this period (Duwe & Clark, 2011). This has an impact on family connectedness; for parents specifically, it can affect their ability to parent or remain involved with their child (Arditti et al., 2005), during and after prison.

What is less in question, however, is that visiting can be difficult for both parties. A range of barriers to visiting have been described consistently in the literature; these can be summarised as falling into the categories of either 'getting there', or what happens during visits – 'being there' (Flynn, 2014). The known, intersecting, challenges to 'getting there' are accepted to be distance and cost. Much research describes prisoners being held long distances from their homes (e.g. see Pierce, 2015; Trotter et al., 2015); this creates additional stress for families when visiting, in terms of both time and financial costs (Dennison et al., 2014; Pierce, 2015; Scharff Smith & Jakobsen, 2014). While this pattern has been described across a range of countries, it has particular relevance in the Australian context, in jurisdictions with low populations in a large geographical area (e.g. Dennison et al., 2014; Healy, Foley & Walsh, 2000; Tomaino et al., 2005). Additional costs associated with visiting, including the need to purchase expensive and unhealthy food from vending machines, as well as food during the journey to the prison, have also been observed in practice.

Families who overcome the barriers of distance and cost still need to confront and negotiate 'complex administrative procedures and regulations' (Ryan et al., 2020, p. 1059), including identity checks, booking systems, clothing requirements etc., before they will be allowed entry to the prison. They are then confronted with an environment that is consistently described in research as hostile and intimidating (e.g.

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<sup>1</sup> Although the current study maintained a deliberately wide focus on family members, the majority of participants reported on children visiting their imprisoned parent. We focus this background, therefore, more specifically on that area.

see Scharff Smith & Jakobsen, 2014), lacking appropriate child-friendly facilities (Bartlett & Eriksson, 2018; Tomaino et al., 2005) and privacy (Pierce, 2015). As argued by Ryan et al. (2020, p.1059) '[p]risons are not designed with visitors in mind'. The provision of poor visiting facilities has resulted in some imprisoned parents not wanting visits to occur (Dennison, Smallbone & Occhipinti, 2017). Additionally, strained family relationships, and hostility between ex-partners, may result in carers not being willing to bring children to visit (Moran et al. 2017; Tasca, 2016).

## 1.1 Types of visiting

Despite the known challenges of visiting, there are a range of ways that connections can be maintained between imprisoned people and their children and families. These include non-contact methods, such as letter-writing, phone calls, and email (although, the latter are only available in some jurisdictions). Phone calls can only be made by the prisoner out to the family, not in. All methods are typically limited, in terms of frequency and time, are costly and subject to surveillance.

Face-to-face contact is what most think of when we talk about visiting/prison contact. Beckmeyer and Arditti (2014, p.130) noted that '[i]n-person visitation with family members is the most proximal form of contact between offenders and their families and an important means to maintain meaningful family connections'. What this contact actually looks like, however, varies considerably by jurisdiction, the institution's level of security and the security classification/risk of the prisoner. Face-to-face visits therefore can include a range of possibilities:

- Standard visits: these are offered at set times, typically each week, for a specified period (often around one hour), in a visits centre, with groups of prisoners and their visitors sitting at a set table/chair. Prisoners are often not able to move from their seat for such visits. Physical contact is minimal, with the capacity for privacy and closeness negated by both the physical setting and the associated noise (Beckmeyer & Arditti, 2014; Moran & Disney, 2018)
- Extended/family-focused visits: these allow families to visit for longer periods and in more relaxed settings, for example, outside. These typically occur less frequently and are often badged as 'family days'.
- Child-focused visits: these can be either for children only, or have a child focus incorporated into a standard visit (for example SHINE for Kids' Prison Invisits Program). There may be specific activities for children and physical contact is typically permitted.



- Box/non-contact visits: some prisoners deemed to be high-risk (or visitors who are seen to pose a risk, e.g. due to positive drug residue tests) may only have non-contact visits; at times, families will also have box visits while waiting for approval for contact visits. Non-contact visits occur in an individual cubicle, where the prisoner and visitor/s are separated by a transparent barrier. Such visits have been described as being associated with distress for children and child behaviour problems (Dallaire, Zeman & Thrash, 2015, cited in Horgan & Poehlmann-Tynan, 2020)

## 1.2 Benefits of visiting

It is generally understood that visits are good for children, families, those in prison and the prison itself. For children, visiting allows them to see and communicate directly with their family member, reducing fears for safety and wellbeing (Flynn, 2014). Horgan and Poehlmann-Tynan (2020, p. 400) claim that '[c]ontact visits, when the parent and child can see each other in person and can hug and hold hands, are the most meaningful form of social interaction supporting family relationships'. Such contact also allows parents and children to either continue, or work on rebuilding, their relationships (Tasca, 2018); this may result in better adjustment for children (e.g. see Trice & Brewster, 2004).

Recent research describes the opportunities for imprisoned parents that visiting presents: connecting with their parenting role, albeit for brief periods of time (Hutton, 2016), as well as providing opportunities for those who have been disconnected from children and families (Tasca, 2018). Findings from recent unpublished research with a small group of fathers in prison in Victoria concurs with and extends these patterns (Flynn, Trotter, Sheehan & Bartlett, forthcoming). In that study, fathers described visiting as enabling them to build and sustain relationships with their children, as well as helping them to manage emotions, and the impact of separation, in a closed and stressful environment. Research with imprisoned fathers in the United States (US) has indicated other opportunities. Tasca (2018) found that, even where men had limited contact pre-prison, they did receive visits, with carers describing this as giving the father-child relationship a 'second chance'. This builds on previous findings which indicate that visiting 'allows prisoners and caregivers a chance to work out the past, communicate about present circumstances, and plan for the future, especially with respect to parenthood' (Tasca, 2016, p. 741). Beckmeyer and Arditti (2014) highlighted the importance of the quality of in-person visits to reducing parental stress, as well as fostering the relationship between the imprisoned parent and child/ren. Specific research with fathers

found that those who received visits were more involved in their children's lives post-release (Roettger & Swisher, 2013; Turney & Wildeman, 2013) and demonstrated more positive parenting (Visher, 2013).

The nuances of visiting in prison from the prisoner perspective have been described by Turanovic and Tasca (2019). These show that, while visiting can support social ties, foster coping, and provide practical resources on release, visits can also be stressful, full of conflict, and less helpful. This was partly dependent on who was visiting, and how often. Beckmeyer and Arditto (2014, p. 132) also described the potential for visitation to have multiple realities for participants; they referred to this as a paradox: while visiting may 'foster family relationships [it] can also remind family members of past traumatic events'. This trend has been reported in other US research (Duwe & Clark, 2011, p. 271), which found that visits from 'siblings, in-laws, fathers, and clergy' were associated with better post-release functioning, while visits from ex-partners were not. Duwe and Clark's (2011) research is part of more recent examination of the links between prison visiting and recidivism (e.g. also see Cochran, 2013). Findings highlight that sustained and recent visiting is associated with a decreased risk of recidivism, particularly visits from siblings etc. as noted above. However, Ryan et al. (2020) found, in recent examination of data from Queensland, that Indigenous<sup>2</sup> prisoners were visited less often, noting how known structural barriers may have more impact on Indigenous families. Overall, those researchers concluded that this reduced visiting was partially influenced by greater travel distances, but was more affected by the person's history of imprisonment – those with a history of prior imprisonment were less likely to have visits. Furthermore, they reported that while visiting was associated with reduced risk of reincarceration for non-Indigenous people, the same pattern did not apply to Indigenous people. Given the sustained over-representation of Aboriginal and Torres Strait Islander people in the Australian prison system (Australian Bureau of Statistics [ABS], 2019), this is clearly an area in need of closer examination. This was outside of the specific focus of this study.

Overall, for imprisoned parents, greater capacity for desistance and better post-release adjustment and community integration have been associated with the maintenance of supportive family ties during imprisonment (Berg & Huebner, 2011; Farrall & Maruna, 2004; Panuccio, Christian, Martinez, & Sullivan, 2012). While it is not fully understood how these ties work, some (e.g. Maruna, 2001; Ronel & Segev

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<sup>2</sup> We recognise the diversity of Aboriginal and Torres Strait Islander cultures in Australia, and seek to use these terms throughout this report. At times the term 'Indigenous' is used for brevity, in tables/graphs etc., and where it has been used in the source documents being cited.

2013) have suggested that families aid the person in constructing and maintaining an alternative, non-criminal, identity: their outside self (Tripp, 2009).

### 1.3 Video visits

Video visits have been flagged in recent years (pre-COVID-19) as offering the opportunity to address key challenges with visiting, notably distance and cost (Cramer, Goff, Peterson & Sandstrom, 2017). Turnanovic and Tasca (2019) suggested that this type of visiting may also reduce the risk of secondary prisonisation (the consequences of imprisonment in terms of restrictions, surveillance, treatment by prison staff etc., which are experienced by those connected to the imprisoned person, although they are not in prison) by virtue of avoiding the physical prison environment. However, there is little known about video visits.

In Australia, research across Victoria and New South Wales (NSW) examining responses to children when their primary carer was imprisoned, indicated that, of the 151 parents interviewed, only one had accessed this type of visit, despite this service reportedly being on offer in both states (Trotter et al., 2015). In related research on the use of video for court appearances in NSW, concern was expressed that the introduction of such visits would lead to a reduction in in-person, face-to-face visits (McKay, 2016). Evidence in the United States (US) of such reductions has been reported, largely in the media (e.g. Sims, 2017) and by advocacy organisations (Rabuy & Wagner, 2015). It is evident that, in the US, video visits have been in place, and growing over the past decade. In 2015, it was described as being trialled in more than 500 prisons/jails across 44 states/districts (Rabuy & Wagner, 2015). As noted above, such moves could be seen as positive, in reducing barriers of travel time/cost; yet, in some US settings, visitors still have to travel to the prison setting to engage in a video visit (Rabuy & Wagner, 2015). Practical challenges with these visits are also emphasised, such as poor quality, cost and availability, as well as visits ending abruptly (Cramer, Goff, Peterson & Sandstrom, 2017). Rabuy and Wagner (2015) also described some jails using video visits, then banning face to face visits, as part of the contract with the company providing the video visit technology. Horgan and Poehlmann-Tynan (2020) describe considerable backlash against this, noting that some US states have now legislated to ensure that video contact cannot replace face-to-face visits.

In reflecting on how video visiting has been implemented in NSW in response to COVID-19, recent media (Carroll, 2020) reports claims by the NSW Minister for Counter Terrorism and Corrective Services,

Anthony Roberts, that this is successful. Video visits are described as facilitating better connection with families and offering opportunities for meaningful interactions, including for imprisoned parents to read their children a story at bedtime, as well as reducing the trauma for children of visiting a prison. The Minister is also reported to have noted the positive impact on smuggling of drugs and other contraband into the prison.

Horgan and Poehlmann-Tynan (2020) contend that video chat may be an effective and developmentally appropriate means of contact for children with imprisoned parents where face-to-face visits are not possible. They have suggested that the visual element of this medium creates more meaningful contact than the telephone for children under eight years, as they may not have the verbal and cognitive abilities required to engage on the telephone, and often rely on visual cues and facial expressions to communicate. These authors also suggest that video chat can create a greater sense of physical closeness between the child/ren and parent at a distance. As it stands, video visits present a range of possibilities, but also challenges, including the impact of digital poverty (Australian Council of Social Services, 2016; World Health Organization [WHO], 2019), and the effects on children of a sustained lack of physical contact with their parent (Narvaez et al. 2019).

#### **1.4 COVID-19 global pandemic**

COVID-19 spread across the globe from early 2020 and was declared a pandemic by WHO on March 11, 2020. By that same month, WHO (2020) provided guidance on preventing and responding to COVID-19 in prisons, noting the potential for 'huge mortality rates' (Summers, 2020, p.1). Concerns were noted at that time about the challenges presented by both the environment and the prison population. Given common overcrowding, prison environments were seen to bring inherent difficulties in prevention, adequate hygiene, physical distancing and infection control. The World Prison Brief (2020) shows that Australian prisons have an occupancy level of 112%. Those being held in prison also bring specific risks, with compromised health, chronic health conditions, increased rates of mental illness and substance dependence, increasing their vulnerability to COVID-19 (Prison Reform International [PRI], 2020, p. 31). In response to this, many prisons began to either limit contact through visiting restrictions or bans; some concurrently provided increased opportunities for other forms of contact, such as phone calls (PRI, 2020).

Formal understanding of the impact of COVID-19 on prisoners and their families, their coping during imprisonment and/or the processes of re-entry is understandably in its early phases. The typical cycle of research implementation, which shows a considerable time lag between studies being conceptualised,

developed, implemented, then shared and published, is not helpful in understanding and responding to the considerable changes implemented. Most understanding of developments comes from media reports and advocacy organisations. In England and Wales, the Prison Reform Trust (2020) reported on restrictions which meant that prisoners were in lockdown 23 hours per day, coupled with suspended visits. They suggested that offering secure phones and SIM cards was problematic and insufficient and, while video calling was implemented, the roll-out was slow. They concluded that, although some good practices were evident, these were unpredictable and not widespread, and were dependent on staff to facilitate these. The Prisons Inspectorate (2020, para. 1) similarly noted that they heard reports of 'deteriorating physical and mental health [with] and some [women having not seen] their children for more than three months'. Across the almost 2000 prisons in the US, visits were suspended in March (Hanna, 2020), with Critchfield (2020) noting patchy video visiting in response.

In March 2020, across all Australian state and territory correctional centres, face-to-face contact and visits were cancelled. As patterns of the spread of COVID-19 varied across the country over time, each state/territory took a different approach to managing visiting.

At the time of writing (October 2020), the following conditions were in place across Australian states and territories:

- **Australian Capital Territory (ACT):** face-to-face visits resumed on September 9, 2020, 'under new guidelines developed in response to the COVID-19 pandemic and to provide a safe and humane visits environment for visitors, staff and detainees' (ACT Corrective Services, 2020, para. 4). To meet social distancing guidelines, reduced visits are available; these are restricted to immediate family and kinship relations; no physical contact is permitted; and hygiene protocols are in place.
- **NSW:** visits remain suspended. Corrective Services NSW describe having offered 95,000 online visits during visiting restrictions (Department of Communities and Justice, 2020)
- **The Northern Territory (NT):** face-to-face visits resumed from May, with restrictions as to who could visit, and hygiene protocols and physical distancing in place (NT Government, 2020)
- **Queensland (QLD):** This state has seen several changes to visiting over recent months, with some visits being reintroduced and subsequently suspended. All professional and personal visits resumed on September 29, with temperature checking, masks where physical distancing is not possible and other hygiene measures (Queensland Corrective Services, 2020)

- **South Australia (SA):** Visits resumed September 26 (Department for Correctional Services, 2020)
- **Tasmania (TAS):** Visits resumed July 27, with restrictions: physical distancing, hygiene protocols, temperature checking, and restricted numbers (Department of Justice Tasmania, 2020)
- **Western Australia (WA):** visits have resumed with restrictions, including physical distancing, restricted numbers of visitors (Department of Justice Western Australia, 2020)
- **Victoria (VIC):** face to face visits remain suspended (Corrections Victoria, 2020)

All jurisdictions report that they are continuing to offer visits via video.

## 2. METHODOLOGY

To understand how families with children were experiencing contact with their loved ones during this time of restricted visiting, an online survey was developed for adults caring for children who have a relative in prison.

### 2.1 Survey

This survey was developed by a team lead by Dr Catherine Flynn (Monash University, VIC), with input from Professors Lorana Bartels (ANU, ACT) and Susan Dennison (Griffith University, QLD), Dr Susy Harrigan (Monash University), as well as members of the SHINE for Kids Practice Research and Advocacy Meeting (PRAM). The study was approved by the Monash University Human Research Ethics Committee (MUHREC Project ID: 24661).

The survey was facilitated by online platform Qualtrics, with the link distributed via a range of mechanisms: SHINE for Kids, not-for-profit organisations in other states, social media platforms (Facebook and Twitter), as well as via the researchers' and PRAM professional networks. All responses were anonymous and the survey could only be taken once. The survey was available from June 17 to August 17.

The survey (see Appendix 1) collected information about the respondents and their experiences of visiting before COVID-19 restrictions and since that time, with regard to:

- access to visits and the types of visits;
- the challenges experienced with regard to maintaining contact;
- factors affecting visiting;
- perceptions of the availability and quality of contact between children and the imprisoned family member;
- self-reporting of coping, as well as their observations on how both the children and the imprisoned family member were coping;
- suggestions for improvements to visiting.

One hundred and two people commenced the survey; of these 19 were exited from the survey as they did not meet the criteria of being the adult carer of a dependent child whose family member was in prison. The total number of completed surveys was 84.

There are a number of limitations to the study, largely resulting from who completed the survey and how they did so. These issues are noted in more detail in the presentation of findings. Notably, the survey respondents are mostly from NSW (63.1%) and 98.8% of respondents were women. Some over-representation of women is not unexpected, given that the survey sought input from those caring for children, and research consistently shows that this is typically women, but it is acknowledged that further research with male carers is required.

Although we built into the survey the option of obtaining data on multiple children, this resulted in some inaccurate responses ( $n = 10$ ). Respondents were asked to tick a box for each child they were caring for (up to a maximum of three), on whom they would report: they were then asked two rounds of questions about each child. Some participants seemed to misunderstand these instructions. For example, where they were expected to report on three children, they ticked only one box labelled 'Child 3'. This means that data were only collected on one child from that respondent, rather than all three children. To best manage this, the research team considered a number of options, including excluding all of these responses. While this would have provided data on more children ( $n = 141$ ), the range of families represented would have been reduced to 74. To ensure the widest spread of data and participant representation, the decision was made to only analyse data on Child 1 for all families, where this was provided, and for the nominated child for the remaining responses (denoted as the 'Principal Child') ( $n = 84$ ). The assumption we made was that these participants had answered for Child 1 at that point (following the instructions of 'beginning with the oldest child'). This decision is also supported by the fact that most of those completing the survey were the parents of children, where similar patterns of contact for all children were evident.

## 2.2 Data analysis

This was a largely quantitative survey. The data were analysed using basic univariate descriptive analysis: Fisher's exact test for examining associations between key categorical variables and McNemar's test for change in respondents' perceptions of contact availability and quality of interaction pre- and during-COVID-19. A small number of questions sought open, qualitative responses. Content analysis was the chosen method for analysis of these responses, as this approach is the most suitable for mapping trends and patterns in the data, particularly where structured questions are used (Bryman, 2012).



# 3. FINDINGS

## 3.1 Survey participants and their families

Given that there are no official data gathered about children who experience the imprisonment of a parent or family member, we are unable to comment on the representativeness of the sample of people who responded. However, national data are collated on prisoners; we utilise the ABS (2019) data to draw conclusions in relation to a range of characteristics.

### 3.1.1 Imprisoned family members

Age: 42.2% of imprisoned people referred to in this survey were aged 30–39 years, compared with 33.9% of the total Australian prison population (as at June 30, 2019) who were in this age group. The latter population shows a wider spread, with considerably younger and older people. That this study sample shows a smaller age range, mostly in their 30s, is not unexpected, given the survey was targeting carers of children, and therefore likely to target mostly imprisoned parents. The same pattern with regard to age range has been observed in other Australian research with imprisoned parents (Trotter et al. 2015).

Gender: 94.0% of imprisoned family members were male, which is slightly higher than in the overall prison population (91.8%).

Aboriginal and/or Torres Strait Islander status: 78.0% of participants identified the imprisoned family member as non-Indigenous, and 20.7% as either Aboriginal and/or Torres Strait Islander (1.2% opted not to respond to this question). This shows an under-representation of Aboriginal and Torres Strait Islander respondents, compared to the wider prison population, where 72.4% are non-Indigenous and 27.6% Indigenous. This discrepancy is likely the due to the low representation of participants from WA and QLD (see below).

Legal status: sentenced vs. remand: 75.0% of survey participants reported on sentenced prisoners, compared to 25.0% reporting on remandees. This compares to 66.9% and 33.1% respectively in the wider prison system. Again, this is perhaps unsurprising, given the survey was seeking the experiences of those who are or have been in contact/seeking contact with the imprisoned person, as some research

shows that those on remand may be less likely to have told anyone about being in custody (e.g. Caddle & Crisp, 1997).

Prior imprisonment: 45.8% of survey respondents described the relevant family member as being in prison for the first time, while 54.2% were described as having experienced prior imprisonment. A snapshot of the wider Australian prison population shows 42.1% being imprisoned for the first time, compared to 57.9% with prior imprisonment, so this would appear to be fairly representative.

State and territory location: please see Table 1 below. As is evident, almost two-thirds of survey respondents related to an incarcerated family member in prison in NSW. This is more than twice the overall representation of that state in the Australian prison population, but is a likely consequence of SHINE for Kids, the commissioning organisation, having its head office and the majority of programs in this state. Concurrently, there were two particular states from which there was noticeably low representation: Queensland and Western Australia. This seems to have had some impact on capturing the experiences of Aboriginal and Torres Strait Islander peoples. Conversely, the ACT was over-represented, accounting for 6.0% of respondents, compared with only 1.1% of the Australian prison population. With regard to location, the survey cannot be argued to be representative of the overall Australian prison population or their families.

**Table 1: Prison location of survey respondents compared to the Australian prison population**

State or Territory	Percentage of survey respondents	Percentage of the Australian prison population (ABS, 2019) <sup>1</sup>
ACT	6.0%	1.1%
NSW	63.1%	31.3%
NT	2.4%	4.0%
QLD	7.1%	20.4%
SA	3.6%	6.7%
TAS	1.2%	1.6%
VIC	15.5%	18.8%
WA	1.2%	16.1%

<sup>1</sup> Percentages in table may not add up to 100% due to rounding

### 3.1.2 Summary of imprisoned family member characteristics

Given each state and territory manages its own prison system, and each has been subject to very different consequences as a result of COVID-19 restrictions, the survey findings cannot be seen to accurately provide jurisdiction-based findings, given the disparities between responses rates and the relative size of the prison population. However, as the vast majority of data were collected in the period before the resumption of visits, the survey does provide an initial view of the experiences of a range of families across the country, during a period of suspended face-to-face visiting. In general terms, the imprisoned family members of our survey respondents are broadly similar to the wider prison population.

### 3.1.3 Survey respondent characteristics

The vast majority of those completing the survey were women (98.8 %,  $N = 83$ ) and most (83.3%) reported being the mother of the child/ren they were caring for, while the person in prison was the child/ren's other parent. The next most commonly noted caring role was grandparent (8.3%). Similar to those in prison, the largest group of people were aged 30–39 years (40.5%), with the next largest group being aged 20–29 years (32.1%). Eighty-three percent of respondents identified as non-Indigenous. Few identified themselves as having any type of disability or chronic illness (4.8%), although this was considerably higher for their children: 16.7% ( $n = 14$ ) of principal children were described as needing regular help with daily activities due to disability or chronic illness. This is considerably higher than in the community population, where 7.4% of children aged 0 – 14 years have some type of disability (Australian Institute of Health and Welfare [AIHW], 2020). Two respondents (2.4%) preferred not to answer this question.

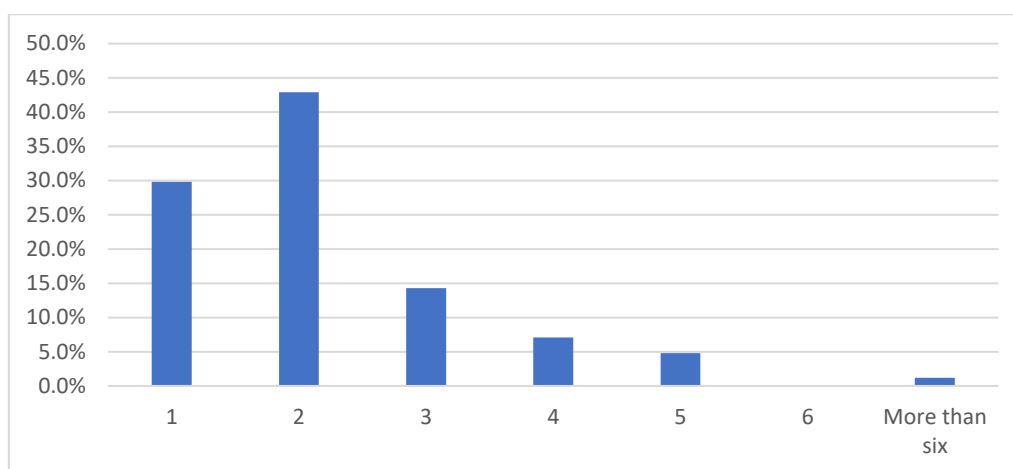
#### 3.1.3.1 Children

As can be seen from Figure 1 below, most carers (approximately 73%)<sup>3</sup> were caring for one or two children, although a small number were caring for large numbers of children.

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<sup>3</sup> This is an approximation, as one respondent noted that they were caring for 6+ children; for the purposes of this analysis, we assumed that in this case there were 7 children.

**Figure 1: Number of children being cared for by each respondent while their family member is in prison  
(N = 84)**



As noted above, the descriptions of child characteristics are based on one child per respondent/family (Principal Child). Table 2 displays the characteristics of these children.

**Table 2: Characteristics of principal child under the care of respondents (N = 84)**

	N (%)
Sex	
Female	34 (40.5)
Male	50 (59.5)
Age	
Under 2 years	10 (11.9)
2-4 years	16 (19.0)
5-9 years	27 (32.1)
10-14 years	16 (19.0)
15-17 years	15 (17.9)
Indigenous status <sup>1</sup>	
Indigenous	26 (30.9)
non-Indigenous	56 (66.7)
Assistance required with daily activities due to disability/chronic illness <sup>1</sup>	
Yes	14 (16.7)
No	68 (81.0)
Language other than English	
Yes	5 (6.0)
No	79 (94.0)

<sup>1</sup> Two respondents (2.4%) indicated that they preferred not to answer this question

As shown in the table above, almost 60% of children were male, one-third were aged 5-9 years (32.1%), with 30.9% under school age. Almost one-third were Aboriginal and/or Torres Strait Islander (30.9%). As noted above, 16.7% of children required assistance with daily activities due to disability or chronic illness. A small percentage (6.0%) of children usually spoke a language other than English. In addition, for 16 children (19.0%), the respondent was not the main carer prior to their relative being imprisoned and, of these 16 children, the prisoner had been the primary carer for nine of them.

**3.1.4 Period of imprisonment**

The majority of survey respondents were able to report on COVID-19 visiting restrictions both before and during COVID-19, as their family member had been in prison before March 2020. See Table 3 below.

**Table 3: Imprisoned family member’s date of entry into prison (N = 83)**

Date of entry	Number of prisoners	Percentage (N = 83) <sup>1 2</sup>
Pre 2018	14	16.9 %
2018 - 2019	50	60.2%
January – February 2020	7	8.4 %
March 2020+	9	10.8 %
Unknown	3 <sup>3</sup>	3.6 %

<sup>1</sup> Period of imprisonment information was not reported by one respondent

<sup>2</sup> Percentages may not add up to 100% due to rounding

<sup>3</sup> These three respondents were included in subsequent analyses of issues experienced during COVID-19 visiting restrictions

**3.2 Visiting experiences pre-COVID-19**

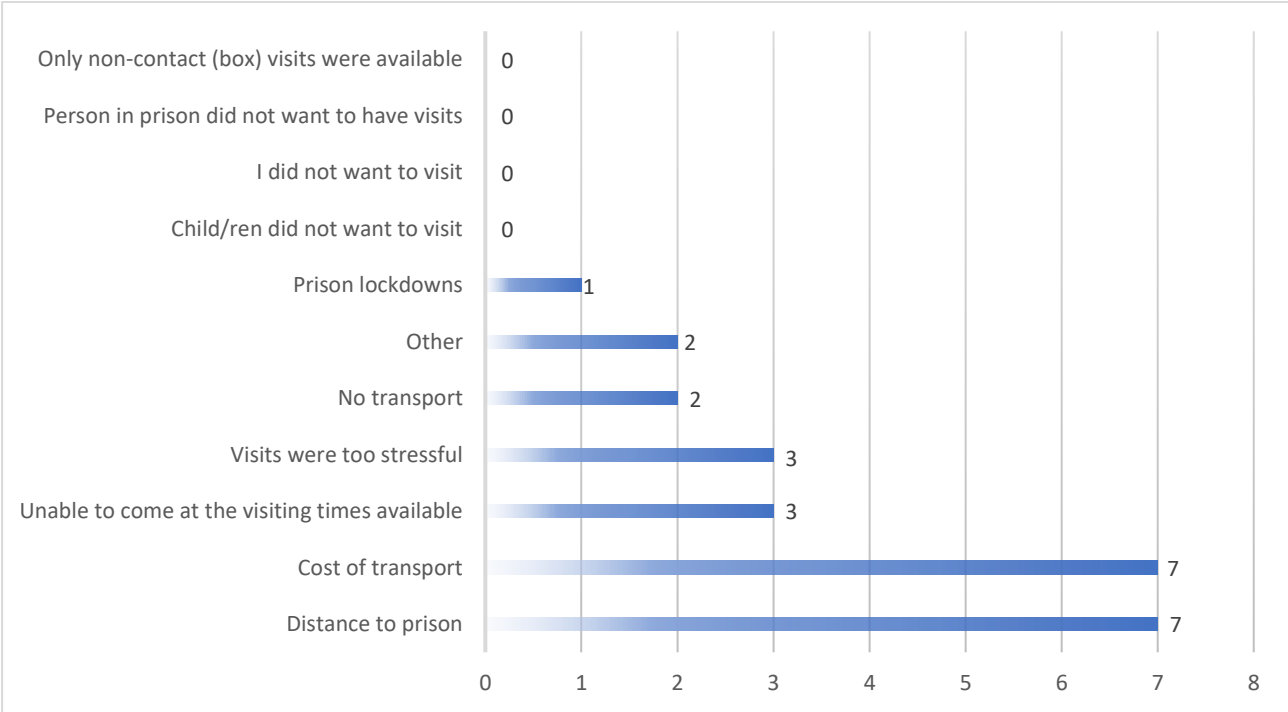
**3.2.1 Problems with maintaining contact**

Of the 75 respondents whose family member was in prison pre-COVID, the vast majority (n = 65; 86.7%) stated that they had no problems with visiting before the COVID-19 restrictions. This is highly unexpected, given the well-established trends in research, both in Australia and internationally, that indicate that visiting is problematic. There are some possible methodological explanations for this. Firstly, the timing and focus of the survey. The study title is ‘Maintaining family contact during COVID-19: Describing the experiences and needs of children with a family member in prison’ and respondents were advised that the survey ‘asks questions about the changes made in prisons about keeping in contact, and how these have affected your family, particularly the children you are caring for’. It is possible that respondents were

very focused on their experiences during COVID-19 and completed the survey during the height of the restrictions, at a time of considerable stress for people, which may have made any previous difficulties seemed less important. Secondly, it is possible that those who completed the survey were those maintaining contact, missing out on those for whom pre-COVID barriers to visiting had a significant impact. However, we cannot confirm these speculations.

For the 10 respondents who identified problems with visiting prior to COVID-19, these are presented in Figure 2 below. Multiple responses were possible.

**Figure 2: Problems with prison visiting pre-COVID-19 restrictions (N = 10)**



Given what is known about challenges for families of getting to visits (e.g. see Flynn, 2014), it is unsurprising that the main issues noted were about the distance to the prison and the cost of transport. No participants indicated that any member of the family did not want to engage with visits.

**3.2.1.1 Investigation of sub-group differences in problems with maintaining contact pre-COVID-19 restrictions**

Table 4 below presents a breakdown of participant responses about pre-COVID-19 problems in maintaining contact (problem vs. no problem), by family size, legal status, and travel distance. The experience of Aboriginal and Torres Strait Islander families was also specifically examined. These sub-

groups were selected for analysis on the basis of previous research, which indicates that there may be additional challenges for these groups or in these circumstances. The association between the experience of problems with visiting pre-COVID-19 and each of these characteristics was tested using Fisher's exact test. We acknowledge that the numbers were small, particularly in the respondent group that identified problems (n = 10), so statistical tests will be under-powered to detect any but large effects, and the results should be therefore interpreted with caution.

**Table 4: Problems with visiting pre-COVID19 x family size, legal status, travel distance, and Indigenous status**

	Problems with visiting pre-COVID-19		Probability-value
	Yes/maybe (n = 10)	No (n = 65)	
	N (%)	N (%)	
Family size			
Small (1-2 children)	6 (11.3)	47 (88.7)	0.467
Large (3+ children)	4 (18.2)	18 (81.8)	
Legal status			
Remanded	1 (5.6)	17 (94.4)	0.435
Sentenced	9 (15.8)	48 (84.2)	
Travel distance to prison			
Up to 2 hours	3 (7.0)	40 (93.0)	0.087
Over 2 hours	7 (21.9)	25 (78.1)	
Indigenous status <sup>1</sup>			
Indigenous	5 (20.0)	20 (80.0)	0.286
non-Indigenous	5 (10.0)	45 (90.0)	

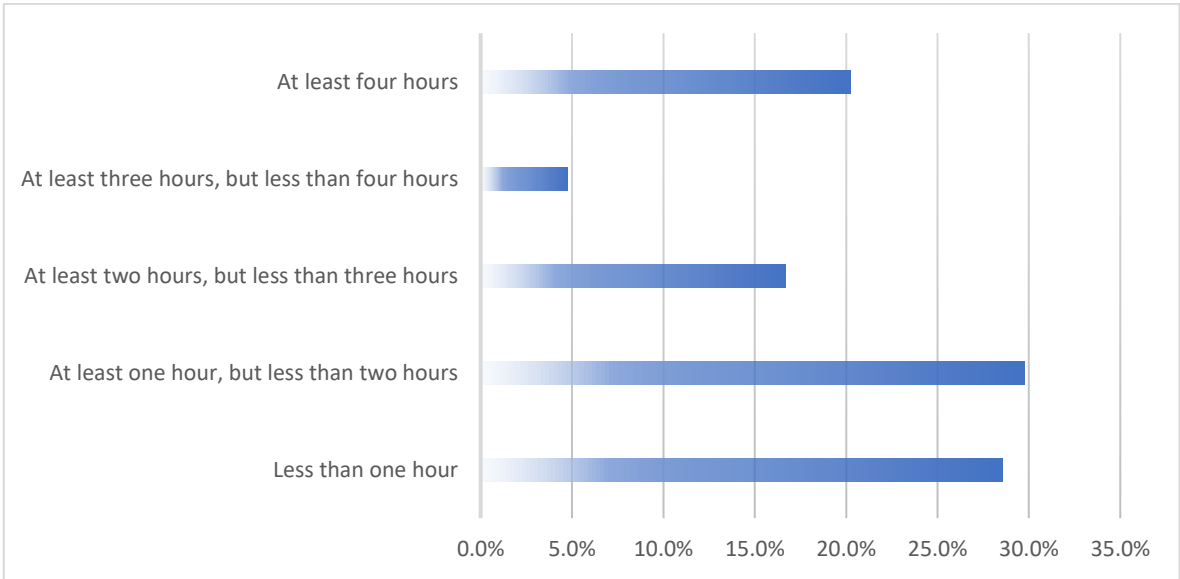
<sup>1</sup> Indigenous status = if the carer, child and/or prisoner was reported as being Indigenous.

Although there were some modest differences noted between some of these groups, none were statistically significant. It is worth noting however, that respondents who travelled over two hours were three times more likely to report problems (21.7%) compared with respondents who travelled less than 2 hours (7.0%).

3.2.2.2 Travel time for visits

Although only a small number of respondents (n = 7) noted travel (distance and/or cost) as a problem, the actual time for travel was also captured elsewhere in the survey. Figure 3 below shows that only 28.6 % (n = 24) of carers travel were travelling less than one hour to get to the prison for visits, with 41.7 % (n = 35) travelling at least two hours.

Figure 3: Approximate travel time from carer’s home to the prison (N = 84)



3.2.2 Type and frequency of contact between children and their imprisoned family member pre-COVID-19

The survey sought to obtain data on how families maintained contact before the COVID-19 prison visiting restrictions, with a specific focus on the type of contact (face-to-face and other) and the frequency of this contact.

3.2.2.1 Face-to-face visits

Of the 75 respondents whose family member was in prison pre-COVID-19, 10 respondents (13.3%) reported that no visits took place between children and their imprisoned family member. Data are presented in Table 5 below summarising the key visit types for the remaining 65 respondents, with multiple responses possible.



**Table 5: Types of visits pre-COVID-19**

Pre-COVID visit type	Responses		Percent of respondents
	N	Percent <sup>1</sup>	
Face-to-face	64	81.0%	98.5%
Box	2	2.5%	3.1%
Supported play	9	11.4%	13.8%
Other	4	5.1%	6.2%
Total	79	100.0%	121.5%

<sup>1</sup> This column corresponds to the percentage of total responses (n = 79) made by the 65 respondents.

As set out in Table 5, contact consisted predominantly of face-to-face visits (n = 64; 98.5%). Other types of contact included supported play (n = 9; 13.8%), box visits (n = 2; 3.1%), and 'other' types of visits (n = 4; 6.2%).

The frequency of visits is summarised in Table 6 below.

**Table 6: Frequency of visits pre-COVID-19**

	Frequency	Percent
Once a week	29	44.6
Once every 2 weeks	14	21.5
Once a month	7	10.8
Less than once a month	6	9.2
No regular visiting	3	4.6
Other	6	9.2
Total	65	100.0

Two-thirds of the 65 respondents reported that visits occurred at least once a fortnight (n = 43; 66.1%), with almost 10% reporting that visits occurred less than monthly; just under 5% reported no regular visiting. The latter is considerably lower than reported in previous research on visiting. It is likely that due to survey recruitment procedures, using services that families might be connected to, the number of families not visiting prisoners is underrepresented.

Investigations between the association between frequency of pre-COVID-19 face-to-face visits and family size, legal status, travel distance and Indigenous status were undertaken. Excluded from these analyses were the 10 respondents who reported that no visits took place between children and their imprisoned family member, and six respondents who were missing visit frequency of visit information. These analyses were therefore based on 59 respondents. Visit frequency was categorised into frequent visits (at least

every two weeks) and infrequent visits (monthly or less). Forty-three respondents (72.9%) were classified as frequent visitors and 16 as infrequent visitors (27.1%). There was no significant difference reported with regard to visiting frequency on the basis of Aboriginal and Torres Strait Islander status, family size or legal status. However, there was an effect for travel distance: only 55.6% of those whose travel exceeded two hours were frequent visitors, compared with 87.5% of those whose travel was under two hours (p = 0.008).

**3.2.2.2 Other contact**

Of the 75 respondents whose family member was in prison pre-COVID-19, four respondents (5.3%) reported that no other types of contact took place between children and their imprisoned family member. Seventy-one respondents (94.7%) reported on other forms of contact, as outlined in Table 7 below.

**Table 7: Other types of contact pre-COVID-19**

Pre-COVID type of contact		Responses		Percent of respondents
		N <sup>1</sup>	Percent <sup>2</sup>	
Pre-COVID type of contact	Phone calls	68	61.3%	95.8%
	Letters	42	37.8%	59.2%
	Skype	0	0.0%	0.0%
	Other	1	0.9%	1.4%
<b>Total</b>		<b>111</b>	<b>100.0%</b>	<b>156.3%</b>

<sup>1</sup> Multiple responses were permitted, hence number of responses are higher than the number of respondents who reported other forms of pre-COVID contact (n=71)

<sup>2</sup> This column corresponds to the percentage of total responses (n=111) made by the 71 respondents

Of these 71 respondents, the vast majority reported phone call contact as an alternative form of contact (n = 68; 95.8%), with letters the second most common form of contact (n = 42; 59.2%). Skype was not utilised at all. Respondent reports of the frequency of this other contact are summarised in Table 8 below.

**Table 8: Frequency of other types of contact pre-COVID-19**

		Frequency	Percent	Valid Percent
Valid	More than once a week	38	53.5	55.9
	Once a week	11	15.5	16.2
	Once every 2 weeks	5	7.0	7.4
	Once a month	4	5.6	5.9
	No regular contact	2	2.8	2.9
	Other	8	11.3	11.8
	Total	68	95.8	100.0
Missing	Not specified	3	4.2	
Total		71	100.0	

The frequency of these other forms of contact for over half (55.9%) of respondents was more than once a week, with a further 23.6% having such contact at least every fortnight. Very small numbers of respondents had monthly contact (5.9%) or no regular contact (2.9%). ‘Other’ frequency of contact was reported by 11.8% of respondents. Three respondents did not specify this frequency.

### 3.2.3 Quality and availability of contact before COVID-19 prison visiting restrictions

Approximately two-thirds of the 75 respondents whose family member was in prison pre-COVID-19 rated the availability of contact prior to visiting restrictions as good or very good (68.0%), with 37.3% of the total group describing this as very good. The remaining third (32.0%) rated the availability of contact as poor or very poor, as displayed in Table 9 below.

**Table 9: Availability of contact between children and person in prison before visits were suspended**

	Frequency	Percent
Very poor	4	5.3
Poor	20	26.7
Good	23	30.7
Very good	28	37.3
Total	75	100.0

Similar percentages of respondents rated the quality of contact prior to visiting restrictions as they did for availability of contact, as noted below.

**Table 10: Quality of contact between children and person in prison before visits were suspended**

	Frequency	Percent
Very poor	7	9.3
Poor	18	24.0
Good	23	30.7
Very good	27	36.0
Total	75	100.0

As noted in Table 10 above, two-thirds (66.7%) rated the quality of contact as good or very good, while one-third (33.3%) of respondents rated the quality of contact as poor or very poor.

Investigations were undertaken to examine the relationship between frequency of pre-COVID-19 prison face-to-face visits, and perceived availability and quality of contact. Excluded from these analyses were the 10 respondents who reported that no visits took place between children and their imprisoned family member, and six respondents who were missing information about visit frequency. These analyses are therefore based on 59 respondents. 'Frequency' was categorised as outlined above (Section 3.2.3.1). Unsurprisingly, there was a significant association between the frequency of visits and perceived availability of visits pre-COVID19; 81.4% of frequent visitors regarded visit availability as good or very good, compared with only 43.8% of infrequent visitors ( $p = 0.009$ ). However, there was no relationship between visit frequency and quality; 72.1% of frequent visitors rated the quality of visits as good or very good, compared with 75.0% of infrequent visitors ( $p > 0.999$ ).

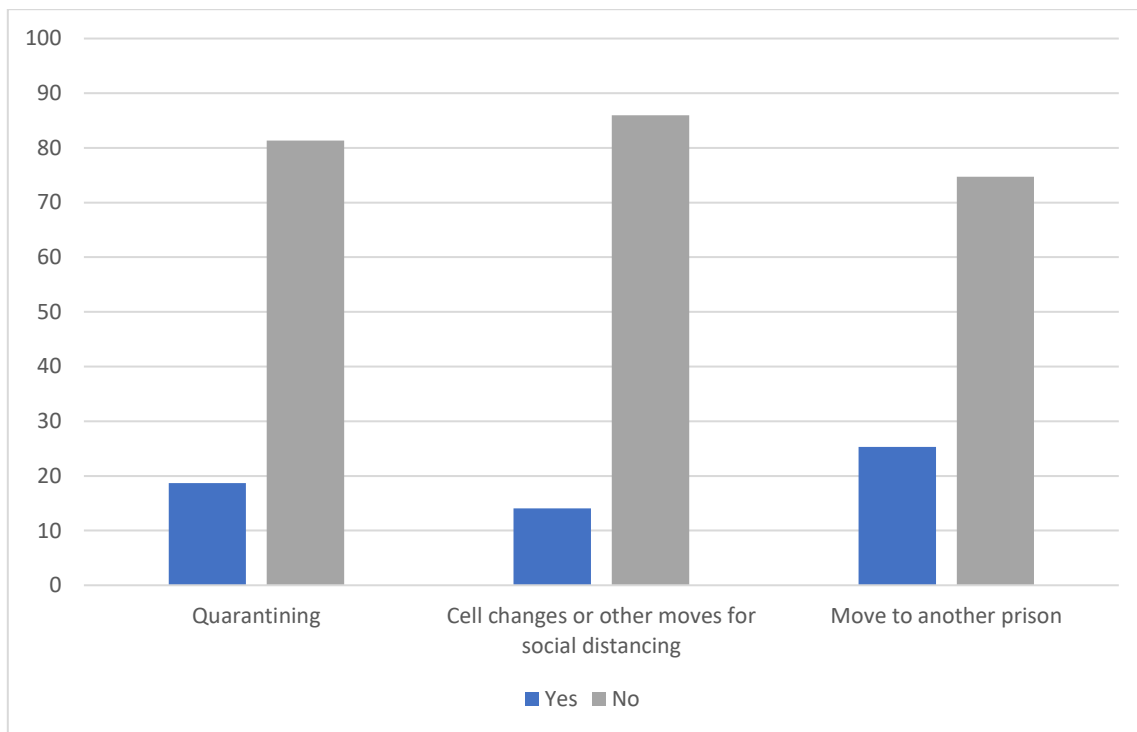
The association between the perceived availability and quality of pre-COVID-19 visits was examined in relation to Indigenous status, family size, prisoner legal status, and travel distance. There was no association between any of the noted characteristics and the perceived availability or quality of visits.

### **3.3 Visiting experiences during-COVID-19**

#### **3.3.1 Prison life**

The survey asked people about their knowledge of any quarantining (being confined to a cell), cell moves or other social distancing measures, or any moves to a different prison for the imprisoned family member. Very few respondents described any major changes occurring as a result of COVID-19. Results are summarised in Figure 4 below. No further questions were asked about this, given the focus of this study was on the experiences of children and carers.

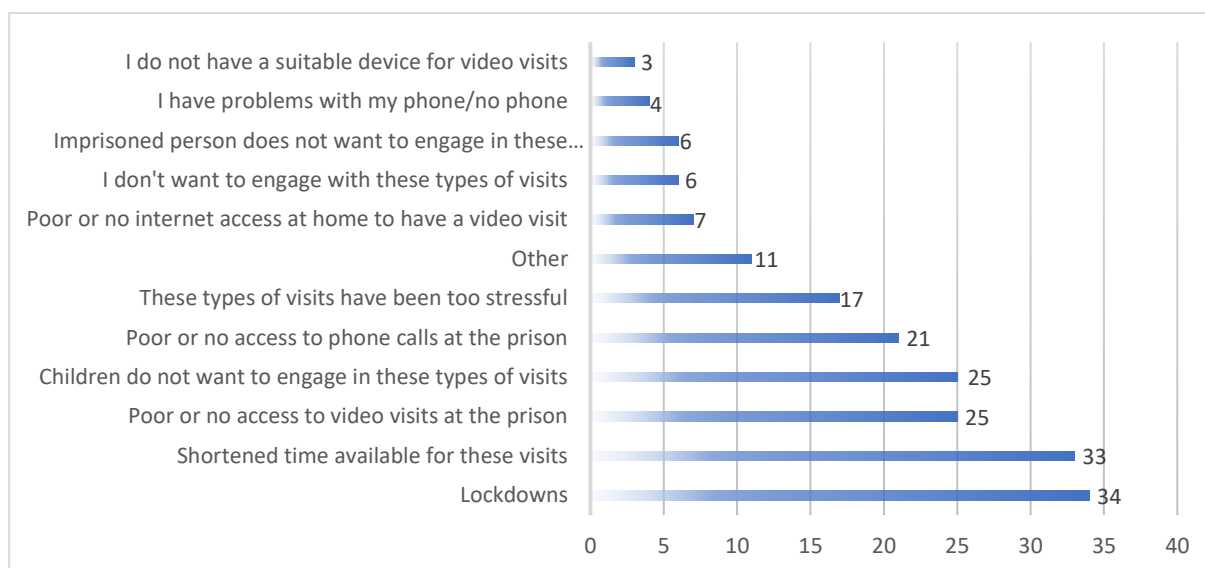
**Figure 4: Percentage of respondents reporting changes to the imprisoned person's day to day life during COVID-19 (Quarantining N = 75; Cell changes N = 64; Prison moves N = 83)**



### 3.3.2 Problems with keeping in contact

Fifty participants (59.5%) noted some problems with keeping in contact after visits were suspended as a result of COVID-19 restrictions. These are summarised below in Figure 5; multiple responses were possible. Data are presented as number of respondents.

**Figure 5: Respondent views on the problems with maintaining contact after the introduction of prison visiting restrictions (N = 50)**



Of those describing problems, most reported multiple problems. As is evident from the figure above, the majority of identified problems were related to prison facilities/functioning, as follows:

- Prison lockdowns (n = 34; 68.0%);
- Shortened time for visits (n = 33; 66.0%);
- Poor or no access to video visits at the prison (n = 25; 50.0%);

One-half of respondents who indicated problems, however, describe the children as not wanting to participate in video visits (n = 25). This is an issue we return to later, when reporting carer responses on the impact of visiting restrictions on children and their coping (3.5.2).

A small number of respondents noted 'other' issues. These included poor communication from the prison about visiting, and the impact of lack of physical contact for children (as noted above; this issue is discussed further below).

### *3.3.2.1 Investigation of sub-group difference in problems with maintaining contact after COVID-19 restrictions*

Table 11 below presents a breakdown of participant responses about problems in maintaining contact after COVID-19 restrictions (problem vs. no problem). This examines the specific experiences of

Aboriginal and Torres Strait Islander families, as well as family size and legal status. (Travel distance to prison was not analysed as no face-to-face visits were occurring at this time).

**Table 11: Problems with visiting after COVID-19 restrictions by family size, legal status and Indigenous status**

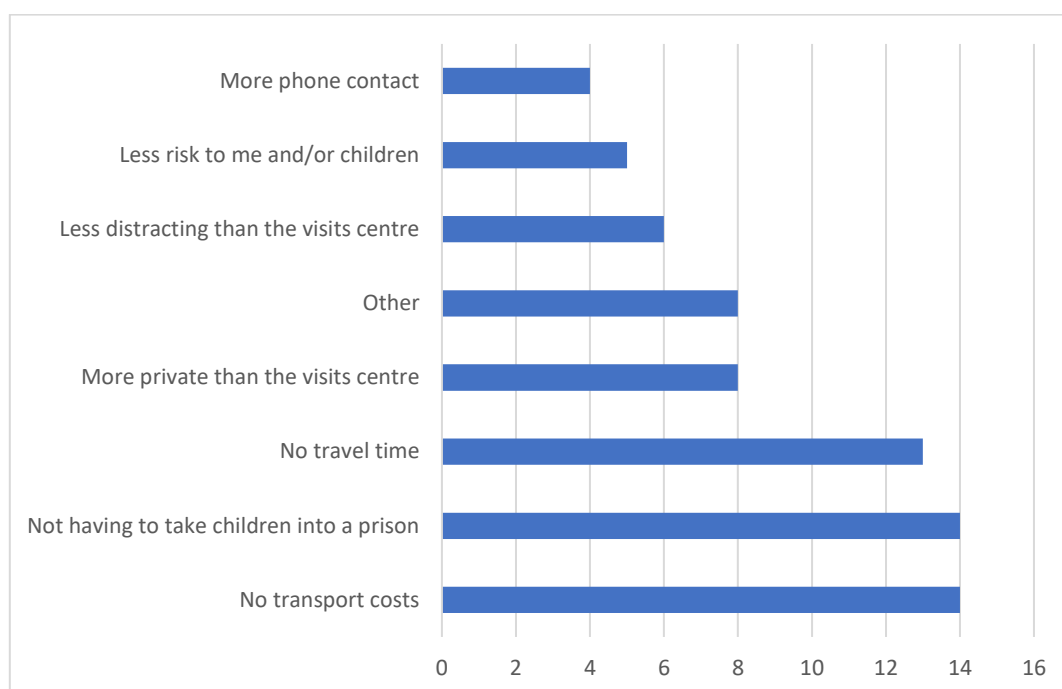
	Problems with maintaining contact during COVID-19		Probability-value
	Yes/maybe (n = 50)	No (n = 34)	
	N (%)	N (%)	
Family size			
Small (1-2 children)	37 (60.7)	24 (39.3)	0.805
Large (3+ children)	13 (56.5)	10 (43.5)	
Legal status			
Remanded	15 (71.4)	6 (28.6)	0.305
Sentenced	35 (55.6)	28 (44.4)	
Indigenous status			
Indigenous	20 (74.1)	7 (25.9)	0.095
non-Indigenous	30 (52.6)	27 (47.4)	

As with maintaining contact pre-COVID-19, although there were some differences noted in these groups, these were small and not statistically significant.

**3.3.3 Positives aspects of contact during COVID-19**

Just under three-quarters of survey respondents (n = 61, 72.6%) report no positive elements to contact, after visits were suspended, while 27.3% (n = 23) describe some definite positive aspects (20.2%) or potential positives (7.1%). Multiple responses were possible; these are summarised in Figure 6 below.

**Figure 6: Respondent views on positive aspects of maintaining contact after the introduction of prison visiting restrictions (N = 23)**



The main positives identified are the reduced time/cost involved: not needing to travel to the prison; and subsequently not needing to take the children into a prison environment. Some identified that video visits were more private and less distracting for children than face-to-face contact in a visits centre.

Eight respondents noted 'other' positives: these included children being able to show their parent things around the house, for example, pets, garden, activities; the imprisoned parent being able to participate in the child's bedtime routine; and being less concerned about a child with a traumatic brain injury being 'restless and unsettled' during a visit.

### 3.3.4 Type and frequency of contact between children and their imprisoned family member after COVID-19 restrictions

Of the 84 respondents whose family member was first imprisoned during-COVID-19, four respondents (4.8%) reported that no contact took place between children and their imprisoned family member. Data are presented in Table 12 summarising the key types of contact during-COVID. For the 80 respondents who reported during-COVID-19 contact, this consisted primarily of phone calls (n = 73; 91.3%) and video visits (n = 60; 75.0%). Other contact consisted of letters (n = 31; 38.8%).



**Table 12: Contact during COVID-19**

During-COVID Contact Type	Responses		Percent of respondents
	N <sup>1</sup>	Percent <sup>2</sup>	
Phone calls	73	44.5%	91.3%
Video visits	60	36.6%	75.0%
Letters	31	18.9%	38.8%
<b>Total</b>	<b>164</b>	<b>100.0%</b>	<b>205.0%</b>

<sup>1</sup> Multiple responses were permitted, hence the number of responses are higher than the number of respondents who engaged in contact during COVID-19 restrictions ( $N = 80$ )

<sup>2</sup> This column corresponds to the percentage of total responses ( $N = 164$ ) made by the 80 respondents

The frequency of contact is summarised in Table 13 below. More than fourth-fifths of the 80 respondents reported that contact occurred at least once a fortnight ( $n = 65$ ; 81.3%), with 13.8% reporting less than monthly contact; 5.0% reported no regular contact.

**Table 13: Frequency of contact during COVID-19**

	Frequency	Percent
More than once a week	36	45.0
Once a week	19	23.8
Once every 2 weeks	10	12.5
Once a month	6	7.5
Less than once a month	5	6.3
No regular contact	4	5.0
<b>Total</b>	<b>80</b>	<b>100.0</b>

The frequency of contact during COVID-19 was examined for Aboriginal and/or Torres Strait Islander families; the associations between frequency of contact and family size, and legal status, were also examined. These analyses were based on the 80 respondents who reported at least some contact between children and their imprisoned family member. Contact frequency was categorised into frequent contact (at least every two weeks;  $n = 65$ ) and infrequent contact (monthly or less;  $n = 15$ ). There were no differences noted between Aboriginal and/or Torres Strait Islander and non-Indigenous families, with regard to frequency of contact. There was also no association between frequency of contact and family size or legal status.

After visits were suspended, just under three-quarters of respondents (73.7%;  $n = 59$ ) stated that the time available for contact between the principal child and the imprisoned family member was less than before

visiting restrictions were imposed. This compares to much smaller numbers of respondents who indicated that the contact time was about the same (n = 12; 15.0%) or more than before (n = 9; 11.3%).

**3.3.5 Quality and availability of contact before and during COVID-19 prison visiting restrictions**

The survey sought data on both the perceived availability and quality of contact between child/ren and their imprisoned family member before and subsequent to the introduction of COVID-19 visiting restrictions. The survey also sought to understand how well-prepared respondents felt for these changes, by asking them to rate the information they received from the prison about the changes to family contact/visits. Eighty-two respondents provided data on this question. The vast majority (78.0%) reported that the information received from the prison about changes to family contacts and visits was either very poor (n = 43; 52.4%) or poor (n = 21; 25.6%). A further 20.7% (n = 17) reported that the quality of information was good, with only 1.2% (n = 1) reporting information as very good

Comparative analyses were based on the 75 respondents whose relative was in prison prior to the introduction of COVID-19 restrictions. Data on contact during COVID-19 was missing for one of these respondents, leaving data for 74 respondents.

**3.3.5.1 Availability of contact before and after COVID-19 prison visiting restrictions**

Tables 14 and 15 below display the ratings of the respondents with regard to the availability of contact between child/ren and the imprisoned person before and after COVID-19 restrictions were implemented.

**Table 14: Respondent rating of availability of contact between the child/ren and the person in prison before suspension of visits**

	Frequency	Percent
Very poor	4	5.3
Poor	20	26.7
Good	23	30.7
Very good	28	37.3
Total	75	100.0

Table 14 shows that nearly one-third of these respondents rated the availability of contact prior to COVID-19 restrictions as poor or very poor (32.0%), whilst the remaining two-thirds rated it as good or very good (68.0%). A very different trend is evident in the ratings during COVID-19 restrictions (see Table 15 below).

**Table 15: Respondent rating of availability of contact between the child/ren and the person in prison after suspension of visits**

	Frequency	Percent
Very poor	28	37.8
Poor	25	33.8
Good	14	18.9
Very good	7	9.5
Total	74	100.0

As can be seen in Table 15, almost three-quarters of respondents rated contact availability, after the introduction of COVID-19 visiting restrictions, as poor or very poor (71.6%), compared with 28.4% who rated contact availability as good or very good.

Change between pre- and during-COVID-19 ratings was tested using McNemar’s test, to assess the impact of COVID-19 restrictions on the perception of contact availability. Table 16 below displays the contact availability ratings before and after COVID-19 restrictions. Ratings were classified as poor/very poor and good/very good.

**Table 16: Change in pre and during-COVID-19 contact availability ratings: counts and percentages**

		During-Covid-19 availability		Total
		Poor/very poor	Good/very good	
<b>Pre-Covid-19 availability</b>	Poor/very poor	19	5	24
	% of pre-COVID ratings	79.2%	20.8%	100.0%
	Good/very good	34	16	50
	% of pre-COVID ratings	68.0%	32.0%	100.0%
				Total 74

Two salient points are demonstrated here. Firstly, more than two-thirds (68.0%; n = 34) of the 50 respondents who rated contact availability as good/very good before COVID-19 restrictions changed their ratings to poor/very poor after COVID-19 restrictions. Conversely, only a minority (20.8%) of the 24

respondents who perceived contact availability as poor/very poor before COVID-19 restrictions changed their ratings to good or very good after COVID-19 restrictions. Overall the data indicate more negative changes (from good/very good to poor/very poor) than positive changes. This is evident from the McNemar’s test result ( $p < 0.001$ ), which indicates that the change in the proportion of good/very good ratings following COVID-19 restrictions was statistically significant.

*3.3.5.2 Quality of contact before and after COVID-19 prison visiting restrictions*

Tables 17 and 18 below display the ratings of the respondents before and after COVID-19 restrictions were implemented. Table 17 shows that one-third of respondents rated the quality of interaction during contact prior to COVID-19 restrictions as poor or very poor (33.8%), whilst the remaining two-thirds rated it as good or very good (66.2%). This mirrors responses with regard to the assessed availability of contact (see Table 14 above). For the ratings during COVID-19 restrictions set out in Table 18, exactly one-half of respondents rated the quality of interaction as poor or very poor (50.0%) while the other half rated it as good or very good (see Table 18).

**Table 17: Respondent rating of quality of contact between the child/ren and the person in prison before suspension of visits**

	Frequency	Percent
Very poor	7	9.5
Poor	18	24.3
Good	22	29.7
Very good	27	36.5
Total	74	100.0

**Table 18: Respondent rating of quality of contact between the child/ren and the person in prison after suspension of visits**

	Frequency	Percent
Very poor	20	27.0
Poor	17	23.0
Good	21	28.4
Very good	16	21.6
Total	74	100.0

The change between pre- and during-COVID-19 ratings was tested using McNemar’s test, to assess the impact of COVID-19 restrictions on the perception of quality of interaction during contact. Table 19 displays the contact availability ratings before and after COVID-19 restrictions.

Interestingly, the pattern of change was quite different to that observed for availability of contact discussed above. McNemar’s test indicated that the change in the proportion of good/very good ratings following COVID-19 restrictions was not statistically significant ( $p=0.065$ ). It can be seen that 24 (49.0%) of the 49 respondents who rated quality of interaction as good/very good before COVID-19 restrictions changed their ratings to poor/very poor after COVID-19 restrictions. A similar percentage (48.0%) of the 25 respondents who initially perceived the quality of interaction as poor/very poor changed their ratings to good/very good after COVID-19 restrictions. Therefore, there were similar proportions of positive and negative changes.

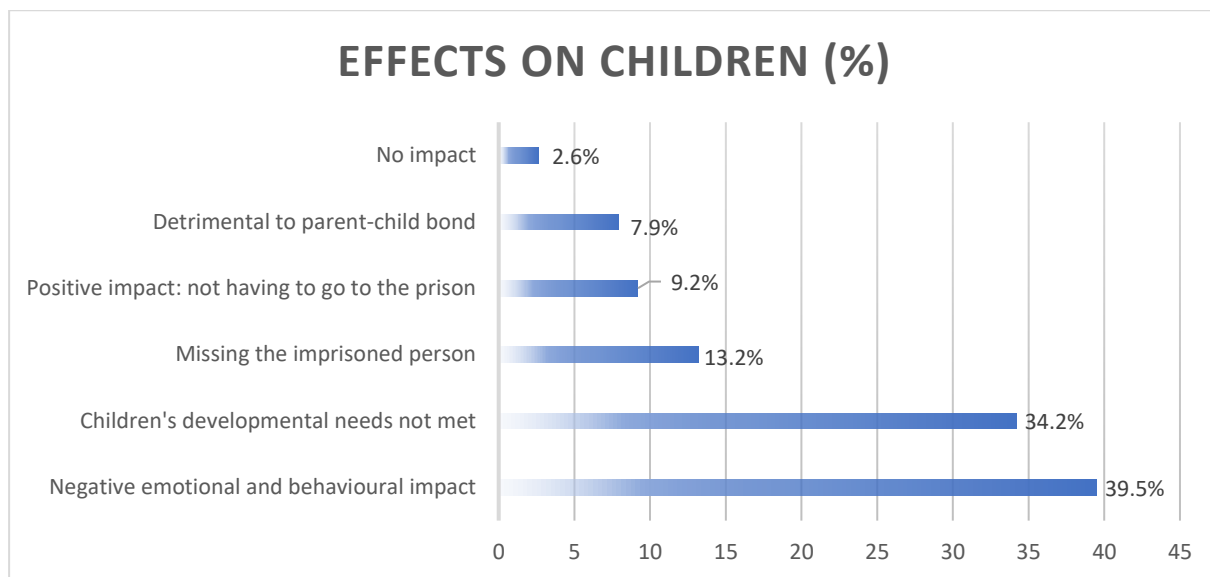
**Table 19: Change in pre and during-COVID-19 contact availability ratings: counts and percentages**

		During-Covid-19 Quality		
		Poor/very poor	Good/very good	Total
<b>Pre-Covid-19 Quality</b>	Poor/very poor	13	12	25
	% of pre-Covid ratings	52.0%	48.0%	100.0%
	Good/very good	24	25	49
	% of pre-Covid ratings	49.0%	51.0%	100.0%
			Total	74

### 3.4 The effects of visiting restrictions on children

Survey respondents were asked to describe in their own words what they considered to be the effects of the COVID-19 prison visiting restrictions on the health and wellbeing of the children for whom they were caring. Seventy-nine people provided data, with 76 usable responses (3 responses did not address the question). Some respondents indicated multiple effects on children. These responses are summarised in Figure 7 below.

**Figure 7: Respondent descriptions of the effects of COVID-19 prison visiting restrictions on children (N = 76)**



As is evident in the above figure, a very small number of adult carers (2.6%; n = 2) described the changes having no impact on the child/ren.

Seven participants (9.2%) described some positive effects brought about by these changes – reflecting data in Figure 6 above (Section 3.3.3). These related to the children not having to travel to the prison:

*They are much happier. They hated going to visit. Hated the travel time. It was stressful and now no arguments to get them ready on the visit day*

*...they are less tired as we don't have to drive 4 hours each way in a day for an hour visit*

Some respondents considered it better for the children not to physically be in a prison environment:

*Positive because it allows connection in a calm home setting for the child.*

*I think it's better for these kids because it's not triggering them having to go into a prison.*

Two respondents described the additional opportunities that video visits offered:

*The kids have been able to share more with their father such as reading stories together, showing him their awards and artwork*

*They obviously miss the physical contact, but at the same time they get to interact with him in ways they can't on a contact visit, they love being able to show him around the home*

The majority of responses (94.8%), however, describe the negative consequences for children as a result of the restricted visiting. Thirty carers (39.5%) described a negative emotional/behavioural impact on the child:

*Withdrawn, confused. Sad.*

*The effect has been huge, and has resulted in nightmares, bad sleeping patterns and depression.*

*My children are both showing huge changes in behaviour, which is impacting their sleep, eating and much more.*

*My child is very distressed, it's affecting his learning, behaviour and emotional wellbeing  
It is seriously stressful for him, his mental health as well as his fathers & all the family is suffering.*

*My children are anxious and miss the face-to-face interactions with their dad. My son has had several meltdowns after video visits, as they often cut out and he doesn't get to see him.*

More than one-third of respondents (34.2%) described the changed visiting conditions as not meeting children's needs, notably younger children, for example:

*The video visits are so short and my son finds that difficult to communicate on.*

*Toddler ... he can't talk much for phone calls aren't helpful and he doesn't sit still for video calls.*

*With a new baby, a video just doesn't cut it.*

Of this group, 16 specifically described the perceived adverse impact on children of the lack of physical contact/touch:

*She misses physical contact and being able to play.*

*Not good, no physical contact such as hugs and kisses.*

*She needs the weekly physical contact with her Dad to maintain some form of normality for her.*

*They can't touch, cuddle or have fun with their dad. They understand it's because of the virus to keep him safe but they want to be able to have more time with their dad. Face-to-face visits were 5 hrs long and AVL [audio-visual link] visits are a measly 25 mins.*

*Children are resilient but they miss holding and talking to their father. The youngest one cries after a talk on Zoom - she wants to hold him. The older one wants to hug him and play games with him - affection is very important and has been hard for them to not have it.*

*With no contact the children are struggling as they need love and affection from father.*

*My daughter is struggling to understand why she can't see her Dad, she was very close and affectionate with her Dad and now for the past few months she hasn't even been able to see or touch her Dad.*

Some specifically noted this as not only affecting the child, but the bond between the parent and child:

*My kids are feeling very detached from their dad and don't even want to take his calls.*

*Not interacting with his father and not being able to build a relationship.*

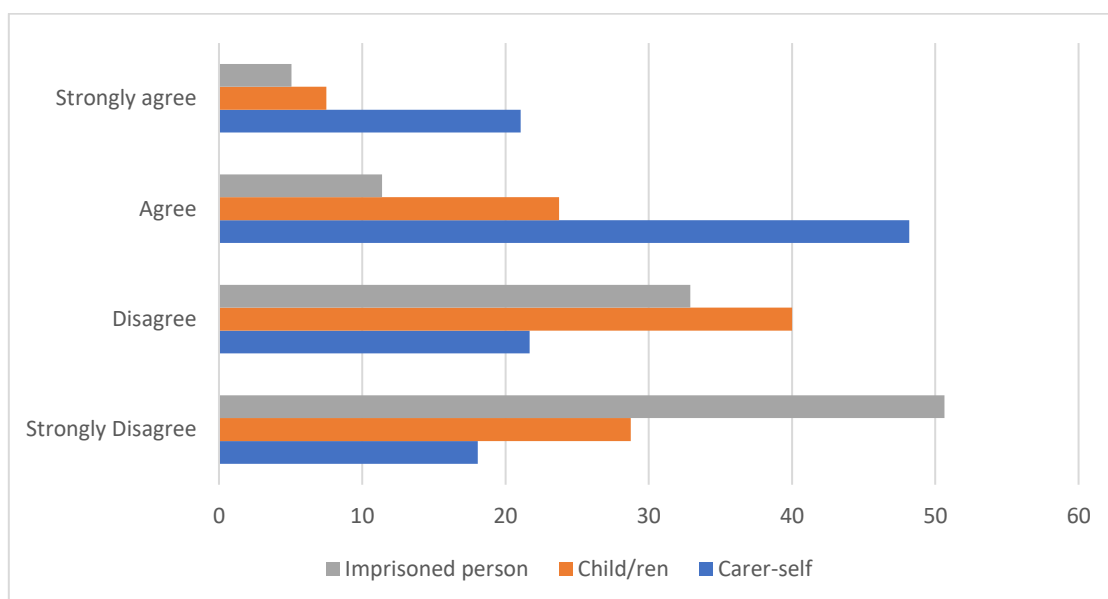
*My son will lose the bond with his father and won't know who he is.*

### 3.5 Coping with the changed visiting conditions

Participants were asked to assess how well they were coping in supporting the children they were caring for, as well as their observations on how well the children and imprisoned person were coping with the changed prison contact arrangements (see Figure 8).



**Figure 8: Respondent descriptions (%) of coping with COVID-19 prison visiting restrictions: their own, the child/ren, and the imprisoned person (N = 83 for carer responses, N = 80 for children, N = 79 for imprisoned persons)**



### 3.5.1 Carers

While carers more typically described coping well overall (60%, n = 50, agreed or strongly agreed that they were coping well), a sizeable minority (40%, n = 33) disagreed that they were coping. Those who reported coping well highlight their own resilience, along with the value of a support network; this was mostly informal, but some formal services were also used:

*I have a good support network.*

*Strong family support networks.*

*Support of family and friends, all of us still have counselling.*

*Personal strength via help from my psychologist. Good supports- friends and family. Good financial position as I'm earning JobKeeper.*

*Medication and counselling.*

*My own inner strength and determination.*

Typically, carers described the stresses of having the same caring responsibilities, but with less support:

*The support networks not being as easily accessible during covid.*

*I am the sole carer for the boys but I need their dad with us.*

*Single parenting, dealing with a sad 4-year-old*

Some highlighted missing the support they would typically receive from the imprisoned person at a visit; this is an often-overlooked issue:

*I can't talk to my husband. Phone calls are 5 mins and AVL calls are 25 mins. With 3 kids vying for the attention, time goes very fast. I haven't been able to feel connected to him, I haven't been able to have a hug to feel better. My mental health has been at an all-time low and I'm a pretty positive person*

Again, for some, the changed visiting conditions reduced stress:

*I don't have to lose 5 hours of my weekend going to visit. I work 5 days per week and this cut into my weekend time to catch up on the week's housework, and my time out.*

*Not having to worry about long travel and the pressure of keeping them safe.*

Other respondents noted that video technology allowed the person to still be seen:

*My children are a lot calmer knowing they can see that their Dad is safe and well*

### 3.5.2 Children

The survey respondents' assessments about the child/ren they were caring for were less positive, with 69% (n = 55) of participants disagreeing/strongly disagreeing that the children were coping. The reasons carers identified for children not coping largely reflect the data provided about changed visiting conditions and the associated difficulties.

The first issue was the lack of physical contact:

*Lack of physical contact with father. Feeling like their dad has died.*

*Not being able to hug her Dad. It's also hard for young children to maintain a conversation on an iPad especially when it freezes and her Dad can't hear her.*

*Their dad doesn't know how to communicate in this way. He's awkward and then the kids don't want to visit with him.*

The availability and consistency of contact for children was also an issue:

*Only allowed one visit per week and before, when there were no visits at all, it has had long-lasting attachment issues on the child and she has ongoing trust issues and ongoing nightmares.*

For some families, the changed visiting conditions have meant no contact at all:

*We have been waiting on approval for our visits to take place, now approved last week so can go to Zoom visit now (after 6 months) and they can be 30 minutes, if the regional Internet connection is adequate.*

### 3.5.3 Imprisoned persons

Survey respondents' views on how the imprisoned person was coping with the changed visiting conditions were overwhelmingly negative, with 84% (n = 66) disagreeing that the imprisoned person was coping.

The issues identified for prisoners are stark, with around one-third (n = 25) identifying that, for the imprisoned person, the changed visiting arrangements were having a negative effect on their mental health:

*He misses the visits terribly. We arranged weekly visits for him and he felt that they punctuated the weeks in prison. He looked forward to those interactions, to hear about how life was on the outside and it gave him something to look forward to. Without this, he has had mental health issues and has been depressed and anxious. We worry about him a lot.*

*Not being able to see his children or meet his newborn has had a very big impact on his mental wellbeing.*

*Suffers depression and anxiety anyway, this has escalated.*

*His mental state isn't good due to no visits in person.*

*Prolonged period without physical interaction from family is quite anxiety inducing.*

*Not having contact with his son who is only a baby has had a huge effect on my partner's mental health and now he feels his son won't know who he is.*

*[He] is severely stressed and depressed.*

The key factors identified were the physical contact with children, being unable to see their families and missing both 'small' weekly events, as well as more significant milestones. Some families also reported having to prioritise who gets the one weekly visit.

Some families reported challenges with the technology or its implications:

*No physical contact, took months to get an AVL, couldn't get through on visits line unless you sit pressing redial until you finally get it & 35mins AVL versus 1hr or more normal visits.*

*Sometimes he doesn't want an AVL visit, as he hates seeing the kids' face when he says goodbye or when they ask to be able to come see him.*

However, it should be noted that a small number of carers reported that the visits offered helped the person in prison to cope:

*He's just happy he gets to see our faces and our new home.*

*Something to look forward to every week and feel like less of a burden and reminds them of home.*

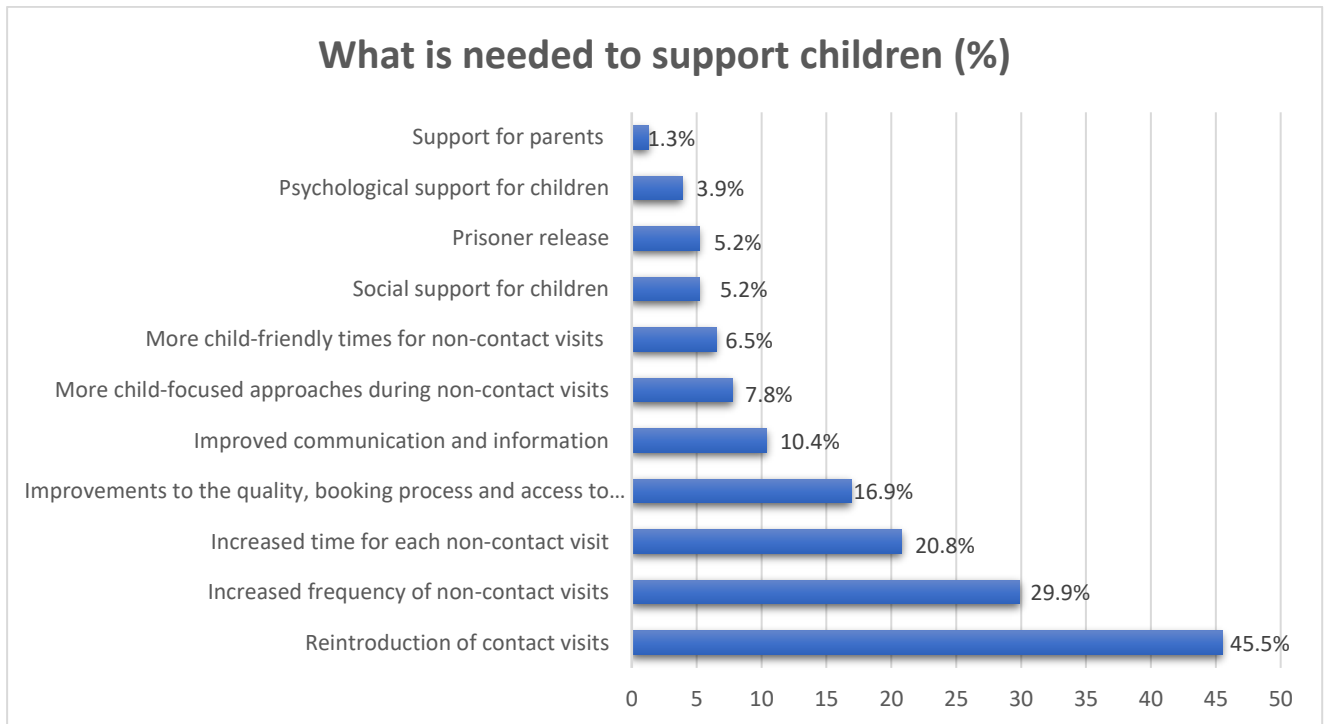
*AVL video visits have been a huge help, still being able to see us.*

*Being able to see his two children has helped him mentally.*

### 3.6 Things which can be done to support children

Seventy-seven people provided some response to this open question. Responses can be broadly categorised into: re-instigation of contact visits; improvements to non-contact visits; and the provision of non-prison-based supports for children. These are summarised in Figure 9 below.

**Figure 9: Respondent descriptions of what is needed to support children during prison visiting restrictions (N = 77)**



Despite 40% of carers highlighting emotional and behavioural issues for children (discussed in Section 3.4 above), few highlighted here the need for psychological or social support for children; rather, the vast majority called for improved contact with the person in prison, typically the child/ren's father.

Reintroduction of contact visits was the most commonly suggested action to support children during this time (n = 35). This is consistent with the findings noted earlier, with carers highlighting the negative consequences for children of the lack of physical contact with the imprisoned person. On the other hand, the participants' responses indicated that they were cognisant of the challenges faced by prisons. Some

suggested that 'box' visits could be reintroduced or that families with small children could be prioritised for face-to-face contact; some noted that universal health precautions, such as temperature checking of visitors, could augment this. (Note, these suggestions were provided during lockdown; some of these measures have been implemented now across some states and territories).

Improving non-contact visits was a core focus of the suggestions made by survey respondents; these focused on increasing both the time allocated to and the frequency of these visits. With regard to the time allocated for both phone and video calls, this seemed to vary significantly amongst participants. The survey did not specifically ask respondents to specify the time allowances for phone or video calls; this information was provided incidentally, but it can be gleaned from these responses that most children had less contact time with the imprisoned person since the introduction of visiting restrictions than before restrictions.

Shortened time on phone/video calls is described by some as not particularly suitable for children:

*Longer phone calls. 6 mins is not enough time for a child.*

*Longer periods of video visits.*

*More face time, 25min once a week not enough.*

*Video calls ... longer than 20 minutes.*

*Longer visiting sessions, because they start getting used to dad being on a screen and time's up.*

The frequency of visits was also seen as problematic:

*Minimum of 1 video [visit] for prisoners with children under 12.*

*Extra visits for families.*

*More video calls.*

*Maybe a 2nd Zoom call during the week or weekend.*

*Allow prisoners at least 2 video calls a week (although we're thankful for the one we get, we sometimes miss out because someone else books a visit before us).*

Others noted some more specific and child-focused approaches which would improve non-contact visits, notably the times at which these are offered, as well as what can be done during these visits, to make these more child-friendly and accessible:

*Daily access to phone during before and after school time for prisoners with children under 12.*

*Extend phone times – lock-in is 2pm [and] school finishes at 3pm.*

*Phone calls at night to say goodnight.*

*Allow inmates unrestricted call times e.g. goodnight/bedtime calls.*

*Also during the week so they can talk about what happen[ed] at school, instead of on a Sunday, when they don't have as much to chat about.*

Some also suggested having a visit focused solely on children:

*An extra video visit just for them.*

*Extra dedicated video visit solely for them, instead of having to share visit with adults.*

*Maybe if the inmate has a children's book etc. to be able to read to the kids to help kids engage in the video call.*

*Getting their dad to read them a book and recording it.*

## 4. DISCUSSION AND CONCLUSION

This report presents data gathered across Australia, via an online survey conducted between mid-June and mid-August 2020. It was completed by adults caring for dependent children with a family member in prison. The focus of the study was on respondents' experiences of maintaining contact with the imprisoned family member, particularly during a time when COVID-19 restrictions saw the suspension of face-to-face visits across all Australian jurisdictions. Key aspects of maintaining contact were examined, exploring differences experienced by specific sub-groups which previous research has indicated may carry more burden with regard to visiting/contact. Although few significant differences were noted, these trends should be interpreted cautiously, due to the small numbers involved.

### 4.1 Participants

Eighty-four individuals completed the survey, with representation across all states and territories, although this was not proportional to the size of the relevant populations; notably, NSW was considerably over-represented, accounting for 63.1% of respondents. The vast majority of respondents reported on contact arrangements both before and during COVID-19 visiting restrictions, with most imprisoned family members being incarcerated prior to March 2020.

Women under the age of 40 years, caring for one or two children whose father was in prison, were the dominant group of survey respondents. This is understood in the context of the prison population being dominated by men with a median age of 35 years (ABS, 2019). The children they were caring for tended to be young; almost two-thirds (63%) were under 10 years of age, with 30.9% being of pre-school age. Boys made up around 60% of the overall group, and it was concerning to see that 16.7% of children required regular assistance, due to a disability or chronic illness. As indicated earlier, this is far higher than the figures reported in the wider community (AIHW, 2020). While we did not ask for any further details about health issues, some respondents provided further information in the survey's open questions. Where this was commented on, it was common for participants to describe children being on the autism spectrum. Just under one-third of children (30.9%) were described as Aboriginal and/or Torres Strait Islander. This mirrors the persistent over-representation of Aboriginal and Torres Strait Islander peoples in the Australian prison system (ABS, 2019). While outside the scope of this report, this trend is concerning, given what is known about intergenerational trauma and patterns of imprisonment (Pricewaterhouse Coopers [PwC], 2017) in these communities.



## 4.2 Key trends: contact pre-COVID-19

### 4.2.1 Facilitating family contact pre-COVID-19

The vast majority of respondents described being in contact with the imprisoned family member pre-COVID-19 ( $N = 75$ ; 86.7%). Face-to-face visits were the dominant type of contact for families during this period; two-thirds described these visits as occurring at least once a fortnight. For most families, this was augmented by at least weekly phone contact. Given this level of contact, it is perhaps less surprising that few described having problems with maintaining contact with the imprisoned family member during that period ( $n = 10$ ), although this does not reflect existing research findings on the challenges of both getting to visits and the experience of these visits (e.g. see Flynn, 2014; Trotter et al., 2015). It is possible that this reflects findings from a recent small study in Victoria (Flynn et al., forthcoming), where imprisoned fathers' accounts indicated that, although problems with visiting occurred, they may be framed less as a problem if visiting still happens, and more as an issue to be managed. Interestingly, there was no relationship between visiting frequency and assessments of visiting quality: around three-quarters of both frequent and non-frequent visitors were positive about the quality of visits pre-COVID-19.

Further survey data, however, indicate that maintaining contact was not without challenges. For example, most participants (71.4%) described needing to travel more than one hour (each way) to get to the prison, 41.7% indicated travel times of more than two hours, and 20.2% reported travel times of at least four hours. Travel time is important to consider, as respondents who reported travel times of over two hours were three times more likely to then report problems with maintaining contact with the family member, compared to those who needed to travel less. This group was also significantly less likely to visit frequently (at least fortnightly). Respondents' perceptions of the availability of contact were influenced by visiting frequency. Those who engaged in frequent visiting were more likely to describe contact availability as good or very good. It is important to note, however, that most respondents described the availability of pre-COVID contact as good or very good.

#### *4.2.1.1 Facilitating face-to-face contact: Implications*

While regular and frequent visiting, supported by regular phone contact, were common among survey respondents, those having to travel two hours or more to visit clearly experienced additional challenges. Visiting from this distance costs carers more time and money, is more tiring for children, and is associated with perceived problems in maintaining contact, a perception of less availability of contact, and less frequent visiting. The existing evidence is clear that maintaining contact between those in prison and their family members has both immediate and longer-term benefits. It provides the support and structure to assist with successful community re-settlement (Berg & Huebner 2011; Duwe & Clark 2011). Where the person in prison is a parent, visiting allows the parent-child relationship to be facilitated and supported (Beckmeyer & Arditti, 2014) and/or rebuilt (Tasca, 2018). This can support parents to retain a connection to their identity as a parent (Hutton, 2016; Flynn et al., forthcoming) and enable better engagement with their children after release (Roettger & Swisher, 2013; Turney & Wildeman; Visher, 2013).

Families who need to travel longer distances and are at risk of less regular contact should be given specific consideration, as they may require additional support to enable visiting to occur. This is likely to be particularly burdensome for families in rural and remote areas, with Aboriginal and Torres Strait Islander families disproportionately affected.

### **4.3 Key trends: contact subsequent to COVID-19 visiting restrictions**

#### **4.3.1 Facilitating non-contact visits**

Few survey respondents reported knowledge of any major changes in the day-to-day lives of the imprisoned family member, with little quarantining and few cell changes noted, although around one-quarter described the person being moved to a different prison. The reasons for this were not examined further in the survey, nor was this examined in relation to any changes to maintaining contact. Future research should explore this issue further, as it was beyond the scope of the present project.

Only a very small number of respondents reported having no contact after the introduction of COVID-19 related visiting restrictions. This is a smaller group than reported no visits pre-COVID-19 (4.8% vs 13.3%). Despite the vast majority of people having some contact during restrictions, more than one-half of carers (59%; n = 50) reported experiencing problems, far more than did so pre-COVID-19. Of those describing problems, most reported multiple problems, predominantly related to restrictions arising from the prison

setting itself. Around two-thirds of those who described problems reported both lockdowns and shortened time for contact being a problem.

While 75% of respondents described contact occurring via video visits with the imprisoned family member, one-half of those who indicated problems described poor or no access to video visits at the prison (n = 25); a slightly smaller number (n = 21) indicated problems with poor or no access to phone calls. Overall, however, phone calls were the most frequent form of contact, with around three-quarters reporting some form of telephone contact at least fortnightly. That so many carers reported problems is concerning, given that the suspension of face-to-face visits has meant that phone or video calling were the only real-time contact options. It is likely that these problems were shaped, at least in part, by specific prison practices. This has been noted to be the case in the UK (Prison Reform Trust, 2020), with good practices driven by individual staff/setting goodwill and interest, rather than on accepted and widespread best-practice.

#### *4.3.1.1 Facilitating non-contact visits: Implications*

While it was beyond the remit of this study to examine specific prison practices, supportive and meaningful contact must be prioritised by prisons, given what is known about the short- and longer-term benefits of family support for prisoners and their children. Where face-to-face visiting is not possible, prisons and staff must show commitment to alternatives, such as video visiting, and resources must be provided to ensure regular and high-quality non-contact visits.

#### **4.3.2 Supporting families during suspension of face-to-face visiting**

Although the vast majority of respondents reported having contact since the restrictions, and very few noted problems with access to personal technology, it is evident that the way that non-contact visits have been offered and the overall lack of physical contact has had a negative impact on families, including children and the imprisoned person. While carers tended to describe themselves as coping reasonably well, drawing on their own resources and support network, their descriptions of how the children and the imprisoned person were coping were concerning.

The changed visiting conditions were seen to have had a largely negative impact on how children were functioning, both emotionally and behaviourally. Many talked about the children's overall sadness; some gave specific examples of the impact on issues such as their eating and sleeping. This concern about mental health was even more evident in carers' assessment of the impact of the changed visiting

conditions on the imprisoned person. It was beyond the remit of this study to examine if any additional support services were being offered in prisons during restricted visiting. This issue is worthy of investigation, as it is likely to have a longer-term impact on functioning, including on their return to a family role after release.

Overall, the availability of parent-child contact was seen by carers to be poorer since visiting restrictions were imposed; this seems to be mostly shaped not by overall availability (any contact), but by specific issues relating to the frequency of these contacts, and the amount of time allocated for each visit. Although we did not ask people specifically about time, some offered this information spontaneously. What was striking was the variation described, from six-minute to 25 minutes; strikingly, even the latter was still seen to be insufficient, when compared to a standard one-hour face-to-face visit. It is likely that these variations again reflect what was offered in specific settings, but it was outside of the scope of this study to ask about individual prison operations.

Some carers specifically described the benefits of video visits in facilitating parent-child contact, notably not having to travel or take children to what is known to be a hostile (e.g. see Ryan et al., 2020) and noisy (e.g. see Beckmeyer & Arditti, 2014) prison visiting environment. Correspondingly, some carers were positive about having visits occur in a calmer home environment. Despite this, more than one-third indicated that the non-contact visiting options, in particular video visits as the alternative to face-to-face visits, were not suited to children's developmental needs, especially for younger children. Some specifically noted that their children did not want to engage in such visits. While this is in contrast to Horgan and Poehlmann-Tynan's (2020) suggestions about the suitability of this modality for children aged 0 – 8 years, nuanced data from our survey explain this more fully. Key problems described related to the timing of visits (sometimes only offered when children were away from the home, for example, at school); the focus on verbal interaction, which was not engaging or meaningful, particularly for pre-school aged children; the shortness of these calls; and the lack of physical connection. Constructively, the data indicate that, where these issues could be addressed (physical contact aside), carers felt that the children and the imprisoned person were able to engage more fully in the visit; this also allowed a sense of normality and for parents and children to feel closer (Horgan & Poehlmann-Tynan, 2020). Examples of this were video calls being offered at a time when children were home and where the imprisoned family member was able to participate in a child-focused interaction (e.g., children showing their artworks or activities in the home), or where the adult was able to be a part of household routines (e.g., bedtime or reading a story together). That video visiting holds both possibilities and challenges is reflected in the

analysis which shows equivocal results with regard to carers' perceptions of the quality of parent-child contact during COVID-related visiting restrictions.

#### *4.3.2.1 Supporting families during suspension of face-to-face visiting: Implications*

While face-to-face contact is considered the most meaningful form of parent-child contact, video visiting has the clear potential to be able to support relationships between prisoners and their families, when in-person contact is not possible. To support parent-child contact, however, video visiting must be more tailored to the needs of children. The specific needs of children with disabilities warrants further attention and dedicated support.

For prisons, this would involve offering these visits at times which are suitable to allow children to engage, for an amount of time which is appropriate for children, and which can focus on children's normal activities and routines. Some parents may benefit from additional support and/or a practical tipsheet for how to help their child participate in videoconferencing, and how to communicate with children via this medium, as well as what can be done to prepare ahead of time for these visits, such as having a book to read etc.

Although not an evident issue in this study, being mindful of the impact of poverty on access to technology must also be taken into consideration.

## **4.4 Conclusion**

This report has provided detailed findings in relation to the visit experiences of families in Australia with a family member in prison. They shed light on such experiences before COVID-19 and, more critically, important insights into the implications of the restrictions imposed as a result of the pandemic.

Although the cohort of people who completed this survey, and their children, were well engaged with the imprisoned person, having regular face-to-face visits and phone calls up until March 2020, the cancellation of all visits in response to COVID-19 had a considerable impact on family connectedness and wellbeing. A larger percentage of people reported having contact since restrictions were introduced, but it is evident that the non-contact visits offered, and the overall lack of physical contact for children, has had a negative impact on families. This includes both children in the community and the imprisoned person (typically a parent). Furthermore, although 75% of carers reported having some contact via video visits, availability was problematic. Families living more than two hours away from prisons reported pre-existing challenges,

which do not seem to have been specifically identified and responded to with the range of non-contact visiting options available. Families with young children also present distinct needs and highlight the need to tailor non-contact options, to ensure supportive and ongoing parent-child contact.

Overall, this study supports the use of video visiting, complementary to in-person visits, as a way of supporting parent-child contact while a parent is in prison. However, if video visits are to live up to their potential, a range of actions are required. This includes: a commitment from prison services to face-to-face visits as the main form of contact, where possible, which should not be replaced with video visiting; specific attention to prioritising families who live considerable distances from the prison; tailoring visits to the needs of the child/ren including the specific needs of children with disabilities; and consideration of skill building for effective videoconferencing with children.

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# APPENDIX 1

## Prison visiting in Australia: the impact of COVID-19

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### **Maintaining family contact during COVID-19:**

#### **Describing the experiences and needs of children with a family member in prison**

When a family member goes to prison, this can be a time of high stress for both them and for family left on the outside, particularly those caring for children.

We know how important it is for children and families to keep in contact with the person in prison, and that face-to-face visiting is one way to do this. In late March 2020, all face-to-face visits to prisons across Australia were suspended due to the COVID-19 pandemic.

As the adult carer of a child/ren with a relative in prison, we are seeking your input into an online survey (which has been approved by Monash University's Human Ethics Committee). It asks questions about the changes made in prisons about keeping in contact, and how these have affected your family, particularly the children you are caring for.

We will use this information to highlight gaps and to come up with suggestions for improving family contact, where face-to-face visits are not possible. SHINE for Kids will use this information to advocate for the voices and perspectives of children of prisoners and their families.

**Before you start this survey, please read the information below.**

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## **EXPLANATORY STATEMENT**

### **Project ID: 24661**

**Project title:** Maintaining family contact during COVID-19: describing the experiences and needs of children with a family member in prison

### **Chief investigator:**

Dr Catherine Flynn  
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### **Co-investigators:**

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As an adult caring for a child/ren who have a relative in prison, you are invited to take part in this study. Please read this information fully before deciding whether or not you want to do this survey. If you want further information about this project, please contact Catherine either by phone or email.

### **What does the research involve?**

When a family member goes to prison, this can be a time of high stress for both them and for family left on the outside, particularly those caring for children. We know how important it is for children and families to keep in contact with the person in prison, and that face-to-face visiting is one way to do this. In late March 2020, all face-to-face visits to prisons across Australia were suspended due to the COVID-19 pandemic.

This survey asks questions about the changes made in prisons about keeping in contact, and how these have affected your family, particularly the children you are caring for.

This anonymous survey will take you about 15 - 20 minutes to complete.

### **Why were you chosen for this research?**

Adult carers of children who have a family member in prison are in an important position at this time, to be able to let us know about the impact of COVID-19 prison visiting restrictions. You will have got this survey link from an organisation supporting families, or from social media. Doing the survey is completely voluntary. We do not ask for people's names, so all responses are anonymous.

### **Consenting to participate in the project and withdrawing from the research**

Before you do the survey, you will be asked if you want to fill it in. It is ok if you say no. You will just be exited from the survey at that point. If you say yes, then you are agreeing to do it, and will be taken to the survey. Because the survey is anonymous, once you submit your responses, you cannot withdraw them (we won't know which survey belongs to you). You are asked again at the end of the survey if you want to submit. Again, it is ok if you say no. You will be exited from the survey at that point, and all your responses will be deleted. It is your choice whether to do this survey or not. It will have no impact on any support you receive from service providers, or on how your loved one is treated in prison.

### **Possible benefits and risks to participants**

We know that when a family member goes to prison, it can be a very stressful time for families and children, and that keeping in contact with the person in prison can sometimes also be stressful. Our survey does not ask you personal questions, but focuses on visiting before and after COVID-19 restrictions were introduced. We know you have valuable knowledge to share, so want to hear your experience and your opinion about these changes, and what can support children. We will use this information to highlight gaps and to come up with suggestions for improving family contact, where face-to-face visits are not possible, both during COVID-19 and after.

Doing the survey will take about 15 minutes, and we do not think it will be upsetting. If thinking about the person in prison or difficulties in visiting does make you feel upset, there are some contact numbers below. You can also provide your contact details (at the end of the survey - separate from your response) and a worker from SHINE for Kids can give you a call.

### **Services on offer if adversely affected**

SHINE for Kids support children, young people and families with relatives in the criminal justice system. Go to the website (<https://shineforkids.org.au/>) to locate services in your state or territory (ACT, NSW, QLD, VIC)

Second CHANCES provide support to prisoners and their families in South Australia: 08 8272 0323 or [office@secondchances.org.au](mailto:office@secondchances.org.au)

Lifeline: 24 hour crisis support: 13 11 14

Beyond Blue: providing advice and support for depression and anxiety, by phone 1300 22 4636 (24 hours); web chat <https://online.beyondblue.org.au/#/chat/start> (3 pm – 12 midnight); or email <https://online.beyondblue.org.au/email/#/send> (response within 24 hours)

### **Payment**

You can choose to go into a draw to win one of three \$100 supermarket vouchers at the end of the survey.

### **Confidentiality**

All survey responses are anonymous. Data are gathered via an online survey. We will be sharing the findings to write a report, which will be publicly available. We will share this with not-for-profit organisations, such as SHINE for Kids, so they can advocate for children and families. We may also share some of the findings at conferences or in journal articles. The aim of doing this is to share the findings widely as this is an important issue. Any quoted material used will be anonymous.

### **Storage of data**

Final responses will be kept in a file stored securely on password protected university computers of the three main researchers. The data will be destroyed when it is no longer required.

### **Results**

Results will be available via a written report, on the SHINE for Kids website.

### **Complaints**

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact

the Executive Officer, Monash University Human Research Ethics Committee (MUHREC):\_

Executive Officer  
Monash University Human Research Ethics Committee (MUHREC)  
Room 111, Chancellery Building D,  
26 Sports Walk, Clayton Campus  
Research Office  
Monash University VIC 3800

Tel: +61 3 9905 2052

Email: [muhrec@monash.edu](mailto:muhrec@monash.edu)

Fax: +61 3 9905 3831

---

Thank you,  
Catherine Flynn

Having read this statement now

Are you the carer of a child aged under 18 years who has a family member currently in prison, or who was in prison during the COVID-19 pandemic?

Yes (1)

No (2)

---

By completing the survey you consent to us using the information you provide in our research. Do you agree to this?

Yes (1)

No (2)

---

## Some questions about you

Some questions about you

---

What is your age?

- 15 - 19 (1)
  - 20 - 29 (2)
  - 30 - 39 (3)
  - 40 - 49 (4)
  - 50 - 59 (5)
  - 60 - 69 (6)
  - 70 - 79 (7)
  - 80 + (8)
- 

What is your gender?

- Female (1)
  - Male (2)
  - Other (3)
  - Prefer not to say (4)
-



Are you Aboriginal and/or Torres Strait Islander?

- Yes - Aboriginal and Torres Strait Islander (1)
  - Yes - Aboriginal (2)
  - Yes - Torres Strait Islander (3)
  - No (4)
  - Prefer not to answer (5)
- 

Do you usually speak a language other than English at home?

- Yes (1)
  - No (2)
- 

What language do you speak?

---

Do you need regular help with daily activities due to disability or chronic illness?

- Yes (1)
  - No (2)
  - Prefer not to answer (3)
-

How many children are you caring for while their family member is in prison?

▼ 1 (1) ... More than six (7)

---

What is your relationship to the child/ren you are caring for?

I am the child/ren's ...

- Parent (1)
  - Step-parent (2)
  - Grandparent (3)
  - Other family member (4)
  - Family friend (5)
  - Formal carer (6)
  - Other (7)
- 

How would you describe your relationship to these children?

\_\_\_\_\_

---

Do you have children of your own, aged under 18 years, who you are also caring for?

- Yes (1)
  - No (2)
-

How many?

▼ 1 (1) ... More than 6 children (7)

---

### Questions about each child (1)

We are now going to ask you a series of questions **individually about each child** (under 18 years) who you are caring for while their family member is in prison.

Please begin by **ticking a box** below for **each child**. So, if you are caring for one child, tick 'Child 1', and if you are caring for three children, please tick all three boxes.

We have limited this to three children. If you are caring for more than three children, please tell us about the oldest three children, beginning with the oldest.

Child 1 (4)

Child 2 (7)

Child 3 (8)

---

### Child demographics

If you are caring for more than one child, please answer from **oldest to youngest** in order.

If the child is in contact with more than one relative in prison, focus on the person with whom they have the closest relationship.

---

What is the relationship between this child and the person in prison?

The person in prison is the child's ...

- Parent (including step) (1)
  - Brother/Sister (2)
  - Grandparent (3)
  - Aunt/Uncle (4)
  - Other relative (5)
- 

What is the child's age?

- Under 2 years (1)
  - 2 - 4 years (2)
  - 5 - 9 years (3)
  - 10 - 14 years (4)
  - 15 - 17 years (5)
- 

What is the child's gender?

- Female (1)
  - Male (2)
  - Other (4)
  - Prefer not to answer (5)
-

Is the child Aboriginal and/or Torres Strait Islander?

- Yes - Aboriginal and Torres Strait Islander (1)
  - Yes - Aboriginal (2)
  - Yes - Torres Strait Islander (3)
  - No (4)
  - Prefer not to answer (5)
- 

Does the child usually speak a language other than English at home?

- Yes (1)
  - No (2)
- 

Does the child need regular help with daily activities due to disability or chronic illness?

- Yes (1)
  - No (2)
  - Prefer not to answer (3)
- 

Were you this child's main carer before their relative went to prison?

- Yes (1)
  - No (2)
-

Was the person in prison the child's main carer?

- Yes (1)
- No (2)

---

Some questions on your knowledge about the person in prison

We are now going to ask you some questions based on your knowledge about the person in prison.

As above, if the child/ren you are caring for are in contact with more than one person in prison, please focus on the person they have the closest relationship with.

What is the imprisoned person's age?

- 15 - 19 (1)
- 20 - 29 (2)
- 30 - 39 (3)
- 40 - 49 (4)
- 50 - 59 (5)
- 60 - 69 (6)
- 70 - 79 (7)
- 80 + (8)
- Don't know (9)

What is the person's gender?

- Male (1)
  - Female (2)
  - Other (3)
  - Prefer not to answer (4)
  - Don't know (5)
- 

Is the person Aboriginal and/or Torres Strait Islander?

- Yes - Aboriginal and Torres Strait Islander (1)
  - Yes - Aboriginal (2)
  - Yes - Torres Strait Islander (3)
  - No (4)
  - Prefer not to answer (5)
  - Don't know (6)
- 

Does the person usually speak a language other than English at home?

- Yes (1)
  - No (2)
  - Don't know (3)
- 

What language?

---

---

Does the person need regular help with daily activities due to disability or chronic illness?

- Yes (1)
  - No (2)
  - Prefer not to answer (3)
  - Don't know (4)
- 

What is the imprisonment status of the person?

- Remand (1)
  - Sentenced (2)
  - Don't know (3)
- 

What was the month and year they entered prison this time? (e.g. if the person went to prison in January of this year, write January, 2020. If you don't know, write 'don't know')

---

Is this the person's first time in prison?

- Yes (1)
  - No (2)
  - Don't know (3)
-



In what state/territory is the prison located?

▼ Australian Capital Territory (1) ... Western Australia (8)

---

About how long would it take you to travel from your home to the prison?

▼ Less than one hour (1) ... At least four hours (5)

---

### COVID-19 restrictions

What do you know about COVID-19 restrictions at the prison which may have an impact on keeping in contact with family?

---

Has the person been quarantined? (this means kept on their own in a cell, with limited contact with other prisoners or staff, due to COVID-19)

- Yes (1)
  - No (2)
  - Don't know (3)
- 

Has the person had to have cell changes or other moves for 'social distancing'?

- Yes (1)
  - No (2)
  - Don't know (3)
-

Has the person moved to a different prison since lockdown?

- Yes (1)
- No (2)
- Don't know (3)

---

Keeping in contact before COVID-19 restrictions

Did you have any problems with visiting BEFORE visits were suspended?

- Yes (1)
  - No (2)
  - Maybe (3)
  - Not applicable - the person was not in prison before COVID-19 restrictions (5)
-

What problems did you experience?

- Distance to prison (1)
  - No transport (2)
  - Cost of transport (3)
  - Unable to come at the visiting times available (4)
  - Prison lockdowns (5)
  - Child/ren did not want to visit (6)
  - I did not want to visit (7)
  - Person in prison did not want to have visits (8)
  - Visits were too stressful (9)
  - Only non-contact (box) visits were available (10)
  - Other (11)
- 

What were the other problems?

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---

Contact between the child/ren and the person in prison BEFORE visits were suspended

	Very poor (1)	Poor (2)	Good (3)	Very good (4)
How would you rate the AVAILABILITY of contact between the child/ren and the person in prison BEFORE visits were suspended? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate the QUALITY OF INTERACTION during contact between the child/ren and the person in prison BEFORE visits were suspended? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions about each child (2)

Please confirm below if the person was or was not in prison before COVID-19 restrictions were introduced.

- Person NOT in prison before COVID-19 (1)
- Person was in prison before COVID-19 (4)

As we did above, we are now going to ask you some questions about **each child individually**, this time about keeping in contact BEFORE COVID-19 restrictions.

Like before, please tick a box for each child below.

If you are caring for more than three children, please tell us about the oldest three children, beginning with the oldest.

Child 1 (1)

Child 2 (2)

Child 3 (3)

---

### Children's contact before COVID-19 restrictions

Please answer about each child individually, and their contact with the person in prison **before** COVID-19. If the child is in contact with more than one relative in prison, focus on the person with whom they have the closest relationship.

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What type of visits did this child have with the person in prison **before** COVID-19 restrictions? (You can tick more than one)

Face-to-face visits (13)

Box visits (14)

Supported play visits (15)

No visits (16)

Other (17)

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What other type of visit/s did the child have?

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How often did these visits happen?

- Once a week (1)
  - Once every two weeks (2)
  - Once a month (3)
  - Less than once a month (4)
  - No regular visiting (5)
  - Other (6)
- 

Please describe these other visiting arrangements

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How did the child get to visits before COVID-19 restrictions?

- I took them (1)
  - Another family member took them (2)
  - Supported transport program (3)
  - Supervised contact transport (4)
  - Other (5)
- 

Please describe these other transport arrangements

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What other types of contact did the child have before COVID-19 restrictions?

- Phone calls (1)
  - Skype (2)
  - Letters (3)
  - None (4)
  - Other (5)
- 

Please tell us about this other type of contact

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How often did the child have any type of non-face to face contact before COVID-19 restrictions?

- More than once a week (1)
  - Once a week (2)
  - Once every two weeks (3)
  - Once a month (4)
  - Less than once a month (6)
  - No regular contact (7)
  - Other (8)
- 

Please tell us about this other type of non-face to face contact

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### Questions about each child (3)

As we did before, we are now going to ask you some questions about each child individually, this time about keeping in contact AFTER COVID-19 restrictions.

Like before, please tick a box for each child below.

Child 1 (1)

Child 2 (4)

Child 3 (5)

---

### Children's contact after COVID-19 restrictions

Remember to answer for each child individually, from youngest to oldest.

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How has the child kept in contact with their imprisoned relative since COVID-19 restrictions have been in place? (can tick more than one)

Phone calls (1)

Video visits (2)

Letters (3)

No contact (4)

Other (5)

---



Please tells about any other ways the child has kept in contact

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How often has the child had some type of contact?

- More than once a week (1)
- Once a week (2)
- Once every two weeks (3)
- Once a month (4)
- Less than once a month (5)
- No regular contact (6)
- Other (7)

Please tell us about this other frequency of contact

---

How much time does the child now have for contact?

- Contact time between the child and the imprisoned person is LESS than before visits were suspended (1)
- Contact time is ABOUT THE SAME as before (2)
- Contact time is MORE than before (3)

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Keeping in contact after COVID-19 restrictions

Have you had any problems with keeping in contact with the person in prison AFTER visits were suspended?

- Yes (1)
  - No (2)
  - Maybe (3)
- 

What problems have you had?

- Lockdowns (1)
  - Poor or no access to video visits at the prison (2)
  - Poor or no internet access at home to have a video visit (3)
  - I do not have a suitable device for video visits (4)
  - Poor or no access to phone calls at the prison (5)
  - I have problems with my phone/no phone (6)
  - Children do not want to engage in these types of visits (7)
  - I don't want to engage with these types of visits (8)
  - Imprisoned person does not want to engage in these types of visits (9)
  - Shortened time available for these visits (10)
  - These types of visits have been too stressful (11)
  - Other (12)
-

Please tell a few words about these other problems

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Have you noticed any positive things about contact with the person in prison AFTER face-to-face visits were suspended?

- Yes (1)
- No (2)
- Maybe (3)

What have been the positive things?

- No transport costs (1)
- No travel time (2)
- Not having to take children into a prison (3)
- Less risk to me and/or children (4)
- More private than the visits centre (5)
- Less distracting than the visits centre (6)
- More phone contact (7)
- Other (8)

Please tell a few words about these other positive things

---

Contact between the child/ren and the person in prison AFTER visits were suspended

	Very poor (1)	Poor (2)	Good (3)	Very good (4)
How would you rate the AVAILABILITY of contact between the child/ren and the person in prison AFTER visits were suspended? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate the QUALITY OF INTERACTION during contact between the child/ren and the person in prison AFTER visits were suspended? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate the INFORMATION you got from the prison about the changes to family contact/visits? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What do you think has been the effect of the COVID-19 prison visiting restrictions on the health and wellbeing of the child/ren you are caring for?

---

How much do you agree with the following statement?

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
I am coping well with supporting the child/ren during this time (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

-----

What has affected this?

\_\_\_\_\_

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How much do you agree with the following statement?

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
The child/ren I am caring for are coping well with the changed prison contact arrangements (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

-----

What has affected this?

\_\_\_\_\_

-----

How much do you agree with the following statement?

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
In my opinion, the imprisoned person is coping well with the changed prison contact arrangements (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

What has affected this?

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Is the imprisoned person likely to be released from prison soon?

- Yes (1)
  - No (2)
  - Don't know (3)
- 

Where will they be released to?

- Your home, with the children (1)
  - Their own home, with the children (2)
  - Their own home, without the children (3)
  - Unknown (4)
  - Other (5)
-

Please tell us where the person will be living

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Do you have any concerns about them coming home during this time of 'social isolation' and 'social distancing'?

- Yes (1)
- No (2)
- Unsure (3)

Can you tell us, in a few words, about your main concerns.

If there are things concerning you that you would like some help with, you are asked at the end of this survey if you would like someone from SHINE for Kids to give you a call. If you provide your contact details, these are kept separate from the information you gave in the survey.

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Please list the top three things that you think that could be done to support children during this time

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You have now finished the survey. Do you wish to submit your responses?

Yes (5)

No (6)

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Would you like to provide your contact details (in a separate survey) - either to go into the draw for a supermarket voucher, or to get a call back from SHINE for Kids.

Yes (1)

No (2)

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