



**MONASH** University  
Criminal Justice Research Consortium

# Mapping the needs and experiences of children affected by parental imprisonment: A national survey

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# EXECUTIVE SUMMARY

## Background

Children who experience parental imprisonment are known to be some of the most disadvantaged and overlooked in our community. They often experience multiple and compounding disadvantages, with long-term consequences, but receive no specialised assistance. Rigorous knowledge about these children and their families is lacking in Australia and is required to inform policy development.

## Aim

The aim of this report is to improve understanding of the characteristics, needs, and experiences of children with a parent in prison. The study was commissioned by SHINE for Kids and is supported by funding from them.

## Methods and participants

The study was approved by the Monash University Human Research Ethics Committee (Project ID: 31763).

Data were gathered via an anonymous survey, facilitated through the online platform Qualtrics. The survey was available from 31 October 2022 to 6 February 6 2023. The link was distributed via a range of mechanisms:

- SHINE for Kids;
- other relevant not-for-profit organisations across Australia;
- a range of social media platforms; and
- the researchers' and other key stakeholders' professional networks.
- The survey gathered primarily quantitative descriptive data, including:
  - family demographics, including age and disability and Indigenous status;
  - visits with the incarcerated parent;
  - connections to formal and informal supports; and
  - connections to any other statutory services.

A small number of qualitative questions were also asked.

## **Findings**

Caregivers of dependent children with a family member in prison completed the survey. Although no population-level 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, Indigenous status, legal status, and prior imprisonment.

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 families in this survey are quite well connected to the incarcerated parent, with regular visiting evident, although problems with maintaining contact were described, including the lack of in-person contact or access/technological issues with video visiting.

The families in this study describe a range of substantial needs, both practical and emotional. Financially, families are struggling to meet basic needs, including for food, shelter and paying utilities. Many report having limited money to pay for school expenses or children's activities. Many families rely on government benefits, but receive most support informally, from family and friends. It is clear that these families have higher needs, but limited access to supports.

The children being cared for were typically under 10 years of age, with 23% being of pre-school age. Boys made up around 54% of the overall group. The level of disability or chronic illness reported in children was considerably higher than in the community, as were the reports of diagnosed mental health issues. Around one-half of the children are regularly absent from school, with many struggling to get the children to attend, commonly due to feelings of anxiety and experiences of bullying.

Experiences of school suspension/exclusion are higher than the community average and a concerning number of children have had contact with the police/youth justice.

## **Conclusions**

From the findings presented, we can conclude that although survey respondents may be quite connected to the imprisoned parent, families are experiencing considerable financial stressors, which affect their daily lives and how their children engage with the community. While these families are supported

informally by friends and extended family, they are poorly connected to informal or formal support services or resources; the children, in particular, have limited community engagement.

The caregivers surveyed clearly paint a portrait of children who are also struggling. They are young, living in stressed households, with limited money for school costs and around half are regularly absent from school. In addition, when they do attend, internalising and externalising behaviours create further challenges. Experiences of anxiety and bullying create barriers to school attendance; conversely, engaging in bullying or other violence then leads to children being suspended or expelled at rates far higher than the wider community. These children have also had contact with police and/or youth justice at higher rates than the community. Accordingly, our findings highlight that families with children experiencing parental imprisonment need our immediate attention and support.

## **Recommendations**

The survey findings support the implementation of a range of specific recommendations, namely:

- increased *support for incarcerated parents*, particularly noting the additional needs these parents are likely to present with, as a result of co-existing health/mental health challenges;
- *specialised, free and accessible support for children and families*, during and after imprisonment, which should be *pro-actively offered* at key points, when families interact with the criminal justice system (e.g. arrest, sentencing, at imprisonment, and in relation to visiting);
- *wrap-around support for families with complex needs to reduce the burden of navigating multiple service systems*;
- *support before, during and after video visits* for children and parents;
- targeted support to address the specific needs of *Indigenous families*
- targeted support to address the specific needs of *families experiencing disability*;
- services and resources to *support family connection* during imprisonment; and
- *training and support for schools and teachers*, to ensure they are aware of the issues the children of incarcerated parents may experience and can respond appropriately.

Our research has also revealed areas which require ongoing investigation. Specifically, there is a need to hear from :

- children directly, about both their experiences and their recommendations for support in relation to their parents' incarceration; and
- children and families, about their experiences of the post-release period.

Given that families who experience parental imprisonment are not an homogenous group, there is also a need to understand:

- the specific needs and strengths of Indigenous families interacting with the prison system;
- the intersecting needs of families with disabilities; and
- particular experiences of children and families involved with statutory child welfare services, specifically those where children are also involved with police/youth justice.

# ACKNOWLEDGEMENTS

We acknowledge the Traditional Owners of country throughout Australia, on which this research was conducted and this report written. We recognise their continuing connection to land, waters and culture, and pay our respects to their Elders past and present.

In this report, we use the terms 'Aboriginal and/or Torres Strait Islander' and 'Indigenous' interchangeably, although we acknowledge that some people consider that the term 'Indigenous' does not appropriately recognise the heterogeneity of Aboriginal and Torres Strait Islander peoples across Australia. We acknowledge and celebrate the differences amongst Australia's many and diverse Aboriginal and Torres Strait Islander cultures.

Thank you to SHINE for Kids for commissioning, supporting and funding this research – with support from the Paul Ramsey Foundation, and for their continued work with children and families in contact with the criminal justice system. Thank you also to the many community organisations and colleagues, including members of SHINE's Practice Research and Advocacy Meeting (PRAM) who had input into the survey and ensured that it was shared widely.

Finally, we are grateful to the many caregivers who took the time to complete this survey; your input is both valued and valuable to informing practice and advocacy in this area.

# 1. BACKGROUND

The COVID-19 pandemic had some impact on reducing prison numbers in Australia (Australian Bureau of Statistics (ABS), 2023); after peaking at around 220 per 100,000 in 2019, it is now 200. However, this must be seen in the context of sustained growth over the past few decades. Unsurprisingly, there have been flow-on effects to families, and specifically children, although, to date, this has garnered limited public or government attention, particularly at a national level.

Children of imprisoned parents have been consistently described as the “invisible” or “unintended” victims of crime, as “orphans of justice” or simply as the “collateral damage” of the everyday workings of the adult criminal justice sector. Yet this group is substantial in number. Recent estimates (Flynn 2022) put the number of children affected on any given day as approximately the same as the number of adults in prison; this is currently approximately 41,000 (ABS 2023). It should be noted, however, that, across Australia, and indeed in most jurisdictions, there is no official record of the number of children affected, or any formal oversight or support for this group, or their caregivers.

In recent years, however, there have been two parliamentary inquiries into the needs and experiences of children who experience parental imprisonment: in New South Wales (NSW) (Parliament of NSW Committee on Children and Young People 2019), to which the Government responded in 2022 (NSW Government 2022) and Victoria (Parliament of Victoria Legislative Council Legal and Social Issues Committee 2022), with the Government’s response pending, at the time of writing). Both reports describe considerable, sustained impacts on children, but indicate a largely non-existent legal or policy framework for supporting these families. Both recommend significant and structural changes, including reducing incarceration; coordination of support, led by government; centralising the needs of children; and supporting family connections.

Our own study, during COVID-19, of carer views on children’s contact with imprisoned family members (Flynn et al. 2020; Flynn et al. 2021; Taylor et al. under revision) highlighted that families across Australia were struggling to maintain connectedness and wellbeing during this time and, while video visiting sought to approximate face-to-face contact, there were problems with relying on this. While respondents noted the potential for, and positives of, video visits, a key finding was that using this as the main alternative to in-person contact was often mismatched, with the needs of very young children or children with additional needs not well catered for. Further, the lack of physical contact for children was a concern, with the longer-term impacts unknown.

That survey also brought to our attention the lack of local knowledge about families, and their likely additional needs: the higher-than-expected self-reporting of children with disability was noted, alongside the challenges for families of living extended distances from prisons. It also highlighted what is not known formally about these families, who continue to be overlooked. Hence, the current survey sought to map the characteristics, experiences and needs of these children and families in Australia.

## **1.1 What is already known**

Existing research has established a number of substantial concerns about children and families who experience the imprisonment of a parent; findings indicate both short- and medium-term consequences, in terms of individual and family health and wellbeing, poverty and stigma (e.g. see McCrickard and Flynn 2016). It has been suggested that, in comparison to their peers, the children of prisoners are more likely to live in poverty and instability, experience violence, stress, and have a lack of access to supports (e.g. see Haskins et al. 2018). There are also longer-term consequences on health and wellbeing, notably, learning disabilities, developmental vulnerabilities and delays, language and cognitive challenges, including attention deficit/hyperactivity disorder (ADHD; also known as attention deficit disorder (ADD)) (Bell et al. 2018; Turney 2014). In sum, these children experience multiple, sustained, and compounding disadvantage. However, much of this research has been conducted in the US, with understanding of these issues in Australia more limited; just a handful of researchers have drawn attention to this issue, as set out below.

## **1.2 Most recent research findings**

To ensure a contemporary knowledge base, a review of the most recent research, published over the past five years (2017–2022), was conducted. Searching ProQuest Social Sciences and CINCH revealed 35 peer-reviewed articles published in English in that time frame. Unsurprisingly, the majority of these were from the US (24), with smaller numbers from other high-income countries: Australia (5), Scotland (2), UK (1), Sweden (1) and South Korea (1). The majority of research in the US has been quantitative and based on secondary data from large-scale national or state surveys. Several studies draw data from the *National Longitudinal Study of Adolescent to Adult Health* (Cochran et al. 2018; Finkeldey and Dennison 2020; Hagan et al. 2020; McCauley 2020; Young et al. 2020), *National Survey of Children's Health* (Jackson et al. 2022; Testa and Jackson, 2021; Turney, 2018) or *Fragile Families and Child Wellbeing Study* (Fox et al. 2022; Turney 2022), as well as several other state and national surveys (Fox et al. 2022; Haverkate and Wright 2020; Muentner and Eddy 2023; Rubenstein et al. 2019; Ruhland et al. 2020; Tasca 2018). Smaller qualitative and mixed-method studies are more common in studies based

in other countries, such as Scotland (Deacon 2022; Long et al. 2022) and Australia (Arditti et al. 2021; Bartlett and Eriksson, 2019).

Several themes have been identified as relevant to the needs and experiences of children with one or more incarcerated parents, and their caregivers, including: the impact of parental incarceration on children; protective factors and resilience; visitation and contact between incarcerated parents and their children; as well as policy and practice responses. In a similar pattern to that in early research, much of the contemporary literature is descriptive, focusing on the impact of parental incarceration on children and their caregivers. Research has explored the impact of parental incarceration on a range of outcomes for children. These include:

- *development* (Fox et al. 2022; Poehlmann-Tynan and Turney 2021; Testa and Jackson 2021; Woo and Kowalski 2020; Young et al. 2020);
- *behaviour* (Cochran et al. 2018; Haskins et al. 2018; Haverkate and Wright 2020; McCauley 2020; Muentner and Eddy 2023; Poehlmann-Tynan and Turney 2021; Ruhland et al. 2020; Turney and Goodsell 2018; Turney 2022);
- *physical health* (Cochran et al. 2018; Haskins et al. 2018; Jackson et al. 2022; Martoma et al. 2022; Turney and Goodsell 2018);
- *mental health* (Finkeldey and Dennison 2020; Martoma et al. 2022; Woo and Kowalski 2020); and
- *education* (Cochran et al. 2018; Finkeldey and Dennison 2020; Fox et al. 2022; Hagan et al. 2020; Haskins et al. 2018; Long et al. 2022; McCauley 2020; Testa and Jackson 2021; Turney and Goodsell 2018; Woo and Kowalski 2020; Young et al. 2020).

Several studies have explored *relationships*, considering parenting stress and the parent-child relationship between the child and the non-incarcerated parent or caregiver (Arditti et al. 2021; Besemer and Dennison 2018a; Haverkate and Wright 2020; Jackson et al. 2022; Tasca 2018). Contact in the form of *visitation or other communication* between incarcerated parents and their children has also been examined in recent research (Aiello and McCorkel 2018; Bartlett and Eriksson 2019; Charles et al. 2021; Haverkate and Wright 2020; Horgan and Poehlmann 2020; McLeod and Bonsu 2018; Rubenstein et al. 2019; Tasca 2018).

The focus and findings of existing research can be distilled into two key streams: (1) investigating and describing a range of outcomes for children and families – including consideration of how parental

incarceration can be a risk factor for children's wellbeing; and (2) examining, describing and providing some evaluation of responses to these children and families.

### **1.2.1 Investigating and describing outcomes**

#### *Parent-child relationships and parent/caregiver stress*

The relationship between parents or caregivers and their children in the context of parental incarceration has been explored in relation to both incarcerated parents (Aiello and McCorkel 2018; Bartlett and Eriksson 2019; Haverkate and Wright 2020; Tasca 2018) and the non-incarcerated parents/caregivers of the children of the incarcerated parent (Arditti et al. 2021; Besemer and Dennison 2018a; Jackson et al. 2022).

The impact of family incarceration has been found to include increased parenting stress for mothers specifically, related to meeting their child's needs (Besemer and Dennison 2018a), as well as for caregivers of children with incarcerated parents more broadly (Jackson et al. 2022). Maternal mediation of the relationship between incarcerated fathers and their children further demonstrates the potential impact of paternal imprisonment on the mother-child relationship, with mothers engaging in both 'motherwork' and 'prisonwork' (Arditti et al. 2021). Finally, parental incarceration has been found to be associated with children's increased poor health and related healthcare strains for the caregivers of these children (Jackson et al. 2022).

#### *Physical and mental health outcomes*

Parental incarceration has been found to be associated with an increased risk of poor physical and mental health outcomes both in the short and longer term (Turney and Goodsell 2018). Drawing on US national survey data, Jackson et al. (2022) concluded that children with an incarcerated parent experienced a greater likelihood and number of health strains, compared with children with no incarcerated parents. This is supported by research by Bell and colleagues (2018) in Western Australia. While Haskin et al.'s (2018) review of US sociological research into children's outcomes across several domains found inconclusive evidence on children's overall health outcomes, they did find that children exposed to parental incarceration were more likely to have *unmet* health needs and problems. US research has also reported on the increased risk of depression in adulthood for children of incarcerated parents (Finkeldey and Dennison 2020); this is supported by other scholarly literature, which raises concerns about children's mental health more generally (Turney and Goodsell 2018; Martoma et al. 2022).

### *Childhood development and behaviour*

The relationship between childhood development and parental incarceration has been explored in several recent studies, examining a range of outcomes for children of incarcerated parents: individual behaviours, including within the context of peers and schools, as well as in relation to educational attainment. Fox et al. (2022) found, in their analysis of two longitudinal datasets from national surveys in the US, that prenatal or childhood parental incarceration negatively influenced children's outcomes in both academic ability measures and in the number of years of schooling completed. Other US research reported similar outcomes, with poorer behaviour, mental health and academic outcomes associated with parental incarceration, with some exceptions, including when abuse had been perpetrated by the incarcerated parent (Poehlmann-Tynan and Turney 2021). The influence of parental incarceration at earlier stages of childhood development has also been explored, with children of an incarcerated parent found to be at an increased risk of failing to meet any of the four measures of school readiness (early learning skills, self-regulation, social-emotional development, and physical health and motor development), compared with children not exposed to this experience (Testa and Jackson 2021). Young et al. (2020) examined the age-graded effects of a child's first experience of parental incarceration, finding some evidence of early exposure to parental incarceration (under the age of six) being associated with an increased likelihood of criminal offending and marijuana use as an adult.

Parental incarceration has been found to influence the academic outcomes of affected children across schooling (Cochran et al. 2018; Fox et al. 2022; Hagan et al. 2020; Haskins et al. 2018; Testa and Jackson 2021; Turney and Goodsell 2018). McCauley (2020) found inconclusive evidence of decreased academic outcomes for children of incarcerated parents, as related to the parental incarceration, but found that school attachment and behaviour were associated with parental incarceration and may impact academic achievement. Similarly, other literature has found that parental incarceration can influence the non-academic domains of children's school involvement, such as the nature of friendship groups and increased absences from school (Cochran et al. 2018; Turney and Goodsell 2018). There have been mixed findings to date on the impact of parental incarceration on school attachment and integration, with one study finding no impact (Cochran et al. 2018) and another finding decreased attachment to school (McCauley 2020).

Developmental and behavioural outcomes of children who experience parental incarceration have further been examined in the context of their peer and social networks (Cochran et al. 2018), knowledge of parental incarceration (Muentner and Eddy 2023; Woo and Kowalski 2020), and the development of externalising behaviours (Haskins et al. 2018; McCauley 2020; Ruhland et al. 2020; Turney and Goodsell

2018). Ruhland et al.'s (2020) US quantitative study found that children and young people with experiences of paternal incarceration had an increased likelihood of externalising behaviours. Haskin et al. (2018) reviewed the existing research examining intergenerational parental incarceration and concluded that, while there were inconsistencies in the earlier findings, overall, parental incarceration appeared to be associated with an increased risk of experiencing externalising and internalising behaviour problems at various points across childhood.

In developing research in Asian jurisdictions, a recent study in South Korea found that children's knowledge of their parent's incarceration was associated with decreased educational attainment and increased risks of depressive symptoms, victimisation, and criminal justice system involvement, when compared with a control group of children unaware of their parent's incarceration (Woo and Kowalski 2020). This is in contrast to the findings of Muentner and Eddy (2023), who focused on the influence of children's knowledge of parental incarceration on post-release wellbeing. They found that younger children and boys in the US exhibited fewer behavioural issues after their parent's release from incarceration, when they were explicitly informed of the parental incarceration prior to release. The need for localised knowledge, mindful of cultural variations and expectations, is therefore evident.

### **1.2.2 Responses to children and families**

Despite the widespread and known negative impacts of parental imprisonment, responses to children and families remain insubstantial. Some research in recent years, however, has sought to examine these responses. For the purposes of this review, responses included both prison-based interventions, such as visitation, as well as school and community-based programs.

#### *Visitation and contact with incarcerated parents*

Visitation and its impact on the relationship between an incarcerated parent and their child/ren has been a key focus of recent research on the topic (Aiello and McCorkel 2018; Bartlett and Eriksson 2019; Haverkate and Wright 2020). Haverkate and Wright (2020) found that in-person visitation offered the greatest benefits for the quality of parent-child relationships for children with an incarcerated parent. They recommended support for families experiencing barriers to attending in-person visits and the promotion of visitation programs for incarcerated parents. Further to this, Tasca (2018) found that a high percentage of caregivers of children with incarcerated fathers reported ongoing contact between fathers and their children during incarceration, compared with contact prior to incarceration. She noted 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'. However, as discussed above, research has commonly reported

that the prison environment (surveilled, hostile, frightening) can negatively impact parent-child contact during visitation (Aiello and McCorkel 2018; Bartlett and Eriksson 2019), with some children and even some imprisoned parents not wanting in-person visits for these reasons (e.g. see Bartlett and Eriksson 2019; Dennison, Smallbone and Occhipinti 2017). The prison environment can also affect mothering and fathering practices during visitation (Aiello and McCorkel 2018; Bartlett and Eriksson 2019). Specifically, Aiello and McCorkell (2018) found that the children of incarcerated mothers experienced 'secondary prisonisation' when visiting their mothers in jail, with correctional staff and the broader justice system disciplining and regulating children's bodies and emotions in the visitation environment, and that incarcerated mothers were unable to contradict the authority of staff in this context. Fathering is described in Australian research as being similarly impacted by visitation practices, with the lack of privacy in contact visits found to prevent incarcerated fathers actively perform their fathering role (Bartlett and Eriksson 2019).

In 2018, McLeod and Bonsu explored the benefits and challenges to visitation, suggesting that video visitation could be a *potentially helpful supplement* to in-person visits, as challenges such as cost of video visitation may decrease the frequency of contact, if in-person visitation were removed. Video and other non-contact visitation has been a growing area of interest in research in the context of COVID-19, which brought the cessation of in-person visiting in many jurisdictions (Charles et al. 2021; Flynn et al. 2021; Horgan and Poehlmann 2020; Minson and Flynn 2021). This research generally supports McLeod and Bonsu's finding, that in-home video visitation may be beneficial to facilitate ongoing contact in situations where in-person visitation is not possible, but this should not replace in-person visits (Horgan and Poehlmann 2020; Flynn et al. 2021). Further to this, support for families and incarcerated parents to access, be prepared for and use video visitation, and address challenges to accessing such visits, have been raised as important issues for consideration and further research (Charles et al. 2021; Flynn et al. 2021; Horgan and Poehlmann 2020; McLeod and Bonsu 2018).

#### *School and community responses*

Given that it is common for children who have a parent in prison to be aged under 10 years (e.g. see Glaze and Maruschak 2010), it is concerning that schools have been mostly absent from both the discussion on parental incarceration and any interventions. Although a small number of pilot programs have run in Australia and the UK in recent years (e.g. see Roberts and Loucks 2015; Tracey and Barker 2020), focused on educating and supporting teachers, these are the exception, rather than the rule, particularly in Australia.

Drawing on a large-scale national dataset, Finkeldey and Dennison (2020) found that schools in the US could constitute a protective factor for the children of incarcerated parents, if they provided appropriate mental health services, with such services found to reduce the impact of parental incarceration on the development of depressive symptoms as adults. Similarly, research in Scotland found that schools have the potential to provide a supportive space for children experiencing parental incarceration or further challenge and harm, based on schools' understanding of and response to the children's unique needs (Long et al. 2022). An earlier small-scale Australian study (McCrickard and Flynn, 2016) similarly noted the potential for schools, as sites of support, but described significant gaps in knowledge, both about the issue of parental incarceration, as well as the particular circumstances of individual children and families. Indeed, other evidence indicates that many adults working in education are not aware when any child in their care has a parent in prison (Shaw 2012). It is also clear that teachers sometimes bring prejudice to this issue (e.g. see Dallaire et al. 2010). This may help to explain the interesting findings from an exploratory study investigating protective processes for university students who had experienced parental incarceration, which reported inconsistent results, with regard to the helpfulness of schools and school support services (Zhang and Flynn 2020).

### **1.2.3 Summary**

There are some limitations to note in this recent research. The majority of the research has also been completed in the US, which cannot be uncritically generalised to an Australian context, but can nonetheless provide a foundation for understanding the range of likely impacts on children of parental incarceration. The US studies also tend to rely on large-scale secondary data not collected for the purpose of examining parental incarceration, which can limit the research questions, data analysis and findings. For example, there is limited knowledge around the causal mechanisms that explain associations between parental incarceration and children's wellbeing outcomes, nor associated correlates of these outcomes such whether children experience learning difficulties or neurological diversity. Finally, there is also a focus on parental perspectives in much of the recent research, with other caregivers sometimes excluded from datasets, and children's perspectives typically absent.

Overall, this recent research on the topic of parental incarceration reiterates what has been known for some time and strengthens and expands on this, through the use of large-scale surveys and data linkage. It has found that the children of incarcerated parents are at an increased risk of experiencing negative outcomes in several domains, including childhood development, behaviour, education, and physical and mental health. Appropriate and supported visitation, as well as supportive and well-informed school responses and healthcare services, may act as protective factors for children of incarcerated parents, but

previous research has not conclusively determined the influence of these interventions on children's outcomes.

While there are clear similarities in prisons and the nature of imprisonment globally, there are also significant variations, in terms of who is imprisoned, sentence length, visiting arrangements, etc. There is a paucity of Australian research in this area, with a distinct lack of local data on families and dependent children with a parent in prison. The findings from the international research outlined above indicate that these children may be experiencing significant problems, in terms of their development, behaviour, education, and health, with limited specialised responses, and many unmet needs. It is therefore imperative that rigorous and detailed descriptive data are gathered, which can be used to inform both the development of appropriate services and advocacy for the needs and rights of families in Australia.

The current study therefore sought to respond to the research question:

*What are the characteristics, experiences and needs of children who have a parent in prison in Australia, and their caregivers?*

## 2. METHODOLOGY

To better understand the characteristics, experiences and needs of children with a parent in prison in Australia, an online survey was developed for adults caring for these children.

### 2.1 Survey

This survey was developed by a team led by Associate Professor Catherine Flynn (Monash University, Victoria (Vic)), with input from Professor Lorana Bartels (Australian National University (ANU), Australian Capital Territory (ACT)), Professor Susan Dennison (Griffith University, Queensland (Qld)), and 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: 31763).

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 (including Facebook, LinkedIn, 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 31 October 2022 to 6 February 2023.

The written online survey was offered in a range of languages (English, Arabic, Chinese (simplified and traditional), Samoan, Spanish and Vietnamese), with an audio walk-through linked at the start of each survey (these audio files were stored on the SHINE for Kids website). All responses except one were received in English.

The survey (see Appendix 1) collected information about the respondents, their characteristics, the experiences of imprisonment of the parent of the child/ren they were caring for, and their resultant needs. There were around 60 questions, but not all participants had to respond to all questions, as skip logic was used. Additionally, no questions required a response from people; they were free to not answer questions throughout the survey. The majority were yes/no or fixed response/tick box questions. This approach was taken, to make the survey easy to complete, but also captures comparable and descriptive data.

One hundred and forty-three people commenced the survey; of these, a total of 49 were excluded, leaving 94 eligible caregivers. Of those excluded:

- 25 people 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;
- 15 were exited as they did not respond to this question
- Five did not provide consent to the use of their data
- Three initially consented to the use of their survey data, however provided no information beyond this
- One pair of records from a particular IP address was ascertained to be duplicated data for the same children; one of the two records was retained for analysis.

Therefore, the number of eligible people who commenced was 94; but, as noted above, responses were not forced (people could skip questions), and some participants dropped out throughout the survey. As a result, the number of responses per question varies considerably and is clearly noted throughout.

Quantitative data were collected on:

- family and individual characteristics;
- care arrangements for the child/ren;
- family problems, supports and strengths;
- disabilities and diagnoses for both children and the imprisoned parent;
- the children's experiences of education;
- the children's engagement with formal systems;
- the children's engagement with the community;
- family contact and visitation, with specific questions on video visits;
- the effects of parental imprisonment on children;
- suggestions for improving supports to children during and after parental imprisonment.

A small number of qualitative questions were posed, seeking open-ended responses, for example on family strengths and resources, the general impact of parental imprisonment on children and suggestions for ways to better support children.

There are a number of limitations to the study, largely resulting from who completed the survey and how they did so. Notably, the survey respondents are mostly from NSW (64.6%) and 90% of respondents

were women. NSW is Australia's largest jurisdiction, by population, and approximately 30% of prisoners are located there (ABS 2023). Some over-representation of women is also expected, 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 caregivers is required.

The survey reports on only one child in each family (the eldest), representing a deliberate attempt to capture some in-depth information about children while keeping the survey brief enough to encourage participation. Caregivers may be caring for up to four or more children and it is not feasible to ask them to answer questions about each child. Focusing their answers on the eldest child in their care enabled responses that represent the broadest range of ages, experiences and needs of children. Given the average age of the prison population is 35.9 years (ABS, 2022a), a focus on the youngest child in families would have likely limited responses to the experiences and needs of infants and young children. Asking caregivers to focus on one child also ensured specificity in responses rather than unknowingly obtaining responses for multiple children.

## **2.2 Data analysis**

This was a largely quantitative survey. The data were analysed using basic univariate descriptive analysis, by presenting percentages and frequencies. Chi-square tests were used to examine associations between key categorical variables, with exact tests used where statistical assumptions underlying the chi-square test were not met. Content analysis was the chosen method for analysis of qualitative 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

Findings from the survey are presented here. [Section 3.1](#) (Ctrl + click on hyperlink to go directly to these findings) commences with a description of the key characteristics of the imprisoned parents, caregivers and children, before moving to [Section 3.2](#) which outlines of the experiences and needs of families, including their challenges, supports as well as strengths, and resources. Attention is then given to the children, in [Section 3.3](#), covering both individual matters, such as diagnoses, as well as their interaction with the community and formal systems, such as education and police/youth justice. The parent-child relationship and the forms of contact they have are then described in [Section 3.4](#), with the benefits and challenges presented. This descriptive section then concludes in [Section 3.4.2](#), with caregiver views on the overall impact of parental imprisonment on children's health and wellbeing.

We then examine the experiences of two key groups within the overall sample [in Section 3.5](#), to explore how the experiences and needs described overall are experienced by these specific groups.

- [Section 3.5.1](#): Given the general over-representation of Aboriginal and/or Torres Strait Islander peoples in prisons, further exploration of these families' experiences is warranted, to better describe and understand any specific needs. The aim is to ensure responses, including advocacy, are more appropriately tailored.
- [Section 3.5.2](#): Given the apparent over-representation of children with a disability or chronic illness, in this survey, which was also an issue raised in the earlier survey of family contact during COVID-19 (Flynn et al. 2020), the data are examined with regard to families, where disability is noted.

The findings conclude with suggestions from caregivers, as to what is most needed to support children.

### 3.1 Describing 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 ABS (2022a and 2023) data to draw conclusions in relation to a range of characteristics.

The survey was completed by adults caring for dependent children with a parent in prison. The focus of this study was on the needs and experiences of children and families affected by parental imprisonment. Key information was gathered about the caregivers, children and imprisoned parents, with an emphasis

on the families' strengths, the supports they receive, and the supports and services that would be most helpful.

### 3.1.1 Imprisoned parent

Gender ( $N = 80$ ): **In most cases, the imprisoned parent was male** (82.5%,  $n = 66$ ), compared with 15.0% ( $n=12$ ) females. Two respondents (2.5%) preferred not to say. The percentage of men represented here is considerably lower than in the overall prison population (93%), but this is likely the outcome of the focus of this study on 'imprisoned parents'.

Age ( $N = 74$ ): **Almost half of imprisoned parents were aged 30-39 years** (47.3%,  $n= 35$ ), 31% were aged 40-49 years and the remainder were aged 20-29 years (21.6%,  $n = 16$ ). This is in line with the average ages in the wider prison population (35.9 years).

Aboriginal and/or Torres Strait Islander status ( $N = 80$ ): Sixty-two (77.5%) of the participants identified the imprisoned parent as non-Indigenous, and almost **one-fifth (18.8%,  $n= 15$ ) were identified as Aboriginal and/or Torres Strait Islander** (3.8% preferred not to say). These figures indicate that Aboriginal and/or Torres Strait Islander imprisoned parents are under-represented in this study, with this group making up 32% of all prisoners in Australia. This may be a result of a lower respondent rate from Queensland and Western Australia (see Table 1 below), as both are jurisdictions with large prison populations.

Primary caregiver status ( $N = 81$ ): A substantial percentage (42.0%,  $n = 34$ ) of imprisoned parents were reported to have been the primary caregiver of the child prior to their incarceration, while the majority (58.0%,  $n = 47$ ) had not. This likely reflects the fact that, in most instances, the imprisoned parent was the father and the impact of traditional, gendered, care roles.

Legal status ( $N = 80$ ): Responses revealed that, in **the majority of cases, the imprisoned parent had been sentenced** (61.3%,  $n = 49$ ), with a further seven (8.8%) being both sentenced and on remand; while almost one-third were on remand (30.0%,  $n = 24$ ). Comparing this to ABS (2022b) data shows that, in this sample, sentenced prisoners (including those who were both on remand and serving a sentence) were over-represented,<sup>1</sup> with the Australia-wide data indicating that 63.1% were sentenced and 36.6% were unsentenced.

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<sup>1</sup> ABS counting rule stipulate that, if someone is both sentenced and unsentenced, they are counted as sentenced: see <https://www.abs.gov.au/methodologies/corrective-services-australia-methodology/dec-quarter-2022>.

Prior imprisonment (N = 80): More than one-third of caregivers (38.8%, n = 31) stated that this was the imprisoned parent's first time in prison; however, **for the majority (58.8%, n = 47) this was not their first period of incarceration.** A snapshot of the wider Australian prison population shows a similar trend, with 39.8% being imprisoned for the first time, compared to 60.2% with prior imprisonment/s.

State and territory location (N = 79): please see Table 1 below.

**Table 1: Prison location of survey respondents compared to the Australian prison population (N = 79)**

State or territory	Percentage of survey respondents	Percentage of the Australian prison population (ABS 2023)
ACT	3.8%	1.0%
NSW	64.6%	30.3%
NT	2.5%	4.8%
Qld	6.3%	23.5%
SA	0.0%	7.6%
Tas	1.3%	1.6%
Vic	16.5%	16.3%
WA	5.1%	15.0 %

\* figures may not sum to 100%, due to rounding

**Almost two-thirds of survey respondents were caregivers of children who had a parent imprisoned 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. Efforts to promote the survey may have reached more families in NSW.

Concurrently, there were two particular states from which there was noticeably low representation: Queensland and Western Australia. This may have had some impact on capturing the experiences of Aboriginal and Torres Strait Islander peoples (ABS 2022b). Overall, with regard to location, the survey cannot be argued to represent the overall Australian imprisoned parent population or their families.

Travel to Prison (N = 79): Just over one-fifth (21.3%, n = 17) of caregivers reported that it took at least four hours to travel from their home to the prison. For more than a quarter of caregivers (27.5%, n = 22), this time was 2-4 hours and was less than one hour for 16 caregivers (20.0%). This means that, **for**

**approximately half of the families participating in this survey, the travel time to the prison was at least two hours.**

Disability (N = 79): A small number of caregivers (12.7%, n= 10) identified the imprisoned parent as requiring help with daily activities, due to disability or chronic illness. Caregivers were asked separately to identify any conditions with which the imprisoned parent had been formally diagnosed (with multiple responses possible). A high level of diagnosed illness and mental illness is evident in this sample. See Table 2 below (data are presented from most to least reported).

**Table 2: Caregiver reports of imprisoned parent diagnoses (N = 80)**

Diagnosis	Frequency	Percentage of cases
Depression	35	43.8%
Addiction to alcohol and/or other drugs	34	42.5%
Anxiety	29	36.3%
Post-traumatic stress disorder (PTSD)	21	26.3%
ADHD/ADD	10	12.5%
Learning disability	8	10.0%
Brain injury	6	7.5%
Psychotic disorder	6	7.5%
Personality disorder	5	6.3%
Oppositional defiant disorder	3	3.8%
Autism spectrum disorder	2	2.5%
Speech or other language problems	1	1.3%
Don't know	17	21.3%
No diagnostic categories endorsed (No diagnosis)	5	6.3%

As can be seen in this table, the most frequently recorded diagnoses were depression and addiction to alcohol and/or other drugs, with the next most frequent being anxiety and PTSD. It is also evident that a wide range of diagnoses were indicated in the sample, with many imprisoned parents described as having more than one diagnosis and 152 conditions indicated by the respondents. Only five respondents did not list any specific diagnosis, while 17 said they did not know what diagnoses the imprisoned parent had.

### 3.1.2 Caregiver characteristics

Ninety-four participants responded to most of the survey questions. The vast majority of study participants (79.8%, n = 75) were aged between 20 and 49 years, with older caregivers between 50-69 making up 18.1% (n = 17) of the study sample, and a much smaller group (2.1%, n = 2) aged 15-19. Ninety percent of caregivers identified as female, resulting in **the majority of participants being women aged between 20 and 49 years old**. A small proportion (14.0%, n = 13, of 93 response) of caregivers identified as Aboriginal or Aboriginal and Torres Strait Islander. Almost a quarter of caregivers (24.5%, n = 23) stated that they spoke a language other than English at home, but few provided information about the language spoken. Thirteen percent of caregivers (n = 12) responded that they require regular help with daily activities, due to disability or chronic illness; this is in line with community estimates (AIHW 2022c).

**The majority of caregivers were the child's parent (73.3%, n = 66, of 90 responses)**. The next largest subgroup of caregivers were grandparents (12.2%, n = 11). Of the non-parent caregivers identified in the survey (n= 24), most responded that they began caring for the children because the parent went to prison (70.8%, n = 17). Of these 17 caregivers, information about other places lived while parent was in prison was available for 14 caregivers. Just over half (57.1%, n = 8) stated that the child had also lived in another place (or places) while the parent was in prison, while six (42.9%) responded that the child had lived with them the whole time. That parental imprisonment often involves changes in children's care and accommodation was also noted in Australian research by Trotter et al. (2015).

Two-thirds of caregivers (66.7%, n = 60, of 90 responses) were looking after one or two children (31.1% caring for one child, and 35.6% caring for two). One fifth (21.1%, n = 19) were looking after three children and 11 caregivers were looking after four or more children. Most participants (71.9%, n = 64) stated that they were not looking after any other children under 18 years.

### 3.1.3 Children

As indicated above, respondents were asked to provide data on the oldest child for whom they were caring. Key characteristics are summarised below in Table 3.

Table 3: Characteristics of the nominated child (N = 80)

Characteristics of child	Frequency	Percentage of cases
<b>Gender</b>		
Female	35	43.8%
Male	43	53.8%
Non-binary/ Diverse	1	1.3%
Prefer not to say	1	1.3%
<b>Age<sup>1</sup></b>		
Under 2 years	7	8.9%
2 - 4 years	11	13.9%
5 – 9 years	33	41.8%
10 – 14 years	17	21.5%
15 – 17 years	11	13.9%
<b>Indigenous status<sup>1</sup></b>		
Aboriginal	23	29.1%
Aboriginal & Torres Strait Islander	1	1.3%
non-Indigenous	54	68.4%
Prefer not to say	1	1.3%
<b>Child needs regular assistance needed with daily activities<sup>2</sup></b>		
Yes	15	19.5%
No	61	79.2%
Prefer not to say	1	1.3%
<b>Language other than English at home</b>		
Yes	13	16.3%
No	67	83.8%

<sup>1</sup> Information missing for one respondent

<sup>2</sup> Based on 77 respondents

Just over half of the children identified in this survey were **male (53.8%, n = 43)**. The **majority were aged under 10 years**, a commonly reported figure in the literature: 41.8% (n = 33) were early-mid primary school aged (5-9), with 13.8% (n = 11) aged 2-4 and a smaller group aged under 2 (8.9%, n = 7). Around one-third were aged 10 years and over: 21.5% (n = 17) were aged 10-14 and 13.9% (n = 11) were aged 15-17.

A small group of children were reported to usually speak a language other than English at home (16.3%, n = 13). **Almost one-third (30.4%, n = 24) of the children were identified as Aboriginal and/or Torres Strait Islander.**

Seventy-seven caregivers provided information about the health status of the child, revealing that a **significant minority of children (19.5%, n = 15) required 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 (AIHW 2022d). Respondents were also asked about any diagnoses the child had received. See Table 4 below.

**Table 4: Caregiver reports of child diagnoses (N = 78)**

Diagnosis	Frequency	Percentage of cases
Anxiety	17	21.8%
ADHD/ADD	13	16.7%
Depression	9	11.5%
Other diagnosis	9	11.5%
Learning disability	8	10.3%
Speech or other language problems	8	10.3%
Autism spectrum disorder	6	7.7%
Developmental delay	6	7.7%
Oppositional defiant disorder	4	5.1%
Addiction to alcohol and/or other drugs	2	2.6%
Eating disorder	1	1.3%
PTSD	1	1.3%
Don't know	13	16.7%
No diagnostic categories endorsed*	22	28.2%

\* This was interpreted as no diagnosis, although it is acknowledged that there may be challenges with obtaining a diagnosis and this does not mean that the child does not in fact have a diagnosable condition.

The most frequent diagnosis recorded by caregivers for the child was anxiety (21.8%, n = 17); this is considerably higher than the estimated 7.5% (AIHW 2022d) for children aged 4–11. ADHD/ADD (16.7%, n = 13) was the next most common, followed by depression and other diagnosis (both 11.5%, n = 9). As with the imprisoned parents, a wide range of diagnoses were reported, with some reporting more than one diagnosis.

Of significance, **almost a quarter of caregivers (n = 20; 22.2%) responded that child protective services were involved with the subject child.** No specific details were asked about this involvement, but this may have included investigation of allegations of abuse/neglect, referral to community support services, or formal legal orders, such as supervision or guardianship. Of these 20 children with child protective involvement, it was most common for them to be living with their other parent (n = 7) were, or with a grandparent (n = 6), two with other family, three were in formal care (one in kinship care and two

in foster care), one with their class teacher, and one was living with a caregiver (who was providing respite care for her daughter, who was the child's kinship carer).

### 3.2 Experiences and needs of families and children

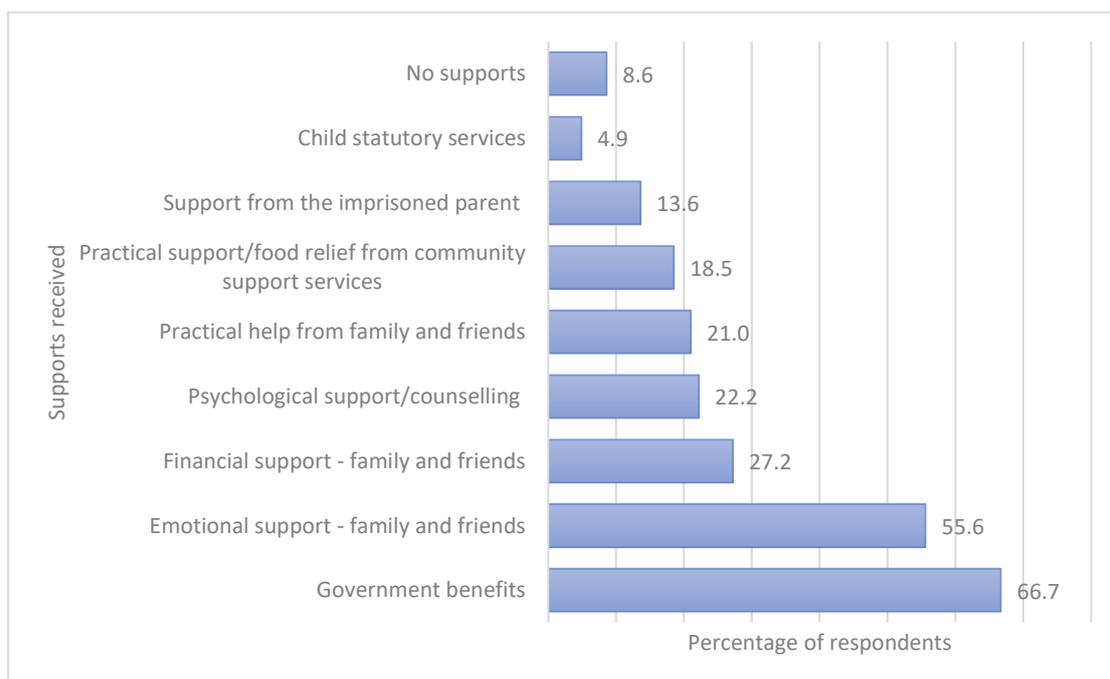
#### 3.2.1 Challenges experienced by caregivers and families

A very small group of participants (n = 9; 11.0%) stated that they were not experiencing any problems, as a result of parental imprisonment. This compares to the majority (n = 67, 81.7% ), who described experiencing multiple problems. These included meeting basic needs for food and shelter, in the form of paying for food (68.3%, n = 56); rent/mortgage (62.2%, n = 51) and utility bills (58.5%, n = 48). The costs incurred, in part at least, with maintaining a connection with the imprisoned parent include the high costs of transport (n = 55; 67.1%), as well as child-related costs, such as school costs (and children's activities (both 61.0%, n = 50). In addition, eight respondents (9.8%) listed 'other' problems; these largely consisted of multiple co-existing problems concerning basic needs of accessing food and shelter, and the impact on mental health.

#### 3.2.2 Main supports received in caring for children

As can be seen in Figure 1 below, caregivers identified two dominant supports they received, to care for children: government benefits (n = 54; 66.7%); and emotional support from family and friends (n = 45; 55.6%).

**Figure 1: Supports received by caregivers to care for children (N = 81)**



A range of other supports were described, with a minority of participants (8.6%, n = 7) reporting that they did not receive any support to help care for the child/ren.

### 3.2.3 Main strengths and resources of caregivers and families

Respondents were asked to identify their family's main strengths and resources (63 people provided data). Given the response to the previous question on the main supports they received, it is perhaps unsurprising that the main resource they identified was their **extended family** (36.5%, n = 23) and **support** they provided:

*Strong connection to family*

*I lean on my mum for support*

*I reside with my parents...I could not afford to live on my own with my children*

*My mother and her husband have financially supported us and we are forever in their debt*

Some respondents also referred to **specific family qualities**, such as:

*Toughness*

*Communication, Adaptability, Resilience*

**Families being dedicated** to one another (17.5%, n = 11) was also described:

*We care for each other no matter what*

*We just do the best with what we have*

*We have each other which means everything*

*Dedication and commitment to family*

Some respondents noted their **own resilience and attributes** (n = 9, 14.3%)

*Good reflective skills*

*Me, myself and I*

*My ability to just keep trying*

*Trying to stay positive in these tough times*

*It's not the first time, my kids father has been locked up a few times*

For a small number (n = 3, 4.8%) this included the **relationship with the imprisoned parent**:

*I involve my children's dad as much as possible in everything we do in day to day life.*

*We maintain good contact with the parent in prison via phone calls and video visits*

Supports from the community were also important, but these were experienced in quite different ways, for example, 11 respondents (17.5%) mentioned having financial stability through employment as a key resource:

*I work full time and receive a decent wage*

*Financial security and stable employment with flexible conditions and a compassionate boss*

For a small number of others (n = 3), this stability was found through accessing government benefits or community programs. Similarly, for a few, strength was identified through connecting to relevant supports in the community, for example, mental health services, a carer/worker for themselves, school/childcare, as well as cultural/spiritual connections.

Of concern are the seven respondents (11.1%) who noted that they had no strengths or resources and felt unable to cope. For example, one mother wrote: *'I have no support, I am in despair'*.

### **3.3 Experiences of the child**

#### **3.3.1 Community connections: Hobbies and supports**

The majority of caregivers (60.3%, n = 47) responded that **the child was not currently involved in any community activities, sports or hobbies**. Similarly, nearly **two-thirds (64.1%, n = 50)** of respondents indicated that the **child was not connected to any support service**.

It is clear that these children are not well connected to either formal supports, or community activities. This is an issue which has been well established in the literature.

#### **3.3.2 Involvement with youth justice**

A small but non-trivial number of caregivers (12.8%, n = 10) stated that the child had been in contact with police or youth justice systems for offending. The outcomes of this contact (multiple outcomes for each child were possible) were predominantly caution/diversion (n = 7); smaller numbers were noted to have been subject to a formal supervision order (n = 3), while one child was remanded into custody and one was reported to have received a custodial sentence. Of considerable concern is that, for most of these children (n = 8), the contact with police or youth justice system had occurred under the age of 14.

### 3.3.3 School engagement

#### *School attendance*

Of the 61 school-aged children, more than one-third (39.3%, n = 24) were described as having difficulty getting to school. The reasons for this difficulty are described below in Table 5.

**Table 5: Caregiver reports of reasons for children’s difficulty getting to school (N = 24)**

Reasons for difficulty getting to school (Multiple responses possible)	Frequency	Percentage of cases
Anxiety about school	18	75.0%
Bullying	15	62.5%
Transport problems	10	41.7%
Uniform problems	9	37.5%
Poor health	7	29.2%
Other (e.g. problem behaviour at school)	2	8.3%

A number of things are evident in this table: (1) most children experience multiple difficulties in getting to school; (2) anxiety, the most commonly diagnosed issue for these children (as outlined above), has an impact on school attendance, with three-quarters of children described as experiencing this problem; (3) the stigma of having an incarcerated parent described in the literature likely has an impact on experiences of bullying – with nearly two-thirds of caregivers describing this happening to the children for whom they were caring. It is also important to note that financial/resourcing challenges reported earlier also have an impact on school attendance, with difficulties noted with providing transport and uniforms.

Knowing the extent of the difficulties experienced gives some explanatory context for the approximately **one-half of the school-aged children regularly absent from school** (49.2%, n = 30).

Additionally concerning is the substantial minority of the school-aged children who had been **suspended or expelled from school (29.5%, n = 18)**. Although these numbers are relatively small, and the results should be interpreted with caution, the pattern is alarming.

Respondents were asked via open response to describe the reasons for the child being suspended or expelled from school. These are summarised in the Table 6 below. It is evident that disruptive and aggressive behaviour is a common problem.

**Table 6: Caregiver reports of reasons for children’s suspension/expulsion from school (N = 18)**

Reason for suspension/expulsion (Multiple responses possible)	Frequency	Percent of cases
Problematic behaviour (aggression, fighting, bullying)	9	50.0%
Suspended – no further explanation	3	16.7%
Lack of engagement/attendance	2	11.1%
Possession or use of substances at school	2	11.1%
Behaviour related to parental imprisonment	1	5.6%
Incorrect uniform	1	5.6%

*Classroom support*

While almost one-third (29.5%, n = 18) of the school-aged children were reported to have additional classroom support, the majority (63.9%, n = 39) did not, with four caregivers (6.6%) responding ‘don’t know’. The open responses provided by survey respondents concerning the type of support received are summarised below in Table 7.

**Table 7: Caregiver reports of additional school-based support for children (N = 18)**

Additional classroom support (Multiple responses possible)	Frequency	Percentage
Additional/separate lessons	5	27.8%
Teacher’s aide	3	16.7%
Disability support	3	16.7%
Behavioural support	2	11.1%
Counselling	2	11.1%
Funding	2	11.1%
Direct support from teacher	1	5.5%
General support from school	1	5.5%

A range of additional school-based supports, both formal and informal, were described by caregivers, with one reporting more than one type of support. The most common response was that children were provided with additional or separate lessons, though the specific nature of that was not further examined. More than two-thirds of the respondents with school-aged children (68.9%, n = 42) reported that the school was aware that the parent was in prison, while only 11 caregivers (18.0%) reported that the school was unaware and eight caregivers (13.1%) did not know if the school was aware. Only three caregivers

(4.9%) indicated that the imprisoned parent had contact with their child’s school, while this was not the case for the vast majority (91.8%, n = 56).

### 3.4 Parent-child relationship

Supporting and strengthening connections between imprisoned parents and children/family members, where safe to do so, is central to both immediate and ongoing experiences. These connections are most often fostered via face-to-face visitation, which is a key component of corrective services policy and practice.

Given the centrality of contact/visitation to parent-child relationships, we sought to gather data about the types of visitation that children and families experienced, the frequency of contact, and the preferred types of contact.

#### 3.4.1 Visitation and contact

The types of contact between the oldest child and parent in prison are presented in Table 8 below.

**Table 8: Types of parent-child contact (N = 78)**

Type of Contact	Frequency	Percent Cases	of
Phone calls	55	70.5%	
Video calls	45	57.7%	
Face-to-face visits	38	48.7%	
Letters	28	35.9%	
No visits	11	14.1%	
Emails	6	7.7%	
Other (largely similar to listed responses)	5	6.4%	
Supported play visits	3	3.8%	
Box visits (non-contact)	3	3.8%	

Respondents reported a range of types of contact, with two-thirds (n = 53; 67.9%) engaging in more than one type; **phone calls were the most common form of contact** (as commonly reported in research). Interestingly, **57.7% of respondents reporting using video calls**, lower than the 75% reported in the previous national survey (Flynn et al. 2020).

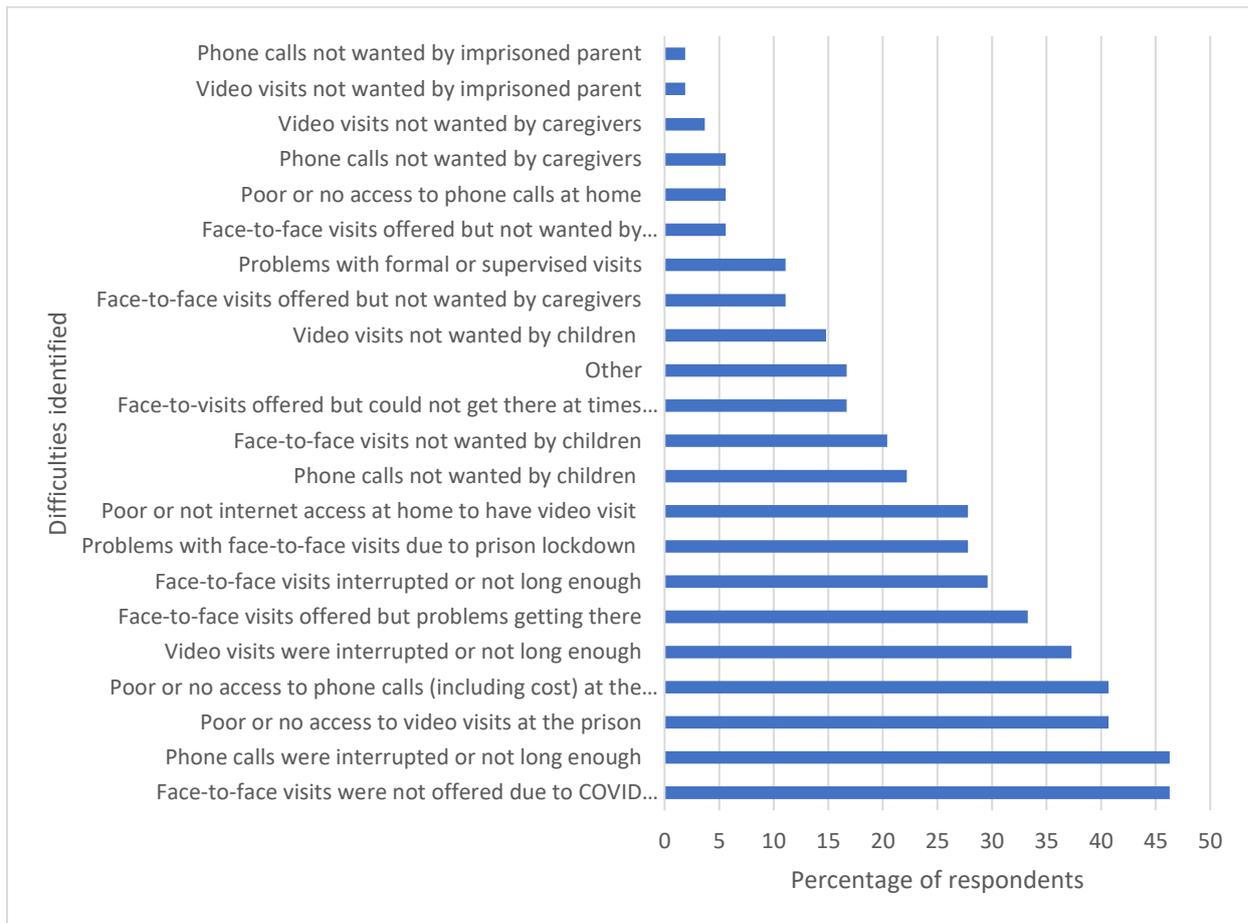
Of the 72 caregivers who indicated that the child had some form of contact with the imprisoned parent, 54 (75.0%) provided information regarding the frequency of the contact. Of these, the **most common response (64.8%, n = 35) was that the contact was at least weekly**, five caregivers (9.3%) stated that contact was at least fortnightly, six (11.1%) responded at least monthly, and eight (14.8%) indicated that contact was infrequent. This level of contact would seem to be more than would be typical and may indicate families who are more connected to the imprisoned person. As noted above, this is likely influenced by successful recruitment via SHINE for Kids support services.

Sixty-seven caregivers provided information regarding their opinion on the best types of visits for the child. A clear majority of caregivers (70.1%, n = 47) considered **face-to-face visits as 'best' for the child**. The next preferred visit type was video calls (40.3%, n = 27), closely followed by phone calls (37.3%, n = 25). Sixteen caregivers (23.9%) selected letters as the best form of contact for the child, followed by supported play visits (20.9%, n = 14 ) (though it is unknown how widespread the offering of such supported visits is). Emails and 'other' (both 4.5%, n = 3) were least popular.

#### ***3.4.1.1 Difficulties with maintaining contact***

**Difficulties with the child staying in contact with their imprisoned parent were reported by more than half of the caregivers (55.1%, n = 43)** and a further 11 (14.1%) indicated that 'maybe' they had experienced difficulties. Less than one-third (30.8%, n = 24) stated that there had been no difficulties with maintaining contact. For the 54 caregivers who responded that they had or might have experienced difficulties with the child staying in contact with their parent in prison, the main problems are presented in Figure 2 below. Data are presented from the least to the most reported.

**Figure 2: Percentages of caregivers reporting difficulties with maintaining parent-child contact (N = 54)**



While a range of difficulties, and multiple difficulties, were identified by caregivers, the most commonly reported – typically by around 40% of respondents – were not having face-to-face visits; having limited access to video visits; as well as problems with phone calls, both challenges in access and interruptions. Given the widespread use of video visitation from 2020 onwards, and the difficulties experienced by some families with this mode of contact in the national survey on visiting during COVID-19 (Flynn et al. 2020), we sought to understand more fully the strengths and limitations of video calling.

### 3.4.1.2 Video visits

When asked about the benefits of video calls, for the 45 caregivers who responded that the child had such contact with their parent, most (93.2%, n = 41) responded that the most helpful aspect of this was the child being able to see their imprisoned parent. This was followed by the convenience of video visits (i.e. no travel or security) (61.4%, n = 27), children not having to be in the prison environment (54.5%, n = 24) and the imprisoned parent being able to participate in daily routines (50.0%, n = 22). Less commonly, people reported that video visits offered more privacy than visiting the prison (25.0%, n = 11), or were less distracting for children than visiting prison (11.4%, n = 5).

As noted, we have previously identified a range of problems in the use of video visits early in the pandemic (see Flynn et al. 2020). In the current study, we sought to examine the extent to which these problems were still being experienced by families. Common problems identified by caregivers included:

- the lack of physical touch between the child and the imprisoned parent (81.8%, n = 36);
- problems with technology (81.8%, n = 36); and
- video visits not being long enough (70.5%, n = 31).

These were followed by video visits occurring at times that did not suit the child (36.4%, n = 16) and the child's age/specific needs not suiting this type of visit (34.1%, n = 15).

Caregivers were asked to describe the impact of these difficulties on the child; 25 valid responses were provided. Four effects were described, with a negative impact on the child's emotional and mental health noted by almost two-thirds of caregivers (n = 16, 64%). The following comments are illustrative of the issues identified:

*I have 3 kids 2 with autism 1 with behavioural difficulties and it's caused us to have breakdowns when there is constant issues with the call.*

*Constant up and down of emotions and one minute being able to see their dad then the next minute they're not*

*Children get very upset if they run out of time to show their dad something they wanted to during video visit*

In addition, five (20%) said the visits had a negative impact on the parent-child bond:

*It's hard trying to maintain a bond with father and child*

*It causes problems with their bond not being able to speak to them daily*

*Video visits are recorded so very impersonal*

According to two respondents (8%), the child missed physical contact:

*Video or phone has meant no face to face contact. No physical hugs or touch*

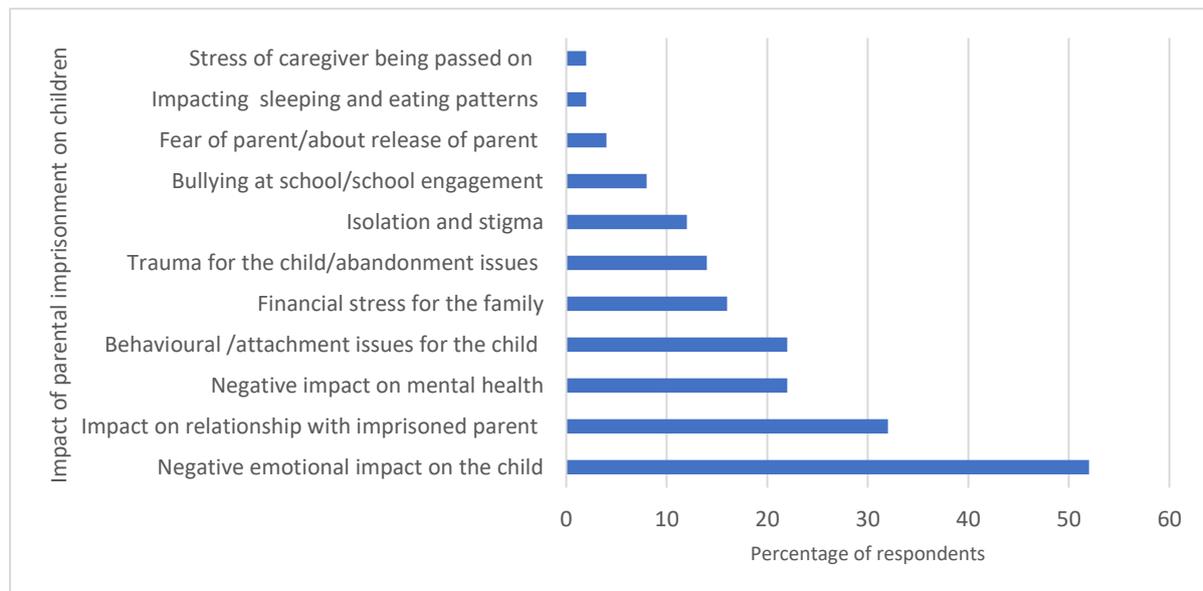
*Miss physically seeing their dad*

Finally, one respondents felt this mode meant less contact between the parent and child.

### 3.4.2 Impact of parental imprisonment on the health and wellbeing of children

Caregivers were asked to provide a qualitative response, describing the impact of parental imprisonment on the health and wellbeing of children. Responses provided were subject to content analysis and are summarised below in Figure 3. Most described more than one effect on the child/ren.

Figure 3: Caregiver descriptions of the impact of imprisonment on child health and wellbeing (N = 50)



It is evident, but perhaps unsurprising, that how caregivers described the overall impact of parental imprisonment on children's health and wellbeing reflects in part their descriptions of the impact of the problems associated with video visitation. Figure 3 shows clearly the wide-ranging nature of the problems being experienced by children, as a result of parental imprisonment, from individual effects (e.g. emotional/mental health, trauma/abandonment etc.), to family financial stress, experiences of stigma and isolation.

The problem identified by the majority of participants (n = 26, 52%) was the negative emotional impact on the child:

*Both of my girls are an emotional wreck, they cry every night for their dad*

Around one-third described a negative impact on the relationship between the child and their imprisoned parent:

*She is struggling to build a bond/secure relationship with her father*

*They don't get the chance of a healthy bonding relationship*

*The lack of support from her dad when she needs it*

*My eldest shows anger that her dad isn't at home and misses things she's achieved*

Around one in five caregivers (n = 11, 22%) described a specific and negative impact on the children's mental health. Though we cannot speak to causality, these responses align with the data provided earlier, where respondents described 21.8% of children being diagnosed with anxiety and 11.5% being diagnosed with depression.

*It's caused their health to decrease as their anxiety has become worse also being so young and having to deal with depression*

*My children have now been diagnosed with mental health conditions which affect daily life*

*Extreme mental health issues in all 3 children*

The same number of caregivers described behavioural/attachment issues for children:

*Behavioural issues from his constant in and out of jail*

*I worry about attachment and the long term impact this will have on him*

### **3.5 Examining within-sample differences**

We now examine the experiences of two key groups within the overall sample – Indigenous families, and families where disability is present – to explore how the experiences and needs described overall are experienced by these specific groups. Due to the small numbers in these analyses, and low statistical power to detect any but extremely large effects, the focus is on the presentation of descriptive statistics.

Given the over-representation of Aboriginal and/or Torres Strait Islander peoples in prisons, which is reflected in our sample, further exploration of Indigenous families' experiences is warranted to better describe and understand any specific needs. The aim is to ensure responses, including advocacy, are more appropriately tailored.

#### **3.5.1 Indigenous families**

For the purpose of these analyses, families were considered to be Indigenous if the caregiver OR imprisoned parent OR child was identified as Aboriginal, Torres Strait Islander or Aboriginal/Torres Strait Islander.<sup>2</sup> This left 80 survey respondents whose Indigenous status was known. Not all 80 responded to all questions; N is provided for each question. For brevity, the term 'Indigenous families' will be used. Of these 80 initial respondents, 33.8% (n = 27) indicated that either they, the imprisoned parent or the child were Indigenous. While this reflects prison data, which show that Indigenous peoples are imprisoned at

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<sup>2</sup> We excluded 14 respondents from analysis, due to them noting that they would 'prefer not to say' to question/s about Indigenous status (n = 3) or did not provide responses about Indigenous status across all caregiver, imprisoned parent and child questions (n = 11).

a much higher rate than non-Indigenous peoples – at 32% of the prison population (ABS 2022a), it is a considerable over-representation, given that across Australia Indigenous peoples make up just 3.2% of the population (ABS 2022b).

### **3.5.1.1 Problems identified by caregivers**

Comparing the Indigenous and non-Indigenous families' descriptions of problems being experienced, the former were more likely to describe experiencing problems with meeting some basic needs – specifically the high costs of transport (80.0% vs 64.2%), paying rent/mortgage (72.0% vs 60.4%) and paying utility bills (80.0% vs 50.9%); although paying for food was not an issue which showed any difference, perhaps because Indigenous families also reported receiving financial support from their extended families.

### **3.5.1.2 Family contact**

For the 51 caregivers who responded 'maybe' or 'yes' to the question about whether there had been difficulties with the child staying in contact with their parent in prison, there were noticeable differences between Indigenous (n = 17) and non-Indigenous (n = 34) groups.

The following problems **generally** appeared to **weigh more heavily** on the Indigenous families in this study:

- face-to-face visit difficulties:
  - face-to-face visits not offered due to COVID restrictions (58.8% Indigenous vs 38.2% non-Indigenous);
  - face-to-face visits offered, but could not get there at the times available (29.4% vs 5.9%);
  - problems with face-to-face visits, due to prison lockdowns (35.3% vs 23.5%); and
  - face-to-face visits not wanted by children (29.4% vs 17.6%);
- video visit difficulties: this is where some sustained problems are evident, with access issues noted for both the caregiver and imprisoned parent:
  - poor or no access to video visits at the prison (58.8% vs 35.3%);
  - poor or no internet access at home to have video visit (47.1% vs 20.6%);
  - video visits were interrupted or not long enough (47.1% vs 32.4%);
  - children did not want to have contact via video (35.3% vs. 5.9%); and
  - poor or no access at home to video visits (47.1% vs. 20.6%);
- phone call difficulties:
  - phone calls were interrupted or not long enough (70.6% vs 38.2%); and
  - children did not want to have contact via phone (29.4% vs 20.6%); and

- issues with visiting arrangement (e.g., workers not available, visits being cancelled) (17.6% vs. 5.9%).

The other difference noted was in face-to-face visits not being wanted by the imprisoned parent. In this instance, however, the difference favours the Indigenous families, as no parents were reported to say this, versus 5.9% of non-Indigenous families.

### **3.5.1.3 Links to informal supports and formal services**

Indigenous families more likely to have:

- support from the imprisoned parent (24.0% vs 9.4% for non-Indigenous);
- practical help from family/friends (28.0% vs. 17.0% non-Indigenous); and
- state/territory statutory child and family department involvement (8.0% vs. 3.8%).

These families were, however, less likely to receive psychological support/counselling (16.0% vs 24.5%). There were no differences evident when considering informal and formal links to community activities, such as sports and hobbies (informal), and counselling or mentoring services (formal).

### **3.5.1.4 Experience with education**

While reasonably similar percentages of school-aged Indigenous children (n = 10; 52.6%) and non-Indigenous children (n=19; 46.3%) had been regularly absent from school, the former did experience more problems both with getting to school and while at school. Specifically, a slightly greater percentage of Indigenous children had difficulty getting to school (42.1% vs 36.6%). And for the Indigenous children (n = 8) and non-Indigenous children (n = 15) who had difficulty getting to school, for more of the Indigenous children anxiety (87.5% vs 66.7%) and bullying (87.5% vs 53.3%) were noted as reasons for this. Also of concern is the higher percentage of Indigenous children who had been expelled or suspended from school, compared to non-Indigenous children (42.1% vs 24.4%).

### **3.5.1.5 Contact with police/youth justice**

Children from Indigenous families were also more likely to have had contact with the police (n = 5, 20%,) compared to n = 5, 10%). Being mindful of the very small numbers, Indigenous children appeared somewhat more likely to receive more serious youth justice outcomes (formal supervision, remanded into custody, custodial sentence) than non-Indigenous children.

**Table 9: Outcome of contact with police/ youth justice by Indigenous status (N=10)<sup>1</sup>**

Outcome of police/ YJ contact	Indigenous (n=5) N (%)	Non-indigenous(n=5) N (%)
Caution/diversion	3 (60.0%)	4 (80.0%)
Formal supervision (e.g., probation, parole)	3 (60.0%)	0 (0%)
Remanded into custody	1 (20.0%)	0 (0%)
Custodial sentence	1 (20.0%)	0 (0%)
Don't know	1 (20.0%)	0 (0%)
None of these consequences endorsed	0 (0%)	1 (20.0%)

<sup>1</sup>Multiple outcomes possible

### 3.5.2 Families with disability

Given the apparent over-representation of children with a disability or chronic illness, which was also an issue raised in the earlier survey of family contact during COVID-19 (Flynn et al. 2020), we examined the data with regard to families where disability was noted.

If the caregiver OR imprisoned parent OR child was identified as needing regular help with daily activities, due to disability or chronic illness, they were deemed to meet disability criteria, on which the analyses in this report are based.<sup>3</sup> This left 77 respondents, for whom their disability status was known; of these 27 (35.1%) met the criteria for having a disability; though not all responded to all questions; *N* is provided for each question.

#### 3.5.2.1 Problems identified by caregivers

Analyses are based on data from 74 caregivers here, of whom 24 met the criteria for disability. The disability of the child/caregiver/imprisoned parent was overwhelmingly associated with caregiver problems, with the following being most pronounced (percentages are compared to families where no disability was indicated).

- lack of access to public transport (29.2% disability vs 10.0%);
- meeting healthcare needs/costs (66.7% vs 42.0%);

<sup>3</sup> On this basis, 17 respondents were excluded from analyses, due to noting that they would 'prefer not to say'/said 'no'/provided no response to the question/s about disability (n = 6) or where they did not complete all items across all caregiver, imprisoned parent and child questions (n = 17).

- meeting school costs (75.0% vs 58.0%);
- paying for children's activities (79.2% vs. 56.0%); and
- paying for food (87.5% vs 66.0%).

### **3.5.2.2 Family contact**

Children from families with disability were less likely to have face-to-face contact with their imprisoned parent, compared to other children (n = 8; 34.8% vs n = 27; 54.0%) and more likely to have no visits (n = 4; 17.4% vs n = 2; 4.0%), although we acknowledge the numbers here were small. Other types of contact with the imprisoned parent were reasonably similar between children from disability and non-disability backgrounds.

For the 51 caregivers who responded 'maybe' or 'yes' to the question about whether there had been difficulties with the child staying in contact with their parent in prison, there were a number of noticeable differences between the groups with disability (n = 19) and those without (n = 32).

The following problems appeared to weigh more heavily on children from families with disability:

- face-to-face visit difficulties:
  - face-to-face visit offered, but could not get there at times available (26.3% vs 9.4%);
  - face-to-face visits not wanted by imprisoned parent (10.5% vs. 3.1%);
- video visit difficulties:
  - poor or no internet access at home to have video visit (36.8% vs 21.9%);
  - video visits were interrupted or not long enough (52.6% vs 28.1%);
  - poor or no access at prison to have phone calls (52.6% vs 37.5%); and
- visiting arrangement problems:
  - formal or supervised visiting arrangement issues (e.g., workers not available, visits being cancelled) (15.8% vs 6.3%).

Conversely, the following problems appeared to occur less frequently for children from families with disability: problems with face-to-face visits, due to lockdowns and visits/phone calls not wanted by children.

### **3.5.2.3 Links to informal supports and formal services**

Analyses are based on data from 74 caregivers here, of whom 24 met the criteria for disability.

Families with disability were more likely to receive financial support from family/friends (37.5% vs 22.0% non-disability) and, unsurprisingly, NDIS support (20.8% vs 4.0%).

Connection with support services (such as counselling or mentoring) was also more likely to occur for these families (n = 11, 47.8% vs n = 14, 28.0%), although these children's involvement in community activities was similar to those in families without disability.

#### **3.5.2.4 Experience with education**

Analyses here are based on the 57 school-aged children, of whom 20 were from a family with disability. A higher percentage of children of school age from families with disability (n = 12; 60.0%) had been absent from school on a regular basis, compared to children from families without disability (n=17; 45.9%). Similarly, slightly more children from families with disability were also reported to have difficulty getting to school (n = 9; 45.0% vs n = 13; 35.1%). Surprisingly, anxiety (anxiety n = 6, 66.7% vs n = 11; 84.6%) and bullying (n = 5, 55.6% vs n = 9; 69.2%) were *less* frequent among children from families with disability. Similarly, difficulty in getting to school due to transport problems was *less* frequent in children from disability backgrounds (n = 3; 33.3% vs n = 6; 46.2%). Conversely, uniform problems were more commonly reported for children from disability backgrounds (n = 4; 44.4% vs n = 4; 30.8%). And poor health was slightly more elevated among children with a disability background (n = 3; 33.3% vs n = 3; 23.1%). However, there was little variation between these groups, with regard to school suspensions or expulsions.

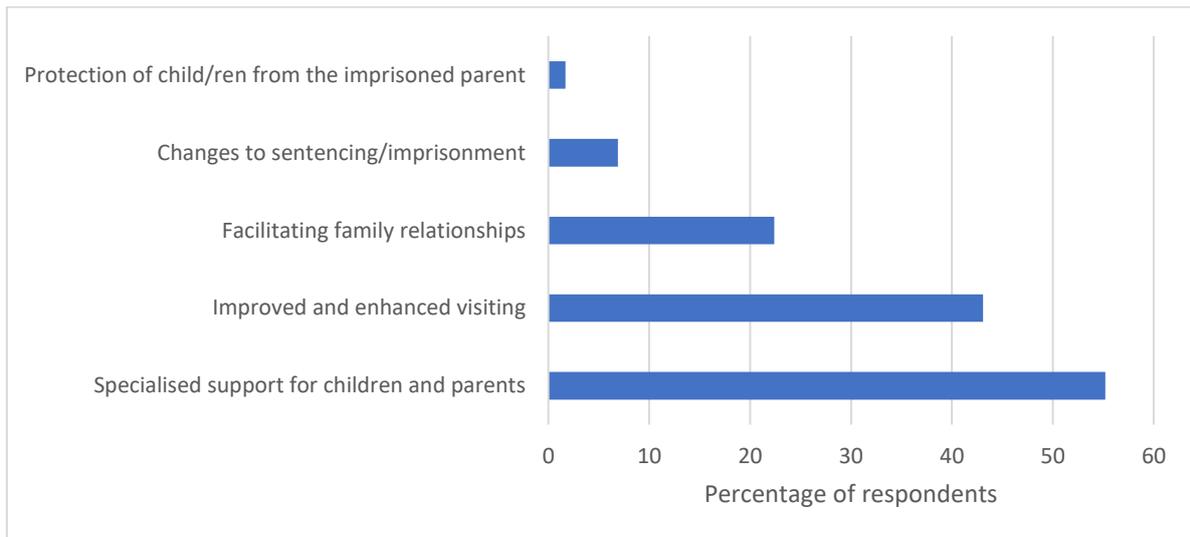
#### **3.5.2.5 Contact with police/youth justice**

Children from families with disability (n = 2; 8.7%) were no more likely to have had contact with police or youth justice than children from families with no disability (n = 6; 12.0%).

### **3.6 Supports needed by children with parents in prison**

Caregivers were asked to respond with a qualitative response, outlining what they perceived to be the main thing that could be done to support children both during and after the imprisonment of their parent. Fifty-eight valid responses were received and are summarised below in Figure 4.

**Figure 4: Caregiver descriptions of what can be done to best support children (N = 58)**



These broad categories reflected a number of sub-themes, outlined below.

### **Specialised support for children and parents**

- Specialised and regular counselling services for children and families (n = 10, 17.2%)
  - Contact with other children in the same situation*
  - Being linked with a service who could offer free counselling around imprisonment for my son*
- Support from the prison for the family to navigate the system (n = 8, 13.8%)
  - In our experience, we had no phone call or contact until 48 days after imprisonment. By this stage children are sad, fearful & confused. There could be a lot more done to ease that transition.*
  - Legal guardians and foster carers who are unrelated to the prisoner need to be provided with practical support to facilitate visits.*
- At-home or school support and resources for children and carers, specifically where there is a disability (n = 7, 12.1%)
  - Help at school and support at home with behaving.*
- Emotional support for children (n = 3, 5.1%)
- Parenting programs/support for imprisoned parents (n = 2, 3.4%)
  - Parenting programs in prisons that assist incarcerated parents to understand needs of their children (such as circle of security), and some programs that focus on how to parent.*
  - Ongoing support and stability for the parent so the child can see they are more settled.*

- Support to destigmatise/explain parental incarceration for children (n = 2, 3.4%)  
*More support in how we explain these things to children and the many questions they have.*

### **Improved and enhanced visiting**

- Increased frequency/duration of in-person and video visits (n = 13, 22.4%)  
*Additional video visits available for children with disabilities who cannot physically travel to jail.*
- Different visit formats, to allow for more contact/interaction between parents and children (n = 10, 17.2%)  
*Facilitate safe age appropriate contact with the parent.*  
*Doing more family days that involve children and parent interaction.*
- Increased support during visits (n = 2, 3.4%)  
*More SHINE support during visits.*

### **Facilitating family relationships**

- Having imprisoned persons being located closer to the family (n = 5, 8.6%)  
*Having prison sentencing reflect where the kids are based.*
- Support to maintain relationship with imprisoned person (n = 4, 6.9%)  
*Support ongoing family relationships.*
- Post-release support for families (n = 4, 6.9%)  
*There needs to be more help to grow their bond back once the parent is home as it is a big change for children.*

### **Changes to sentencing and imprisonment processes**

- Consideration from the court system – personalised plans for families (n = 3, 5.1%)  
*Shortening imprisonment time on family grounds*  
*Perhaps a blanket policy with personalised plan for the child will be good. I see this building and keeping the prisoners social/family connection which is great for rehabilitation.*
- Home remand (n = 1, 1.7%)

### **Protection of the child/ren from the imprisoned parent (n = 1, 1.7%)**

## 4. DISCUSSION AND CONCLUSION

This report presents data gathered across Australia, via an online survey conducted between 31 October 2022 and 6 February 2023. It was completed by adults caring for dependent children with a parent in prison. The focus of the study was on describing the characteristics of families, their experiences in remaining connected with the parent in prison, and their needs and experiences of support. Data on key individual and family characteristics are reported, including age, gender, and disability, as well as connections to informal and formal supports. The children's experiences (as reported by their carers) are a key concern and focus, with regard to connection to community support and education. There is some exploration of specific groups who are over-represented in prisons and/or in this survey, and for whom previous research has indicated may carry more burden, particularly with regard to the imprisonment of a family member. Although some differences were noted, these trends should be interpreted cautiously, due to the small numbers involved.

### 4.1 Participants

Ninety-four individuals commenced the survey, with around 80 caregivers responding to most key questions. All states and territories were represented, although this was not proportional to the size of the relevant prison populations; notably, NSW was considerably over-represented, accounting for 64.6% of respondents, with low representation from Queensland and Western Australia. The limited response from these two states would suggest that we may have missed capturing the experiences of Indigenous families, yet, as indicated in the findings, these families are still over-represented, relative to the general population.

Women aged 20-49 years, who were the mothers of children whose father (of a similar age), 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 36 years (ABS, 2022a).

#### 4.1.1 Imprisoned parents: diagnosed conditions

The characteristics of the imprisoned parents in this study are of concern, with a wide range of diagnosed mental health concerns, including multiple diagnoses indicated. There is considerable over-representation of a range of conditions, most notably depression (43.8%) and addiction to alcohol and/or other drugs (42.5%). These rates are well above the community average, which sees affective disorders such as depression at around 8% and substance use disorder at around 3% (ABS 2020-21; AIHW 2022a). These rates are comparable, however, with broader prisoner health data (AIHW 2022b), which

indicate some 40% being advised at some time in their lives that they had a mental health condition. Ten caregivers (12.5%) reported a diagnosis of ADHD/ADD for the imprisoned parent, and eight caregivers (10.0%) reported a diagnosis of a learning disability. There is growing awareness of conditions like ADHD in the community in recent years, with increasing numbers of people being diagnosed late in adulthood. There is also increasing research on the relevance of ADHD to the criminal justice system (e.g. see Bartels 2022). This is an area which should be considered for specific attention.

## **4.2 Family experiences**

### **4.2.1 Family contact**

Supporting and strengthening connections between imprisoned parents and children/family members, where safe to do so, is central to both immediate and ongoing experiences. In the current study, as noted earlier, most respondents (64.8%) reported the child having some form of contact with the imprisoned parent at least weekly. This level of contact is more than would be typical (indeed, consistent evidence shows that around 50% of imprisoned parents do not receive any visits, e.g. see Glaze and Maruschak 2010), and may indicate that those who participated in the survey are more connected to the imprisoned person. This is a likely result of many participants being recruited through SHINE workers and programs. This has some implications for what can be concluded from the findings. Inferentially, this suggests the survey has not captured the views of those who are less able or willing to have regular contact. Moran et al. (2017) indicate that this may include those with strained family relationships or where there is hostility between ex-partners. In the present context, that could include incarcerated parents who are less engaged with visiting or programs, such as SHINE. It may therefore be that our findings are an *underestimate* of the problems that the wider population of prisoners' families experience.

Despite this high level of contact, more than half of the caregivers outlined a range of challenges to maintaining contact. It was least common for respondents to report that visits were not wanted by the parties involved. Most commonly, the problems were located within the prison structure, notably problems with video or phone calls, or limited access to modes of contact. Given that the majority of caregivers felt that face-to-face visits were 'best' for children, it is not surprising that the primary problem noted was the lack of such visits, due to COVID-19 restrictions. Further examination of this issue was not a focus of the study, but this is somewhat unexpected, given that prisons had largely re-opened for in-person visits, at the time of our data collection.

The importance of face-to-face visitation, which is a key component of corrective services policy and practice, is well known, and has a range of demonstrated benefits. They allow those in prison to maintain

some connection to their 'outside' selves (Tripp 2009), including their roles and responsibilities; to maintain or rebuild a relationship with their family (Tasca 2018); and to reassure any children whose parent may be incarcerated, with evidence of an association between supportive visits with family and reduced recidivism (Ryan et al. 2020). However, visiting can be expensive, due to the costs of travel etc. (e.g. see Dennison et al. 2014), as well as confronting, and it is not always possible for family and friends to visit regularly or at all.

Other common systemic problems described included the poor access to or interruption of phone calls, and poor or no access to video visits, including the interruption of these visits. When families live long distances from prisons, as these families do, non-contact visitation is particularly important, either as an adjunct to face-to-face visiting, or sometimes as a replacement for such visits. It is then vital that such modes of contact are delivered well to families, to ensure positive connections are maintained for all.

Of some interest in the current survey is that fewer caregivers reported that children did not want video visits (15%), compared to the 50% of children who were reported to hold this view in the 2020 survey (Flynn et al. 2020). Whilst speculative, there are two possible reasons for this. Firstly, the 2020 survey was open from August–October 2020; this was within six months of prisons ceasing all in-person visits, due to concerns about the transmission of COVID-19, with families and children reliant on such technology for contact. It is possible that, at that time, children were feeling the loss of face-to-face visits more deeply. By contrast, by late 2022/early 2023, in-person visits had resumed, so video visiting is more typically an adjunct, rather than a replacement for this. The age of children may also play some part. In the 2020 survey, around one-third of children were of pre-school age, with many caregivers noting that younger children struggled particularly with the video medium, due to the lack of physical connection, as well as its reliance on verbal communication (Flynn et al. 2020). In the current survey, while the children were still quite young, the percentage of those who are aged under five years was less (23%); this may have flow-on effects to the perceived value and acceptability of video visits to children. Almost all caregivers whose child/ren had contact via video described the ability for children to see their imprisoned parent as its key benefit; this is in line with recent findings (e.g. see Charles et al. 2021; Flynn et al. 2021). Caregivers also highlighted a range of other benefits, such as convenience, avoiding the prison environment, and the ability to bring the person into the home and daily routines (e.g., reading a story at bedtime). These findings also largely reflect what was indicated in the previous survey (Flynn et al. 2020).

It must be pointed out, however, that caregivers themselves noted a range of problems with video visiting, which we sought to investigate, on the basis of the issues highlighted in the 2020 survey. In the current

study, key problems described relate to the nature of these visits and how these visits are offered: more than 80% of caregivers highlighted the lack of physical contact between the imprisoned person and the child/ren as a problem, as well as persistent technological issues. Further, caregivers also clearly outline the impact of such problems on children. Most commonly respondents described a negative impact on the child's emotional and mental health, specifically linked to the problems with the technology, with around one-in-five reporting a negative impact on the parent-child bond. This related especially to the lack of physical contact.

However, if as suggested by a range of researchers (e.g. see Flynn et al. 2021; Taylor et al. under revision), video visiting is being offered by prisons as supplementary to in-person contact, these problems should be able to be mitigated. The additional advice of Charles et al. (2021), Flynn et al. (2021); Horgan and Poehlmann (2020) and McLeod and Bonsu (2018) should be heeded, however, so that children and families are provided with support before and after visits, to enable preparation, ensure access, and then debrief.

Findings also show noticeable differences between Indigenous and non-Indigenous families, with regard to the problems experienced in maintaining contact with the imprisoned parent. Considerably more Indigenous families reported a range of problems with face-to-face visiting, due to COVID-19 restrictions or prison lockdowns or being unable to visit at the times offered. Nearly a third of these children were reported as not wanting in-person visits. Sustained problems are also indicated in video visits, for both the parent in prison and the caregiver – typically with regard to access to/problems with technology/the internet or video not being on offer at the prison. As the survey did not seek data on specific prisons, it is unknown if these problems relate to specific settings. Irrespective, these findings highlight systemic disadvantage to these families.

#### **4.2.2 Challenges experienced by families**

It was evident from survey responses that the majority of families (around two-thirds) are experiencing a wider range of significant problems, beyond the challenges of contact, notably meeting basic needs for food, shelter and paying utility bills. The high cost of transport was noted and this is particularly relevant, when approximately half of the families participating in the survey have to travel for at least two hours to get to the prison where the child/ren's parent is being held. The financial burdens resulting from imprisonment on families are well documented, including reduced work and/or income, the additional costs of financially supporting the imprisoned person (Arditti et al. 2003; Trotter et al. 2015) and the monetary and time stress of visiting a long distance from home (e.g. see Dennison et al. 2014). As Flynn

et al. have reported, “[a]dditional costs associated with visiting, includ[e] the need to purchase expensive and unhealthy food from vending machines, as well as food during the journey to the prison” (2021: 68). Nugent (2022), when examining the specific costs to families in Scotland, pointed to both food and fuel poverty, an issue for current participants. She also described pressures related to the costs of housing – both the possible loss of housing and the costs of maintaining tenancy, which was indicated by our families, as well as reduced opportunities to participate in the community. This was also noted in the survey, with regard to children’s participation, and is discussed further below. These additional pressures on families must also be seen in the context of the current economic conditions in Australia, with sustained and rising costs of living. Of additional concern is that issues with transport, housing and household bills were experienced by considerably more Indigenous families.

For families experiencing disability, these issues were overwhelmingly associated with caregiver problems, most notably the costs associated with food, children’s activities, schooling, and healthcare; these problems were also experienced at considerably higher rates than families without disability. It is possible that there were flow-on effects to visitation, with families with disability experiencing more difficulties with getting to face-to-face visits, and with access to phone calls at the prison. The additional burden to families where there is disability is well known, with additional costs accumulating and adding to family impoverishment (Shahat and Greco 2021). For the families in this study, this is in addition to the extra costs already associated with imprisonment noted above.

#### **4.2.3 Support for families**

As has been reported consistently in research over time (e.g. Besemer and Dennison 2018b), families connected to the criminal justice system and participating in this survey are poorly connected to support services. While two-thirds report receiving financial support via government benefits, family and friends are their main supports, with just 20% in contact with any counselling or support services, despite the high levels of diagnosed mental health issues experienced by children. It is at least heartening that families experiencing disability were more likely to receive support via NDIS, as well as being more likely to be connected to support services. However, more than one in 10 of the survey respondents report that they have no resources or support for their family; at least one caregiver described being “in despair”.

Given this reliance on informal supports, it is unsurprising that, when asked about their strengths and resources, most highlighted what is offered by their extended family, in terms of their qualities and support, as well as their own resilience. Indigenous families were more likely to receive help from the imprisoned parent, as well as practical help from family and friends.

Although not specifically investigated, the survey responses allow us to see the impact of these challenges on children. Just under two-thirds of caregivers reported difficulties with meeting school costs and paying for children's activities. Clear consequences are seen for children, with few engaged with hobbies or sports, many struggling to attend school, and few receiving any formal support. These issues are discussed further below.

### **4.3 The wide-ranging effects of parental imprisonment on children**

As indicated by existing research, the children of concern in this survey experience the impact of parental incarceration in their daily lives, in multiple ways, and across micro, meso and macro systems. As outlined earlier in this report, they are frequently diagnosed with a range of mental health concerns, experience problems in connections with school and the community, and do not receive any specific or specialised supports, despite these challenges.

#### **4.3.1 The children**

Even when focusing on the eldest child under the care of respondents, the children with a parent in prison in this study is tended to be young; almost two-thirds (65%) were under 10 years of age, with 23% being of pre-school age. Boys made up around 54% of the overall group and it is particularly concerning to see that 19.5% of the children required regular assistance, due to a disability or chronic illness. As indicated earlier, this is far higher than the 7.4% of 0–14-year-olds reported to have a disability in the wider community (AIHW, 2022d) and higher than the 16.7% identified in earlier research conducted (see Flynn et al. 2020).

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 2022a). 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.

Of significance, almost a quarter of caregivers (n = 20; 22.2%) reported that the child had state agency or child protection involvement. While we did not ask for any further details about such interventions, the high rates of involvement with statutory services is noteworthy. This is picked up again below, with regard to police and youth justice.

Given that over-representation of children with additional needs had been indicated in the previous survey, and some respondents had proffered information about their children with ADHD and autism spectrum disorder, the current study asked specific questions about any formal diagnoses which the children (and their incarcerated parent) had received.

#### **4.3.1.1 Diagnosed conditions**

Similar to imprisoned parents, diagnoses among this group of children were higher than in the wider community: 21.8% of children were said to have been diagnosed with anxiety, compared to 7.5% in the community (AIHW 2022d); 16.7% with ADHD/ADD, compared to around 5% in the community (Deloitte Access Economics 2019), with 11.5% noted to have depression - again much higher than the 1% of children in the community reported to have major depression (AIHW 2022d). As with the imprisoned parents, a wide range of diagnoses were reported, with some reporting more than one diagnosis. What is abundantly clear is that many of these children experience additional challenges and needs, yet are poorly supported by the community. Considering the costs and delays commonly associated with obtaining a diagnosis, especially for ADHD and autism spectrum disorder, it is possible that the rates of diagnosis reported here are an underestimate. Just one-third were reported to be connected to any support service.

#### **4.3.1.2 Engagement with education**

The findings presented from this survey are clear that, although schools can be places of support for children experiencing parental incarceration (Long et al. 2022), this is largely not occurring with these children. Similar to the school attendance problems noted in the wider literature (e.g. see Turney and Goodsell 2018), around 40% of the school-aged children experienced difficulty getting to school, for a range of personal and environmental reasons, with approximately one-half regularly absent from school. This figure increased for the children with disabilities.

A slightly greater percentage of children from Indigenous families reported difficulty getting to school. Anxiety about school was the dominant reason for difficulties with school attendance, followed by bullying, and this was even more so for Indigenous children. Similarly, slightly more children from families experiencing disability had difficulty getting to school than those where there was no disability. This was more related to problems with uniform and poor health, than the anxiety and bullying noted in the wider group. The commonality of anxiety and bullying in the wider group, and more so again in Indigenous families, reflects what is known both about the tendency of children to internalise their feelings, but also clearly the stigma of parental imprisonment that children experience (e.g., Luther, 2016), often occurring

in environments where teachers have little understanding of these children's circumstances or needs (McCrickard and Flynn, 2016) or who even bring their own assumptions (Dallaire 2010), potentially adding to feelings of stigma.

Despite above average levels of diagnosed anxiety, ADHD and depression, the majority of children do not have any additional support at school, and for those who do, this is mainly in the form of additional or separate lessons. However, it is somewhat heartening to see that at least children from families with disability were more likely to receive classroom support. (While it was not examined in the survey, this finding may reflect that the families in the study are more connected to SHINE for Kids and their services, including school-based support).

It is also obvious from this study's findings that children's tendency to externalise, noted in the existing literature (Haskins et al. 2018; McCauley 2020; Ruhland et al. 2020; Turney and Goodsell 2018), is evident here. Externalising behaviours are present in some children, with a concerning trend towards suspension and expulsion; this was reported for around 30% of school-aged children. The pattern for Indigenous children was higher again, at 42.1%, although it is important to remember that these are very small numbers ( $n = 8$ ). These trends compare to broader community patterns, where the suspension rate is less than 10% (Hemphill and Hargreaves 2010). These trends do resonate, however, with recent data about school suspensions and vulnerability, where it was reported that Indigenous students and those with a disability or living in out-of-home care were overrepresented in suspensions and exclusions statistics (Graham et al. 2021). This is of considerable concern, as that research highlights that poor school engagement (including suspensions and expulsions) adds risk for children, for ongoing social exclusion and engagement with offending.

This may provide some explanation for the other highly concerning trend evident in the data - that of early contact with police and/or the youth justice system.

#### **4.3.1.3 Contact with police and/or justice system**

The risks for children who experience parental imprisonment to also engage in offending behaviour are often spoken about (e.g. see Young et al. 2020), typically in terms of anti-social behaviour. In the current study, while the actual number of children reported to have been in contact with police or youth justice is quite small ( $n = 10$ ), this represents 12.8% of the cohort, which is much higher than in the wider community (approximately 3.8%: AIHW 2021) and is particularly concerning, due to their typically young

age (i.e. under 14 years). This can in turn set a trend for ongoing problems, unless these young people are diverted and supported.

Of significant concern is that children from Indigenous families were somewhat more likely than those from non-Indigenous families to have had contact with the police and received a more serious outcome. However, the sample size in the current study was too low to draw conclusions about this trend. Nevertheless, it is well known that Indigenous young people are over-represented in youth detention across Australia (Victorian Sentencing Advisory Council 2023), with serious concerns raised about this, including in the Royal Commission in the Northern Territory (Royal Commissions 2017).

Eddy et al. (2013) emphasised the importance of identifying early problem behaviours, arguing that anti-social behaviour in young people is a key predictor of significant problems in adulthood, including criminal behaviour. However, they also cautioned against over-estimating these risks, noting that these children are not 'destined' to become involved in crime or be incarcerated and that attention also needs to be drawn to the "variety of protective factors present in many families that mitigate the risks in the natural environment. For families with low levels of protective factors, it is conceivable that malleable factors might be developed or strengthened through intervention" (2013: 76).

#### **4.4 Overall impact and what is needed**

Caregivers clearly outlined the negative impacts of parental incarceration on children, in terms of emotional wellbeing and the parent-child relationship, as well as the child's mental health (at 22%, this tallies with anxiety and depression diagnoses, although from these data we cannot ascertain whether these are pre-existing conditions).

When asked what would most help children during and after the imprisonment of their parent, caregivers were also clear, highlighting two dominant themes, which are both well supported by the literature:

(1) specialised support for children and parents, including counselling, assistance with navigating the justice system, in-home/school support for children (see Finkeldey and Dennison 2020; Long et al. 2022), specific parenting programs and support for the parent in prison (Burraston and Eddy 2017) and support for the caregivers on how to talk to children about imprisonment (Muentner and Eddy 2023); and  
(2) improved and enhanced visiting, centring children's needs (Aiello and McCorkel 2018; Bartlett and Eriksson 2019), with additional supports (Haverkate and Wright 2020). A lesser theme was the need to facilitate family relationships, both *practically*, by considering children and the home location, when

placing parents in prison, and *emotionally*, by supporting family relationships, both during and after imprisonment. The role of families in supporting those in prison is well established in the literature.

#### **4.5 Study limitations**

This sample is not necessarily representative of all Australian families experiencing parental incarceration. The sample comprises far more respondents living in NSW than in any other jurisdiction, with Indigenous parents under-represented, relative to their over-representation in prison. We have already noted that the key reason for NSW over-representation is likely to be the greater presence of SHINE for Kids in this state and their promotion of the survey to families. The under-representation of Indigenous families may reflect our sampling strategy and methodology, including families being more likely to learn about the survey if they were connected to services, formal supports, or social media. Furthermore, the survey was offered online, which may have reduced participation by families without internet connection or computer facilities who were also not connected to a service that could assist with their participation. Finally, families in more remote areas (such as occurs in Queensland and Western Australia) may be disconnected from the parent in prison, since respondents were more likely to be in regular contact with the incarcerated parent. For future surveys, it may be beneficial to connect with Indigenous-led organisations that families might be connected to in their communities to provide information on the survey and where necessary, support participants through computer access and guidance in an attempt obtain broader representation of Indigenous families.

#### **4.6 Conclusion and recommendations**

Families caring for children with a parent in prison have a range of substantial needs, both practical and emotional. Financially, our findings highlight families struggling to meet their basic needs for food, shelter and paying utilities. Many reported having limited money to pay for school expenses or children's activities; perhaps unsurprisingly, then, children had problems engaging in both of these areas. Many families rely on government benefits, but get most support informally, from family and friends. It is clear that these families have higher needs, but limited access to supports.

While the children and families represented in this survey are quite connected to the imprisoned parent, problems in maintaining contact were still identified – in the limitations to face-to-face contact, as well as the challenges with non-face-to-face contact. While video affords children the opportunity to see their imprisoned parent, without having to travel to or be in a prison environment, the lack of physical touch between children and their imprisoned parent was a significant consequence of relying on this method of

contact. Caregivers also commonly described a negative impact on children's emotional wellbeing. Children's emotional and mental health was described as suffering, overall, as a consequence of parental imprisonment.

A portrait of children who are also struggling was clearly painted by their caregivers. Beyond the direct impact of separation from a parent, because of imprisonment, it is clear from our findings that children are young, living in stressed households, around one-quarter have statutory child protection intervention, there is limited money for school costs and around half are regularly absent from school. And when they do attend, internalising and externalising behaviours create further challenges. Experiences of anxiety and bullying are barriers to getting to school, while conversely engaging in bullying or other aggressions are part of the reason these children being suspended or expelled at rates far higher than the wider community. Whilst small in number, children have also had contact with police and/or youth justice at higher rates than the community. Children have diagnosed conditions, including anxiety, ADHD/ADD and depression at rates which are again higher than in the community, yet few access formal or specialised supports. What is evident is not only that the children have a range of complex needs, but that these are mostly unmet. The longer-term impact of such inattention cannot be underestimated.

Existing knowledge is also clear that this group of children are largely overlooked in policy and government responses across Australia (e.g. see Flynn 2022; Trotter et al. 2015). This tells us that all of the experiences and challenges outlined in the study findings occur without formal oversight from any government department or minister, interagency policies or protocols to guide responses or information sharing. Instead support for children affected by parental incarceration is left largely to the not-for-profit sector. These children are not seen to be anybody's responsibility. Yet, it is clear that families experiencing parental incarceration need our immediate attention and support, if we are to disrupt the intergenerational cycles of disadvantage and incarceration.

Survey findings support the implementation of a range of specific recommendations to ensure such attention and support:

- increased *support for incarcerated parents*, particularly noting the additional needs these parents are likely to present with, as a result of co-existing health/mental health challenges;
- *specialised, free and accessible support for children and families*, during and after imprisonment, which should be *pro-actively offered* at key points, when families interact with the criminal justice system (e.g. arrest, sentencing, at imprisonment, and in relation to visiting);

- *wrap-around support for families with complex needs to reduce the burden of navigating multiple service systems;*
- *support before, during and after video visits for children and parents;*
- *targeted support to address the specific needs of Indigenous families*
- *targeted support to address the specific needs of families experiencing disability;*
- *services and resources to support family connection during imprisonment; and*
- *training and support for schools and teachers, to ensure they are aware of the issues the children of incarcerated parents may experience and can respond appropriately.*

Our research has also revealed areas which require ongoing investigation. Specifically, there is a need to hear from :

- children directly, about both their experiences and their recommendations for support in relation to their parents' incarceration; and
- children and families, about their experiences of the post-release period.

Given that families who experience parental imprisonment are not an homogenous group, there is also a need to understand:

- the specific needs and strengths of Indigenous families interacting with the prison system;
- the intersecting needs of families with disabilities; and
- particular experiences of children and families involved with statutory child welfare services, specifically those where children are also involved with police/youth justice.

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## 6. APPENDICES

### 6.1 Appendix 1

# Mapping the needs of children affected by parental imprisonment

---

**Q1 Please read this statement carefully before deciding if you want to complete this survey.**  
You can also listen to the survey here: <https://www.youtube.com/watch?v=zKtTsfqQuFI>

Project ID: 31763

Project title: Mapping the needs of children affected by parental imprisonment

Chief investigator:

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As an adult caring for a child/ren who have a parent 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 the survey. If you want further information about this project, please contact Catherine, either by phone or email on the details above.

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

When a parent goes to prison, this can be a time of high stress for all people involved, particularly those caring for children. In Australia, we do not know enough about what happens to children and families, or how we can best support them. In this survey, we are trying to find out more about families – their experiences and needs, who supports them, and what supports they think would be most helpful. This anonymous online survey will take you about 15 minutes to complete.

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

Adult carers of children who have a parent in prison are in an important position to let us know what happens in families and to children at this time. 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 anyone's names, so all responses are anonymous, and no-one will be able to identify you.

### **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 exit from the survey at that point. If you say yes, then you are agreeing to do it, and will be taken to the survey questions. You are asked 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. Because the survey is anonymous, if you submit, you cannot withdraw your responses, as we won't know which belong to you. It is your choice whether to do this survey or not. It won't have any effect on any support you receive from service providers, or on how the person is treated in prison.

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

We know you have valuable knowledge to share, so we want to hear about your experience, and what can better support you and the children. We will use this information to highlight the main problems people have, and to come up with suggestions for improving support for children and families. The survey asks you a range of questions about you, the child/ren you are caring for and their parent in prison. We ask questions which will help us know who is being affected by parental imprisonment, like what languages are spoken at home, how old people are, any disabilities they have etc. We also ask about what you see to be the effects of imprisoning a parent, such as children's experiences of schooling, and what services or supports you receive, as well as what you think will help. 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 you are having 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 you feel upset

- 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, WA), or call them on 02 9714 3000 and they can help you find support in your state

- 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 \$150 supermarket vouchers at the end of the survey.

### **Confidentiality**

Data are gathered via an online survey and all survey responses are anonymous. 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 and 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. This information will be destroyed when it is no longer required.

### **Results**

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

**Funding**

SHINE for Kids has provided funding to assist with this survey being developed and conducted. They will not have access to any of the raw data provided in the survey.

**Complaints**

If 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

Q1 Are you caring for any children aged under 18 years who have a parent currently in prison?

- Yes (1)
- No (2)

*Skip To: End of Survey If Are you caring for any children aged under 18 years who have a parent currently in prison? = No*

Q2 By completing the survey, you consent to us using the information you provide in our research. As the survey is anonymous, this information will not identify you, even if we use quotes. Do you agree to this?

- Yes (1)
- No (2)

*Skip To: End of Survey If By completing the survey, you consent to us using the information you provide in our research. As... = No*

---

#### SOME QUESTIONS ABOUT YOU AND YOUR CARING ROLE

Q3 Some questions about **you** and your **caring role**

What is your age in years?

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

Q4 What is your gender?

- Female (1)
  - Male (2)
  - Non-binary / gender diverse (3)
  - Prefer not to say (4)
-

Q5 Are you Aboriginal and/or Torres Strait Islander?

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

Q6 Do you usually speak a language other than English at home?

- Yes (8)
  - No (9)
- 

*Display This Question:*

*If Do you usually speak a language other than English at home? = Yes*

Q7 What language/s?

---

Q8 Do you need regular help with daily activities, due to disability or chronic illness?

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

Q9 How many children are you caring for while their parent is in prison?

- 1 (1)
  - 2 (2)
  - 3 (3)
  - 4 (4)
  - 5 (5)
  - 6 (6)
  - 7 (7)
  - 8 (8)
  - 9 (9)
  - 10 (10)
  - More than 10 (11)
- 

Q10 How are you related to these child/ren?

**I am the child/ren's ...**

- Parent (1)
  - Step-parent (2)
  - Grandparent (3)
  - Sister/Brother (4)
  - Aunty/Uncle (5)
  - Other family (6)
  - Family friend (7)
  - Formal carer - kinship care (8)
  - Formal carer - foster care (9)
  - Formal carer - residential care (10)
  - Other (please describe) (11) \_\_\_\_\_
-

Q11 Do any of the children you are caring for have state agency/child protection involvement?

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

---

*Display This Question:*

*If How are you related to these child/ren? I am the child/ren's ... != Parent  
And How are you related to these child/ren? I am the child/ren's ... != Step-parent*

Q12 Did you begin caring for the child/ren **because** their parent went to prison?

- Yes (1)
- No (2)

---

*Display This Question:*

*If Did you begin caring for the child/ren because their parent went to prison? = No*

Q13 How long were you caring for the child/ren **before** their parent went to prison?

- Less than 1 year (1)
- More than 1 year, but less than 2 years (2)
- More than 2 years, but less than 3 years (3)
- More than 3 years, but less than 4 years (4)
- More than 4 years, but less than 5 years (5)
- More than 5 years (6)

---

*Display This Question:*

*If Did you begin caring for the child/ren because their parent went to prison? = Yes*

Q14 How many other places has the child/ren lived while the parent is in prison?

- No other places, they have been with me the whole time (1)
- 1 other place (2)
- 2 other places (3)
- 3 other places (4)
- 4 other places (5)
- 5 or more other places (6)
- Don't know (7)

---

Q15 Are you caring for **any other children** aged under 18?

No (1)

Yes (2)

---

Display This Question:

If Are you caring for any other children aged under 18? != No

Q16 How many other children?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
- More than 10 (11)

Q17 Do you experience any of the following problems, **as a result of** the child/ren's parent being in prison? Tick as many as you need to, to indicate 'yes'.

- High costs of transport (fuel etc.) (1)
  - Lack of access to public transport (2)
  - Meeting healthcare needs/costs (3)
  - Meeting school costs, such as uniform, books, excursions (4)
  - Paying for children's activities, e.g. sport, other hobbies or casual social activities (5)
  - Paying for food (6)
  - Paying rent or mortgage (7)
  - Paying utility bills (gas, electricity, water) (8)
  - I am experiencing none of these problems (9)
  - Other (Please describe) (10) \_\_\_\_\_
-

Q18 Please tell us in a few words what are the main **strengths** and **resources** of you/your family that help you to cope.

Q19 What support do you receive to help you to care for the child/ren? (You can tick more than one)

- Emotional support from family/friends (1)
- Financial support from family/friends (2)
- Government benefits (3)
- NDIS (National Disability Insurance Scheme) (4)
- Practical help (such as childcare) from family/friends (5)
- Psychological support/counselling (6)
- Practical support/food relief from community support services (7)
- State/territory statutory child and family department (8)
- Support from the imprisoned parent (9)
- No support (10)
- Other (please describe) (11) \_\_\_\_\_

---

#### SOME QUESTIONS ABOUT THE IMPRISONED PARENT

Q20 Some questions about the **imprisoned parent**

Which parent is in prison?

- Child/ren's mother (This may include, biological, step-mother, adoptive mother, or any other significant kinship carer in a mothering role) (1)
- Child/ren's father (This may include, biological, step-father, adoptive father, or any other significant kinship carer in a fathering role) (2)
- Both parents (3)

Q21 Was parent in prison the child/ren's **main caregiver** before imprisonment?

- Yes (1)
- No (2)

Q22 If both parents are in prison, answer questions about 'the imprisoned parent', by telling us about the person who was the child's main caregiver before imprisonment.

What is the imprisoned parent's age in years?

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

Q23 What is the imprisoned parent's gender?

- Male (1)
  - Female (2)
  - Non-binary / gender diverse (3)
  - Prefer not to say (4)
- 

Q24 Is the imprisoned parent Aboriginal and/or Torres Strait Islander?

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

Q25 Does the parent in prison usually speak a language other than English at home?

- Yes (1)
  - No (2)
-

Display This Question:

If Does the parent in prison usually speak a language other than English at home? = Yes

Q26 What language/s?

---

Q27 Does the imprisoned parent need regular help with daily activities, due to disability or chronic illness?

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

Q28 Has the imprisoned parent been diagnosed at any time by a doctor/health professional with any of the following (you can tick as many as you need to):

- Brain injury, such as Acquired Brain Injury (ABI)/Traumatic Brain Injury (TBI) (1)
  - Addiction to alcohol and/or other drugs (2)
  - Anxiety (3)
  - Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD) (4)
  - Autism - Autism Spectrum Disorder (ASD) (5)
  - Depression (6)
  - Eating disorder (7)
  - Learning disability (8)
  - Oppositional Defiant Disorder (ODD) or conduct disorder (9)
  - Post-Traumatic Stress Disorder (PTSD) (10)
  - Personality disorder (11)
  - Psychotic disorder (e.g. schizophrenia) (12)
  - Speech or other language problems (13)
  - Don't know (14)
  - Other (Please describe) (15) \_\_\_\_\_
-

Q29 What is the imprisonment status of the person?

- Remand (1)
  - Sentenced (2)
  - Both (3)
- 

Q30 Is this the person's first time in prison?

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

Q31 What state/territory are they in prison?

- Australian Capital Territory (ACT) (1)
  - New South Wales (NSW) (2)
  - Northern Territory (NT) (3)
  - Queensland (QLD) (4)
  - South Australia (SA) (5)
  - Tasmania (TAS) (6)
  - Victoria (VIC) (7)
  - Western Australia (WA) (8)
- 

Q32 About how long would it take you to travel **FROM** your home **TO** the prison? (one-way journey). If the person has been in more than one prison, please tell us about the **most recent** prison.

- Less than 1 hour (1)
- More than 1 hour, but less than 2 hours (2)
- More than 2 hours, but less than 3 hours (3)
- More than 3 hours, but less than 4 hours (4)
- At least 4 hours (5)

---

SOME QUESTIONS ABOUT THE CHILD

Q33 We are now going to ask you questions about the **oldest child (under 18 years)** who you care for, while their parent is in prison. If you are only caring for one child, please tell us about that child.

What is this child's age?

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

Q34 What is the child's gender?

- Male (1)
  - Female (2)
  - Non-binary / gender diverse (3)
  - Prefer not to say (4)
- 

Q35 Is the child Aboriginal and/or Torres Strait Islander?

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

Q36 Does the child usually speak a language other than English at home?

- Yes (1)
  - No (2)
- 

*Display This Question:*

*If Does the child usually speak a language other than English at home? = Yes*

Q37 What language/s?

---

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Q38 Does the child need regular help with daily activities due to disability or chronic illness?

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

Q39 Has the child been diagnosed by a doctor/health professional with any of the following? (tick all that apply)

- Addiction to alcohol and/or other drugs (1)
- Anxiety (2)
- Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD) (3)
- Autism - Autism Spectrum Disorder (ASD) (4)
- Depression (5)
- Developmental delay (6)
- Eating disorder (7)
- Learning Disability (8)
- Oppositional Defiant Disorder (ODD) or conduct disorder (9)
- Post-Traumatic Stress Disorder (PTSD) (10)
- Personality disorder (11)
- Psychotic disorder (e.g. schizophrenia) (12)
- Speech or other language problems (13)
- Don't know (14)
- Other (Please describe) (15) \_\_\_\_\_

---

Q40 Is the child currently involved in any community activities, such as sports or hobbies?

- Yes (1)
  - No (2)
-

Q41 Is the child currently connected with any support services (e.g. counselling, mentoring etc.)?

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

Q42 Has the child had contact with police or youth justice systems for offending behaviour?

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

*Display This Question:*

*If Has the child had contact with police or youth justice systems for offending behaviour? = Yes*

Q43 Was this between the ages of 10 – 13 years

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

*Display This Question:*

*If Has the child had contact with police or youth justice systems for offending behaviour? = Yes*

Q44 What did this involve? (tick all that apply)

- Caution/diversion (1)
  - Formal supervision (e.g. probation, parole etc.) (2)
  - Remanded into custody (3)
  - Custodial sentence (4)
  - Don't know (5)
-

Display This Question:

If We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 5 - 9 years

Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 10 - 14 years

Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 15 - 17 years

Q45 Has the child had any difficulty with **getting to school**?

Yes (1)

No (2)

Display This Question:

If Has the child had any difficulty with getting to school? = Yes

Q46 Has this been for any of the following reasons? (Tick as many as you need)

Problems with transport (1)

Not having a uniform/not having the right uniform (2)

Poor health (3)

Anxiety about school (4)

Bullying (5)

Other (Please describe) (6) \_\_\_\_\_

Display This Question:

If We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 5 - 9 years

Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 10 - 14 years

Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 15 - 17 years

Q47 Has the child **regularly** been **absent** from school?

Yes (1)

No (2)

Don't know (3)

Display This Question:

If We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 5 - 9 years

Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 10 - 14 years

Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 15 - 17 years

Q48 Has the child been **suspended** or **expelled** from school?

Yes - please explain why in a few words (1)

No (2)

Don't know (3)

Display This Question:

If We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 5 - 9 years

Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 10 - 14 years

Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 15 - 17 years

Q49 Does the child have additional support provided in the classroom?

Yes (1)

No (2)

Don't know (3)

Display This Question:

If Does the child have additional support provided in the classroom? = Yes

Q50 In a few words can you tell us about this support

Display This Question:

If We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 5 - 9 years

Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 10 - 14 years

Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 15 - 17 years

Q51 Is the school aware that the child's parent is in prison?

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

---

*Display This Question:*

*If We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 5 - 9 years*

*Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 10 - 14 years*

*Or We are now going to ask you questions about the oldest child (under 18 years) who you care for, w... = 15 - 17 years*

Q52 Does the parent in prison have any contact with the school (e.g. receiving report cards, attending online parent-teacher meetings)?

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

---

#### SOME QUESTIONS ABOUT THE PARENT-CHILD RELATIONSHIP

Q53 Some questions about the **parent-child relationship**:

What type of contact has this oldest/only child had with their parent in prison? (You can tick more than one)

- Face-to-face visits (1)
- Box visits (2)
- Supported play visits (3)
- Video visits (4)
- Phone calls (5)
- Emails (6)
- Letters (7)
- No visits (8)
- Other (please describe) (9) \_\_\_\_\_

*Skip To: Q56 If Some questions about the parent-child relationship: What type of contact has this oldest/only chi... = No visits*

---

Q54 How often does the child have **some form of contact** with their imprisoned parent?

- At least weekly (1)
  - At least fortnightly (2)
  - At least monthly (3)
  - Infrequent contact (4)
- 

Q55 In your opinion, what type/s of visits are best for the child?

- Face-to-face visits (1)
  - Box visits (2)
  - Supported play visits (3)
  - Video calls (4)
  - Phone calls (5)
  - Emails (6)
  - Letters (7)
  - Other (please describe) (8) \_\_\_\_\_
- 

Q56 Have there been any difficulties with the child staying in contact with their parent in prison?

- Yes (3)
  - Maybe (4)
  - No (5)
- 

*Display This Question:*

*If Have there been any difficulties with the child staying in contact with their parent in prison? != No*

Q57 What were these problems? (You can tick more than one)

- Face-to-face visits: not offered, do to COVID restrictions (1)
- Face-to-face visits: offered, but there were problems getting there (e.g. because of distance, cost, no transport etc.) (2)
- Face-to-face visits: offered but I couldn't get there are the times available (3)
- Face-to-face visits: problems due to prison lockdowns (4)
- Face-to-face visits: interrupted/not long enough (20)
- Face-face-visits: Child/ren did not want to have this type of contact (5)
- Face-face-visits: I did not want to have this type of contact (6)
- Face-face-visits: Parent in prison did not want to have this type of contact (7)
- Video visits: Poor or no access to video visits at the prison (8)
- Video visits: Poor or no internet access at home to have a video visit (9)
- Video visits: interrupted/not long enough (21)
- Video visits: Child/ren did not want to have contact via video (10)
- Video visits: I did not want to have contact via video (11)
- Video visits: Parent in prison did not want to have contact via video (12)
- Phone calls: Poor or no access to phone calls (including the cost of phone calls) at the prison (13)
- Phone calls: Poor or no access at home to have phone calls (14)
- Phone calls: interrupted/not long enough (22)
- Phone calls: Child/ren did not want to have contact via phone (15)
- Phone calls: I did not want to have contact via phone (16)
- Phone calls: Parent in prison did not want to have contact via phone (17)
- Formal or supervised visiting arrangement problems, e.g. workers or transport not available, visits being cancelled etc. (18)
- Other (Please describe) (19) \_\_\_\_\_

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*Display This Question:*

*If Some questions about the parent-child relationship: What type of contact has this oldest/only chi... = Video visits*

Q58 When using **video visits**, did you find any of the following **helpful**? (You can tick more than one)

- Child/ren being able to see their imprisoned parent (1)
  - Video visit more private than visits centre (2)
  - Video visit less distracting for children than visits centre (3)
  - Video visits being more convenient: no travel, no security (4)
  - Video visit bringing a sense of 'closeness' (5)
  - Child/ren can have contact with their parent without being in a prison environment (6)
  - Imprisoned parent is able to participate in daily routines during the video visit, e.g. meal time or reading a story to the child, or being shown around the home (7)
  - None of these were helpful (8)
  - Something else was helpful (Please describe) (9)
- 

---

*Display This Question:*

*If Some questions about the parent-child relationship: What type of contact has this oldest/only chi... = Video visits*

Q59 When using **video visits**, did any of the following create **problems**? (You can tick more than one)

- Lack of physical touch between the child and the imprisoned parent (1)
  - Video visits not long enough (2)
  - Problems with technology – e.g. visits finishing abruptly, or the screen freezing etc. (3)
  - Video visits happening at times that didn't suit children (4)
  - Child's age or specific needs did not suit this type of visit (e.g. needing to be verbal, sit still etc.) (5)
  - None of these were a problem (6)
  - Something else was a problem (Please describe) (7)
- 

*Display This Question:*

*If When using video visits, did any of the following create problems? (You can tick more than one) != None of these were a problem*

Q60 Can you say a few words about the impact of these problems on the child/ren you are caring for?

---

**Q61 We will finish the survey now with two short questions asking you to describe in your own words the problems you see and some solutions which would help.**

Can you tell us, in a few words, what do you think has been **the most significant effect** of the parent's imprisonment on the health and wellbeing of the child/ren you are caring for?

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Q62 Please tell us in a few words about the **main thing** that could be done to support children during and after the imprisonment of their parent.

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Q63 You have now finished the survey. Do you wish to submit your responses?

- Yes (1)
  - No (2)
- 

*Display This Question:*

*If You have now finished the survey. Do you wish to submit your responses? = Yes*

Q64 The survey is now complete, but if you want to, you can be taken to another, separate survey, if you would like to

(1) get a call back from SHINE for Kids, if there are things concerning you that you would like some help with  
(2) go into a draw to win a \$150 supermarket voucher  
Both of these ask you to provide your contact details; these are kept separate from the information you gave here.

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)

*Skip To: End of Survey If The survey is now complete, but if you want to, you can be taken to another, separate survey, if you = No*