Children of Prisoners

Interventions and mitigations
to strengthen mental health

Edited by
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Contents

Executive

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Foreword: Sir Patrick Stewart

 "As Patron of the COPING Project I am pleased to have this opportunity to raise awareness of the needs of children whose parents are in prison. COPING is an EU-funded research project that has investigated the well-being and mental health impact of parental imprisonment on children. Working in six countries, involving ten partners and five languages, COPING is important because research in this area is still in its infancy. Little is known about the children of imprisoned parents but what research there is suggests that separation because of parental imprisonment can be emotionally and psychologically harmful for children and the impact can be profound and long-lasting. Compared to their peers, children of prisoners have been found to have three times the risk for mental health problems, anti-social delinquent behaviour and other adverse outcomes.

Much of what we know is largely derived from small-scale studies, often reliant on indirect sources rather than children themselves. This paucity of research and general lack of interest in children of prisoners occurs at a time when unprecedented numbers of people are being imprisoned throughout Western nations, especially the UK and the US.

p4
Health
COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental
www.coping-project.eu
www.coping-project.eu
COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health
p5

Foreword: Sir Patrick Stewart, continued

Estimates are that 125,000 children have a parent in prison in England and Wales. Indeed, on the international stage, over half of all prisoners worldwide are thought to have children under the age of 18 yet the impact of a parent's incarceration on a child is rarely taken into account. COPING increases understanding of how the imprisonment of a parent really affects children. Working in different countries, with different social and cultural traditions, different incarceration levels and different policies and interventions, our research has produced evidence that can inform policy and programmes to better support and protect children from the effects of parental imprisonment right across Europe."

Sir Patrick Stewart

Sir Patrick Stewart with Professor Adele Jones (Director of COPING)

The Right Honourable, The Baroness Brenda Hale of Richmond, Justice of the Supreme Court (UK)

"The COPING project has brought together ten partners to study the characteristics, vulnerabilities and resilience of children with a parent in prison in four very different European countries. I am very happy that this project is being led by Professor Adele Jones of the University of Huddersfield, in my own county of Yorkshire in the north of England. I am much less proud that my country of England has one of the highest rates of incarceration in the European Union. We are seventh out of the twenty-seven countries; we imprison one hundred fifty-four people per one hundred thousand of our population. Among those imprisoned, there are many parents, both mothers and fathers. For far too long our criminal justice system has operated without giving much, if any, thought to the impact on the children of those who are arrested, remanded, tried, convicted, and sentenced to imprisonment. Children can be seriously affected at each stage in that process, and each of the agencies involved needs to be alive to this to see what they can do to mitigate the harm done to the children. The COPING study shows, for example, that being there when a parent is arrested can be deeply traumatic for a child. My own experience as a judge in the family division of the High Court has shown that the trauma is much worse when the parent arrested is a sole carer. When the parent is remanded in custody, the COPING study shows that

The Right Honourable, The Baroness Brenda Hale of Richmond,
Justice of the Supreme Court (UK), continued

The Right Honourable, The Baroness Brenda Hale of Richmond,
Justice of the Supreme Court (UK), continued

children need to be able to visit their imprisoned parent very soon so that they can be reassured that the parent is safe and well. This also helps dispel some of the scary stories about prison which are put around by our media. The more people we lock up, the harder it is to find the money to provide facilities for families, which some may see as inessential luxuries.

But we should never forget that children are not to be blamed or punished for what their parents have done; they are not the guilty ones. In the long term, children need two things: good parenting while the other parent is away; and, in most cases, regular contact with the imprisoned parent. This study points to the importance of schools in providing support for these children, helping to head off the stigma which they might feel. Another important finding in COPING is that children miss their fathers as much as their mothers; and it is therefore just as important to remain in contact, either direct or indirect, with whichever parent is in prison. Unless proper attention is paid to each of those needs, these children are vulnerable in a variety of ways, as this study shows.

Until quite recently, the issue of children affected by parental incarceration has not been regarded as a children's rights issue—but it surely is a children's rights issue. Article 8 of the European Convention of Human Rights guarantees to "everyone", the right to respect for their private and family lives. "Everyone" includes children as

well as grown-ups. The prevention of a disorder or crime is of course the legitimate aim of the interference, but the question remains whether the seriousness of the crime is such as to justify the seriousness of the interference of the child's rights. The European Court of Justice is clear that the European Convention must be interpreted in the light of other international instruments; Article 8, in particular, has to be interpreted in light of the UN Convention on the Rights of the Child (UNCRC). Article 3 of the UN Convention states that in all actions concerning children, the best interests of the child shall be a primary consideration, not the paramount, not even the primary consideration, but still a primary consideration, which has always to be taken into account. Article 24(2) of the European Union Charter of Fundamental Rights is to exactly the same effect. Article 9(3) of the UNCRC requires that States Parties 'respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests'. Article 24(3) of the European Union Charter of Fundamental Rights says exactly the same. Article 9(4) CRC states that if a parent is imprisoned, 'States Parties shall provide essential information concerning the whereabouts of the parent unless the provision of the information would be detrimental to the well-being of the child'— not the well-being of the system. The legal systems of our countries should therefore also be recognizing and respecting the rights of these children. I am proud that the UK has gone some way towards doing

The Right Honourable, The Baroness Brenda Hale of Richmond, Justice of the Supreme Court (UK), continued

this. Sentencing judges are required to give thought to the impact upon family life of his or her children if a parent is to be imprisoned. Recently the Supreme Court of the UK held that extraditing judges, including those executing European Arrest Warrants, are required to treat the welfare of any child involved as a primary consideration. Sometimes there is no realistic alternative to imprisonment, however great the detriment to a child. The important lesson to emerge with the COPING research is that everyone who plays a part—either in the criminal justice system or in the parenting and education of the children involved — needs to recognize the needs of these children and make proper provision for them.

This research is vital to introducing these matters to the wider policy agenda, but it is of course only the beginning of what I hope will be a great movement to recognize the interests of these very important and vulnerable children in our criminal justice systems."

The Right Hon the Baroness Hale of Richmond

Baroness Hale

Acknowledgements

Acknowledgements, continued

Acknowledgements, continued

www.coping-project.eu
Executive
COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental
Health
p13

Acknowledgements, continued

Acknowledgements, continued

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List of tables

List of tables, continued

List of figures

List of figures, continued

Introduction

Worldwide, unprecedented numbers of people are being imprisoned and in many countries incarceration is on the increase (Walmsley, 2009); indeed 'more parents than ever are behind bars' (Murray et al., 2012) and each year, an estimated 800,000 children within the newly-expanded European Union are separated from an incarcerated parent. Despite this, the psychosocial impact on children is little known and rarely considered in sentencing even though the evidence to date suggests that children whose parents are imprisoned are exposed to triple jeopardy through break-up of the family, financial hardship, stigma and secrecy, leading to adverse social and educational repercussions. The rationale for the study of the impact of parental imprisonment is underscored by the findings of a recent meta-analysis of studies of children of prisoners (Murray et al. 2012). This systematic review synthesized empirical evidence on the associations between parental incarceration and children's later behavioural, educational and health outcomes from 40 studies involving a total of over 7,000 children of prisoners.

Introduction, continued

The report states:

> Children with incarcerated parents have been referred to as the "forgotten victims" of crime…, the "orphans of justice" …and the "unseen victims of the prison boom" … They can experience multiple emotional and social difficulties during their parent's incarceration, which may develop into a range of adjustment problems in the long term
>
> **(Murray et al., 2012, p.2).**

Imprisonment, which is perhaps one of the most totalising experiences of social exclusion, is often presented as if the arguments and benefits speak for themselves. However when one considers the indirect social exclusion that comes from the stigma of having a parent in prison, or the increased risk to children of prisoners becoming a part of this socially excluded group themselves, important questions must be raised about the consequences and social costs, the 'collateral damage' (Robertson, 2012) of criminal justice processes that fail to consider the impact on children left behind. A UK study of 411 boys who had experienced parental imprisonment before the age of 10 years reported double the risk for antisocial behaviour and other adverse outcomes in adulthood even controlling for other childhood risk factors (Murray & Farrington, 2005, 2008a, 2008b), while

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Introduction, continued

a longitudinal study of young people in the United States found that imprisonment of mothers led to increased risks of criminal behaviour in adulthood for their children (Huebner & Gustafson, 2007). For many children who experience these adverse outcomes of parental imprisonment, the pre-conditions were set long before, with substance misuse, domestic violence, criminogenic behaviour and poverty providing the backdrop to a parent's incarceration in many instances. This fact does not lessen the need for action, even in cases where imprisonment provides a child with some respite from these problems, for what is becoming clear is that the accumulative effects of adversity are often compounded for children when their parent is imprisoned. Work by Richards and McWilliams (1996) showed that children are frequently distressed, disturbed and confused, as well as financially disadvantaged, particularly by a father's imprisonment, while Philbrick (2002) found that children may suffer stigma, confusion, anger and deterioration in health, often regressing in behaviour or falling behind with their school attendance and school work. For children separated from a mother because of imprisonment, the difficulties can be particularly challenging especially where the mother is the primary or sole care giver, as is often the case. A UK newspaper headline 'The hidden victims of a lock 'em up culture' was followed by the statement:

Introduction, continued

...The number of people in Britain's prisons is at an all-time high... The nation tuts and turns away...There are two groups who suffer most from this lack of interest. One is women. Over the past 15 years, the number of female prisoners has more than doubled, and more than 10,000 women are now sent to jail every year. ...The financial cost of such a surge in prison sentences is enormous: the average bill for a woman behind bars is £56,415 a year. But the social cost is greater still. Taking mothers away from their children causes such emotional, developmental and psychological damage that it sharply accelerates the creation of the next generation of criminals. The statistics are alarming. A child with a parent in prison is three times more likely to exhibit anti-social behaviour, and three times more likely to develop mental health problems. A staggering 65 per cent of boys who have a parent in jail will go on to commit some kind of crime themselves (The Independent, 17 September 2012 **http://www.independent.co.uk/voices/editorials/ the-hidden-victims-of-a-lock-em-up-culture)**.

Whatever the rationale that underscores national policy responses to crime which result in increased numbers of prisons and prisoners, it cannot be acceptable that the vulnerability and risks posed to children as a consequence of parental imprisonment are not taken into account by criminal justice bodies or children's services. As highlighted by the United Nations Committee on

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Introduction, continued

the Rights of the Child, there is urgent need for reconciliation of the interests of the State and the best interests of the child (UNCRC, 2011); however, in addition to the child rights mandate for reform, the social and economic costs of inaction provide a critical imperative for change. The need for policy and programming for children impacted by parental imprisonment as well as reducing inter-generational problems associated with this problem provided the impetus for the development of the COPING Project (Jones, 2012).

Until the COPING study, very little was known about these children and despite a spate of recent publications on the subject, the translation of empirical data into practice and policy remains underdeveloped. Funded by the European Union (Seventh Framework Programme, Health Theme), the COPING Project, launched in 2010, aimed to address this deficiency in knowledge by investigating the mental health needs and resilience of children of prisoners and the most promising policy and intervention responses in four countries: the UK (England and Wales), Germany, Romania and Sweden. Led by Professor Adele Jones (University of Huddersfield, UK), the project was implemented by a consortium comprising six non-governmental organisations and four research institutions from the partner countries. This report provides an overview of the research process, findings and recommendations;

Introduction, continued

however, a series of Companion Reports are also available (University of Huddersfield, Repository) which provide more detailed knowledge of specific aspects of the project and which include the research instruments used. In addition, further information about the project is available from the project website: **http://www.coping-project.eu.**

Companion Reports

1. COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health. Results from a Four-Country Survey of Mental Health, Well-being and Quality of Life

2. COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health. Perspectives of Children, Parents and Carers - Overview Report

3. COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health. Perspectives of Children, Parents and Carers – German Report

4. COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health. Perspectives of Children, Parents and Carers - Romania Report

5. COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health. Perspectives of Children, Parents and Carers - Swedish Report

6. COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health. Perspectives of Children, Parents and Carers - UK Report

7. COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health. Mapping of Interventions and Services across Germany, Romania, the UK and Sweden

Companion Reports, continued

Companion Reports, continued

8. COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health. Aligning Children's Needs to Interventions and Services – a four-country analysis

9. COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health. Recommendations at the Pan European and Country Level (Germany, Romania, UK and Sweden)

10. Ethical Procedures, Issues and Challenges in the COPING Study of Children of Prisoners

11. Disseminating Knowledge about Children of Prisoners. The COPING Dissemination Strategy

12. Conference Outcome Report. Coping with a Parent in Prison: An Agenda for Policy

This overview report brings together the main aspects of the individual components of the project and aims to provide the reader with a detailed understanding of the process, procedures and outcomes of this complex study.

Using a mixed-methods multi-sequential research design, COPING gathered evidence from over 1,500 children and adults from four European countries representing different social and cultural traditions, different incarceration levels and penal policies and

different levels of support services. COPING used a child-centred, positive psychology approach to explore the characteristics of children with imprisoned parents, their resilience, and their vulnerability to mental health problems. One of the strengths of the project was its ability to generate insights into the impact of parental imprisonment on children from a number of angles. A clear picture of the effects of parental imprisonment on children's resilience and upon families was produced using an integrated strategy which included the different research methods. The project began with a literature review of other studies that had been carried out in relevant areas. This was followed by a survey of children and parents using standardised instruments to measure strengths, difficulties, self-esteem, well-being and quality of life. A series of face-to-face interviews was then undertaken with children of prisoners, their carers and the imprisoned parent in each of the four countries. In parallel to this, a detailed mapping exercise was undertaken of the services and interventions for children of prisoners that were currently up and running and these were assessed in relation to their fit with the evidence that had been garnered on children's needs. Alongside these activities, stakeholder consultation sessions were carried out, not only in the four partner countries, but more extensively across Europe (with NGOs in Belgium, Croatia, Czech Republic, France, Netherlands, and Norway) – this was in order to broaden the collection of

Companion Reports, continued

Project context

evidence about the needs of children, the extent to which the findings were more generally applicable and to ascertain views on whether existing interventions, support and criminal justice processes are aligned with children's needs. These different strands of evidence were carefully scrutinised to identify emerging themes and sub-themes and from these, policy and practice implications were distilled.

Children with a parent/carer in prison were found to be at significantly greater risk of mental health problems than their peers in the general population. Children seemed at particular risk of internalising difficulties (emotional problems), rather than externalising problems (hyperactivity and conduct problems). Key factors relating to children's resilience included: children's innate qualities; family stability; and sustaining relationships with the imprisoned parent. The data confirmed that children's resilience is closely linked to open communications systems and that children need opportunities to discuss their experiences. Despite overall deficiencies in services, which must be a major concern given the mental issues raised, the study found a wide range of good practice examples by NGOs supporting children of prisoners and their families across the four countries. The findings have been converted into a set of actionable recommendations at country and Pan-European levels.

In Europe there are an estimated 800,000 children with an imprisoned parent (more children are separated from a parent because of imprisonment than for any other reason) (Eurochips, 2007). This group is affected by multiple difficulties resulting from the parental imprisonment through break-up of the family, financial hardship, stigma and secrecy, leading to adverse social and educational repercussions with higher risk for mental health problems, antisocial behaviour, drug use and poor educational performance (Kjellstrand & Eddy, 2011; Murray & Farrington, 2008; Murray et al., 2012). There seems to be no public recognition for the extreme disadvantage experienced by these young people. Support available, for example, in accessing prisons and participating in prison visits is extremely variable and mainly provided through non-governmental organisations. Less is known about the support from the prisons for the children and their families. The relatively few high quality studies on the topic highlight several issues to be considered both at the governmental and the European level; these can be summarised as those pertaining to children's rights and well-being, services for vulnerable children, and the dissonance between policy on criminal justice and that concerned with the welfare of children.

Project context, continued

Firstly, because of the low profile attached to this work, governments and policy makers have neglected to fully consider the effects of parental imprisonment on children. This is an oversight which runs the risk of punishing innocent victims, and hence children of prisoners have been referred to as the 'forgotten victims' of crime,[1] or the 'hidden victims of imprisonment.'[2] The combination of official disregard and public indifference can be situated within the current moral and political dimensions of punishment, which tend to provoke deeply conflicting interests. As Garland notes, the institutional framework of modern penology has tended to obscure the broader social ramifications of the imprisonment of much larger numbers of offenders.[3] Secondly, there remains no mainstream provision available to this client group, with children of prisoners often finding that they fall between a number of different government departments, such as health, the criminal justice system and child welfare services. Not only does this leave no obvious source of funding or governmental remit, but some authors have argued that the very different organisational cultures and philosophies, and the different institutional priorities of these diverse arms of government, have acted to inhibit collaborative working arrangements.[4] As the recent Social Care Institute for Excellence

[1]Matthews, 1983 in Murray 2005, p.446.
[2]Cunningham and Baker, 2003, in Murray and Farrington, 2008, p.133)
[3]Garland, D. (1990) p.1.
[4]SICE (2008) p.13.

Project context, continued

(UK) guide acknowledges, it is left to the voluntary sector to drive the agenda for children of prisoners,[5] and this would similarly appear to be the case in other countries. Because of short term, insecure funding, voluntary sector organisations have struggled to fill the gaps in provision, resulting in patchy provision which falls short of national coverage. Thirdly, there are no accurate figures indicating how many children in Europe are impacted by parental imprisonment since this information is rarely collected and even in Sweden where this information is collected, it is difficult to access and hence the size of the potential problem can only be estimated. This is because registering prisoners' children is not part of the prison reception procedure in many countries, and there appears to be no organisation or statutory body at the respective national levels that routinely monitors the parental status of prisoners. Furthermore, prisoners can be reluctant to voluntarily disclose information which they fear may result in their children being permanently taken away from them. The result is that governments do not know the numbers of children of imprisoned parents, either at any one point in time or, the numbers of children negatively affected by the imprisonment of their parent over any given period of time. This paucity of research attention and a general lack of public interest in the plight of children of

[5]SICE (2008) p.13.

Project context, continued

prisoners occur at a time when there are unprecedented numbers of people being sent to prison throughout Western nations[6.] It is therefore likely that the numbers of children experiencing enforced separation from a parent because of imprisonment is also at unprecedented high levels. Where the research is more plentiful is in the area of specific effects of imprisonment on families and children. However, much of this research has focused on child circumstances related to parental offending and few studies have investigated actual children's experiences, emotional or psychological[7]. Furthermore, much of the information was gained from parents rather than from the children themselves.

The primary focus for COPING was to investigate the mental health needs of this large and vulnerable group of children. What is distinctive about COPING is that it adopted an explicitly child-centred approach from the outset and has examined some of the more subtle dimensions of parental imprisonment, including the meanings that children attribute to the event, the experience of stigma and social isolation that may follow parental imprisonment as well as the family dynamics before, during and after parental imprisonment and any impact these factors may have upon the child's psychological health and well-being.

[6] Some eastern European Countries in the EU have seen a fluctuation or decline in their prison populations.
[7] Johnson, D. (2006) p.703.

Country context

The COPING study was carried out in four different countries with differing criminal justice systems, socio-economic conditions, cultural norms and welfare services:

1. Sweden is the smallest of the four countries (by population). Fewer people are imprisoned than in the other COPING countries. Sentences are shorter and more use is made of alternatives to custody. Sweden is a wealthy country, with a well-developed welfare system. Children of prisoners in Sweden are well served by Bryggan, an NGO with an explicit children's perspective. Prison authorities focus on ensuring a good quality of visits for children. Home leaves are built in to prison sentences for suitable prisoners and prisoners are allowed to have their children with them in their early years; each prison also has an ombudsperson for children.

2. Germany is a populous and wealthy country. Imprisonment rates are lower than in England and Romania, although it has the second highest average imprisonment length. The guiding principle of penal policy is rehabilitation. Prison policy also prioritises maintaining contact with family members. Home leave and conjugal visits can be included in sentence plans. Female prisons allow children to live with their mothers until they are aged 3 years (up to 6 years in open prisons), and its prison system has been described as "child centred".

Country context, continued

3. Romania is by far the least economically developed of the four countries included in the study. It has the second highest imprisonment rate, and the longest sentences of the four countries. Its prison population, however, has fallen steeply in recent years. Prisons have been neglected; they are mainly old and in disrepair. There are few statutory or NGO services for children of prisoners and their families in Romania. Regular visits, including conjugal visits, are permitted, but there are restrictions in place for higher security prisons. Infants and children are able to stay with their mothers in prison until the age of one year.

4. The UK (England and Wales) has the second highest number of children deemed at risk of poverty or social exclusion in the four countries. The prison population has nearly doubled since 1993, and more people are imprisoned than in any other COPING country, with a consequent significant increase in the number of children experiencing parental imprisonment. NGOs provide information and advice for prisoners' families and run visitors' centres. Eligibility to receive visits is linked to incentives and earned privileges. Female prisoners may be permitted to keep an infant with them for the first 18 months.

Theoretical framework

In instigating this major pan-European research agenda for what is a chronically under researched 'at risk' group, the theoretical concepts which underpinned the COPING methodology were:

a) Use of an explicitly child-centred methodology to investigate the mental health needs of children of imprisoned parents based on the view that engagement with the perspectives of children as active research participants (and not just subjects of study) can enhance the claims of empirical research in studies about children (Fraser et al., 2004).

b) Adoption of a 'positive psychology' approach. Moving away from the predominant focus of previous studies that have been primarily concerned with documenting adverse mental health outcomes in favour of also understanding how children can cope with and survive this experience by investigating resilience at the individual and relational level – this approach is considered to have a vital bearing on designing successful interventions.

Theoretical framework, continued

The COPING project was innovative in that it departed from mainstay approaches of much previous research, so rather than just focusing upon the psychological and emotional difficulties children may face when a parent is imprisoned, the study explored how some children employ coping strategies and exercise resilience for successfully managing this experience. To date, there is very little research on resiliency processes among children of prisoners, but knowing how some children negotiate and survive through such experiences relatively unscathed, and flourish later, broadens the scope of current research on children of prisoners. It has also provided a theoretical framework to assess the value of these concepts for planning methods and techniques for successful interventions in order to ameliorate any adverse mental health impacts a child may suffer.

Resiliency "combines the interaction of two conditions: risk factors – stressful life events or adverse environmental conditions that increase the vulnerability of individuals – and the presence of personal, familial and community protective factors that buffer, moderate and protect against vulnerabilities. Individuals differ in their exposure to adversity (vulnerability) and the degree of protection afforded by their own capacities and by their environment (protective factors)" (Norman, 2000: 3).

Theoretical framework, continued

A key aspect of the COPING study, therefore, was an examination of the interaction between children's experiences of parental incarceration and the impact on their lives of separation (risk factors) and the presence of personal, familial and community features/dynamics (protective factors), to determine the extent and contribution of protective factors in enhancing resilience during times of trauma and anxiety.

Project objectives

The objectives of COPING were to:

1. Enhance our understanding of the mental health needs of children of prisoners.

2. Explore childhood resilience and coping strategies and assess the value of these concepts for planning interventions.

3. Bring together European and international perspectives to investigate the nature and extent of mental health problems affecting children in this group.

4. Identify relevant and effective policy interventions to ameliorate the mental health implications for affected children.

5. Raise the awareness of policy makers to the needs of this under-researched group.

Methods

Utilising a mixed-methods multi-sequential design, the study gathered evidence from over 1500 children, care-givers, imprisoned parents and stakeholders across the four EC countries being studied. Mixed methods research can be defined as an approach or methodology which:

• addresses research problems by searching for understandings of real-life contexts, diverse perspectives, and socio-cultural influences

• employs rigorous quantitative methods to investigate scale and frequency of factors alongside credible qualitative methods to explore the meanings attributed to those factors

• uses multiple methods and integrates or combines these methods to draw on the strengths of each in interpreting results

• frames the study within a clearly articulated philosophical and theoretical position.

Methods, continued

COPING involved two quantitative methods (a survey and mapping of interventions) and two qualitative methods (in-depth interviews and stakeholder consultations). A parallel mixed analytic technique (Teddlie & Tashakkori, 2009) was used to facilitate independent analyses (individual methods) and also to facilitate interaction between data sets based on the primary purposes of our multi-sequenced design: triangulation; complementarily; initiation; development (Greene et al., 1989).

A self-reporting survey was designed which utilised four scientifically validated instruments against which country norms had been established: the Goodman (1997) Strengths and Difficulties Questionnaire (SDQ), the Rosenberg (1965) Self Esteem Scale, the KIDSCREEN-27 Questionnaire (The KIDSCREEN Group Europe, 2006) and the WHO Quality of Life-BREF instrument (WHO, 2004). This was administered to 730 children, aged 7-17 and parent/carers across the four countries in order to ascertain coping strategies and mental health problems for the children surveyed. The results of the questionnaires were compared with normative population samples and purposive sampling carried out to identify a representative cohort of children and parents for in-depth interviews. A total of 349 in-depth interviews with children and families (161 children, 123 non-imprisoned parent/ carers and 65 imprisoned parent/carers) were conducted

Methods, continued

across the four countries. In addition, simultaneously a multi-method stakeholder consultation strategy was carried out with 122 professionals/groups (including face-to-face interviews, focus groups, telephone interviews and a COPING on-line questionnaire). Questionnaires were standardised and to further ensure consistency, operational guides were developed for each consultation group. Ten groups of stakeholders participated in this aspect of the study: caregivers; staff within children's homes; social workers; prison staff; NGO staff; children of prisoners; imprisoned parents; government staff involved in policy relating to children/ families of prisoners; NGO staff involved in policy formulation; and school-related stakeholders. These data were analysed locally based on a centralised analytic framework. Alongside these methods a systematic mapping of interventions was undertaken across the partner countries. The objectives were to identify, map and document health care and community based services and interventions for children. This aspect of the project was closely dovetailed with other methods so that the children's needs identified in the survey, interviews and stakeholder consultations could be compared against the interventions provided by the services identified in order to feed the analysis of the fit between interventions and needs as discussed below.

Methods, continued

Analysis

Quantitative data were analysed using SPSS version 18 with subsequent analysis carried out using the Rplus, Splus and Mplus statistical packages, and qualitative data were analysed using the NVivo software package. The data on needs were subjected to factor analysis in order to extract need dimensions and these were then compared with a theoretical framework derived from the literature on needs. The needs analysis involved several methods: a) need hierarchies were ranked for children and parents, b) SDQ and Rosenberg self-esteem variables were correlated with parent-assessed dichotomous needs variables by country, c) parent/carer well-being was assessed in relation to national norms, and compared between countries, d) variables were entered into logistic regression models to explore possible predictors of need, and e) service levels in the different countries were juxtaposed against the top three parent-assessed needs identified. This concluded the data gathering and analysis phase of the study.

Results

Survey

According to indicator scores on the strengths and difficulties items of the survey questionnaire, children with a parent/carer in prison were found to have a significantly greater risk of mental health problems than children in the general population. This risk is especially large among older children (those aged 11+ years). These problems are manifest, in particular, in terms of emotional and peer problems, however there were significant differences between the four countries in respect of the proportion of children who are at 'high' risk of mental health problems. There were differences, for children in the COPING study, between the mean self-esteem scores (SES) for each country, with German children scoring higher (reflecting higher self-esteem) than the other countries and Romanian children scoring lower than the others. However, these differences are also reflected in country norms; the German normative data having the highest scores and the Romanian norms being lower overall. There was an indication too that the German and Romanian children in the study score reliably higher than their country norms overall, while the UK children scored reliably lower than their country norm. These potential differences will be explored further in later analyses. With regard to well-being and quality of life, scores on the KIDSCREEN-27 in all countries except the UK were lower than the pan-European norms on most of the sub-scales based upon self-reports. This disparity

Results, continued

Implications of SDQ results

was even greater for parent reports. There were also noticeable differences between countries, with the Romanian children reporting the lowest scores on almost every subscale, whether parent- or child-rated, Swedish children receiving the highest scores, and German and UK children occupying an intermediary position.

The Goodman Strengths and Difficulties Questionnaire (SDQ) elicits perceptions of children's conduct, concentration, emotions and social relationships. The SDQ comprises 25 items which load onto five dimensions: Emotional Difficulties; Conduct Problems; Hyperactivity; Peer Problems; and Pro-social Behaviour. Scores on the first four dimensions can be summed to produce a "Total Difficulties Score". Potential scores range from 0-40, with higher scores indicating greater difficulties in the aforementioned areas. The Total Difficulties Score can be compared to normative population ranges to provide an indication of the likelihood that the child will display mental health problems. Individuals with a score falling in the "normal" range are unlikely to display mental health problems, those in the "borderline" range have a slightly raised likelihood of experiencing problems, and those in the "abnormal" range are most likely to experience problems. Children completed the self-report version of the SDQ, and non-imprisoned parents/carers completed the informant version to elicit their perceptions of the child(ren) they were caring for.

For children aged 11 years and above, both the self report and parent/carer rating provide a reliable indication of their level of difficulties. In all four countries, the mean rating provided by parent/carers fell around the cut-off point for normal-borderline, thus indicating that on average there was a low-moderate likelihood that these children would experience mental health difficulties. Comparable reports by children presented a more positive picture; mean scores fell well within the normal range, suggesting that on average there was low likelihood that these children would experience mental health problems. Further exploration of the parent/carer ratings revealed that in the UK, Germany and Romania a similar proportion of children fell in the normal and borderline-abnormal ranges. In Sweden more children fell within the normal than the borderline-abnormal range (66.7 per cent compared to 33.3 per cent). For children aged below 11 years, only the parent/carer rating provides a reliable measure as there was greater variation in the mean scores for children aged <11 years. According to parents/carers in Germany, on average their children were experiencing noticeably higher levels of difficulties (SDQ Total Difficulties mean score = 17.80) than all other children, including children from other countries within the same age range and children aged ≥11 years in all four countries. The mean score falls just within the abnormal range, indicating that on average these children were at an increased likelihood

Implications of SDQ results, continued

Implications of SDQ results, continued

of experiencing mental health problems. In the remaining three countries, mean scores fell within or just at the cut-off point for normal–borderline, suggesting that on average there was a reasonably low likelihood of mental health problems. Further exploration of the parent/carer ratings revealed that in Germany noticeably more children fell within the borderline–abnormal than the normal range (70 per cent compared to 30 per cent).

In conclusion, for children aged ≥11, parents/carers presented a more negative picture than children themselves; suggesting greater levels of difficulties and a higher chance of mental health problems. Parent/carer ratings indicate that the target position was achieved in all countries except for Sweden where children falling in the normal range were oversampled. Child ratings indicate that, in all countries, children falling in the normal range were oversampled. For children aged <11, those in Germany appeared to be experiencing greater difficulties and to present a higher risk of mental health problems than children elsewhere. In the UK and Romania, children falling within the normal range were oversampled; this position was reversed in Germany.

The mean scores on the World Health Organisation Quality of Life Scale (WHOQOL) showed significant differences between the four countries in the quality of life as judged by the parent/

carer not in prison. The total scores across the whole 26 items in the WHOQOL-BREF show Swedish and UK parents/carers judging their quality of life higher than those in Germany and Romania. On the overall quality of life item, Swedish parents/carers score on average much higher than the others (66.7 on the 0-100 scale) and Romanian parents/carers score much lower than those in the other countries (44.6). For the general health item, UK parents/carers score highest and Romanian parents/carers score lowest. Breaking down the total score into the four specific domains also shows major differences between countries. For the physical domain, German, Swedish and UK parents/carers score quite high, while the Romanian parents/carers score much lower. For the psychological domain, German parents/carers score the lowest, although quite similar to the Romanian parents/carers, with UK and Swedish parents/carers scoring much higher. For the social domain, the Swedish parents/carers score much higher than the others, with the Romanian parents/carers scoring the lowest. For the environmental domain, the UK parents score highest, but not significantly different from the Swedish and German parents/carers, while the Romanian parents/carers score much lower.

Tests revealed that scores on three domains for parents in the COPING study fell significantly below the norm in Germany (Physical Health, Psychological and Social Relationships) and

Implications of SDQ results, continued

Romania (Physical Health, Social Relationships and Environment). In Sweden scores were below the norm on two domains (Physical Health and Psychological), and in the UK on just one domain (Social Relationships). Children in the COPING study also did worse overall than norms in respect of all the health-related quality of life measures that were examined. These comprise Psychological well-being, Autonomy and parent relations, Social support and peers, School environment and Physical well-being. The question to be asked however is whether the generally poorer outcomes for these children are due to parental/carer imprisonment or to some other risk factors correlated with parental/carer imprisonment, such as poverty, mental ill-health or parental substance misuse (Chui, 2010; Kinner et al., 2007). It also has to be recognised that some children of prisoners, both in the COPING research and other studies, have 'average' or even good outcomes, and this is in spite of their having faced one or more risk factors (Sharp & Marcus-Mendoza, 2001). Despite this, these children are under stress and do need support. (For a full analysis and description of all the survey results please see SURVEY Overview Report **http://www.coping-project.eu).**

Findings from In-depth Interviews and Stakeholder Consultations

A purposive sample of participants was selected for in-depth interviews. The target in each country was to obtain an equal proportion of children falling within the normal and the borderline-abnormal ranges of the Strengths and Difficulties Questionnaire, thus representing children with a range of difficulties. Across the four countries 349 interviews took place, comprising 161 children, 123 non-imprisoned parents/carers and 65 imprisoned parents.

In the UK and Romania more boys than girls participated in interviews. This pattern was reversed in Germany and Sweden, resulting in a similar number of boys and girls in the sample overall. For the majority of children, their non-imprisoned parent or carer was their biological mother. The only other category of any noticeable proportion was the small number of children in the care of their grandmother (n=15). This is similar to the survey in which biological mothers (73.2 per cent) and grandmothers (9.3 per cent) were the two largest categories of non-imprisoned parents. For most children their biological father was in prison. Other categories of some note included 16 children in the UK who had an imprisoned mother, and ten children in Germany who had an imprisoned step-father or an imprisoned male partner of their non-imprisoned parent/carer.

Findings from In-depth Interviews and Stakeholder Consultations, continued

In all four countries, most imprisoned parents/carers had been sentenced. Parents in Romania received the longest sentences, on average (87.14 months), followed by Sweden (57.65 months), Germany (40.56 months) and the UK (31.18 months). In the UK and Germany, drug related offences were the most common reason for the parent's/carer's imprisonment (n=23 and 11 respectively). In Romania this was murder or manslaughter (n=11). In the UK and Germany the pattern of offences was very similar to the survey sample. In Romania, murder or manslaughter was the highest category (N = 60), followed by theft/ handling stolen goods (N = 42) and then robbery (N = 34). Most children had experienced parental imprisonment between one and three times (accounting for 53 of 63 in the sample overall). Children in Sweden and Germany were most likely to have experienced separation from their parent/carer due to imprisonment on more than one occasion (67.9 per cent and 60.0 per cent respectively). Slightly fewer children in Romania and the UK had experienced parental imprisonment before the present incarceration (47.4 per cent and 40.35 per cent respectively).

Family relationships

Across the four countries a key finding was the relationship between the caregiver and the child. Sweden found that poorer outcomes were associated with less stable families. Also, in all four countries, children's resilience was enhanced by close and supportive relationships with grandparents and siblings. Children with secure attachment to the imprisoned parent can experience severe disruption when the trusted parent is incarcerated (Christmann, Turliuc, & Mairean, 2012). Insecure attachments (ambivalent, avoidant or disorganised) can lead to deficiencies in social functioning in adulthood. Ambiguous loss can contribute to disruption of other secure attachment patterns. When a loved person is physically absent but psychologically present, as in situations of parental incarceration, divorce or immigration, it can be very confusing over a long time whether the imprisoned parent is in or out of the family. According to Boss (2007), ambiguous loss is the most stressful kind of loss: should a parent die, rituals of funeral and mourning allow normal grief and lead to acceptance and closure. With ambiguous loss, it is not possible to grieve over the absent parent, and with uncertainty and stigma, children of prisoners can turn to internalising behaviour leading to depression, or externalising, antisocial behaviour (Bocknek et al., 2009). Grandparents and the extended family had a particularly crucial role in Romania, including financial and material support. Continuing relationships and contact with the imprisoned parent

Family Relationships, continued

were important for children's resilience. In Romania and Germany children tended to idealise their imprisoned parent, unless they had reason to be afraid of him. Family cohesion for the child depended largely on the quality of the emotional ties with the imprisoned parent, which the caregivers and wider family were able to promote. The UK report found that children missed imprisoned fathers equally as much as imprisoned mothers. In Sweden descriptions of the relationships with the imprisoned parents were overall positive, with the imprisonment described as the main problem, although two children reported that the relationship had improved as a consequence of the imprisonment, with more structured time with the parent. Family conflict, particularly associated with drug abuse for UK and Swedish families, and with alcohol abuse and domestic violence in Romania, impacted negatively on children. There was less evidence of drug or alcohol abuse in the German report.

Contact with the imprisoned parent

Most children had some form of contact with their imprisoned parent/carer. Of those children that had some form of contact , the majority in the UK were accessing prison visits (92.9 per cent), followed by slightly fewer in Romania and Germany (87.9 per cent and 81.5 per cent respectively), and noticeably fewer in Sweden (75.9 per cent). (The lower figure for Sweden probably relates to children not visiting parents in prison once they start being granted furlough). In the UK and Sweden a similar number of children were in telephone contact with their imprisoned parent/carer (95.3 per cent and 89.7 per cent respectively), with approximately one third fewer in Romania (63.6 per cent), and approximately two thirds fewer in Germany (33.3 per cent). A similar proportion of children in the UK and Germany were communicating with their imprisoned parent via letter (87.5 per cent and 81.5 per cent respectively), with lower percentages in Sweden (67.9 per cent) and Romania (54.5 per cent. Around one quarter of children in the UK and Sweden had contact with their imprisoned parent during his/her temporary release from prison, compared to smaller numbers in Germany and Romania (11.1 per cent and 6.2 per cent).

For most of the children involved, regular contact with their imprisoned parent was crucial for their well-being and resilience. A small number of children had either no or infrequent or

Contact with the imprisoned parent, continued

Contact with the imprisoned parent, continued

haphazard contact with their imprisoned parent, and the prior relationships between these children and their parent had often been fraught. Most children (percentages were higher in the UK and Romania) visited their imprisoned parent, although visits were much less frequent in Romania. Long journeys were involved, particularly in Sweden and Romania. Visits could be costly, and often unaffordable in Romania. Most children adapted successfully to the experience of visiting prison, although for a much smaller number this proved upsetting. Saying "goodbye" was difficult for many and the aftermath of visits painful for some. Children in the UK and Sweden mainly got used to the prison environment, particularly in less secure establishments. Children in Germany and Romania found the prison environment more hostile and drab, and lacking facilities for families. Search procedures caused most discomfort for Romanian children. Family days (UK and Sweden) and parent/child groups (Germany) were appreciated where available. Restrictions on physical contact during visits (Romania's were the strictest, and Sweden's the most liberal) were experienced as unhelpful, particularly by younger children. Opportunities to engage in meaningful activities with the imprisoned parent were limited, which was hard for children of all ages. Special family focussed activities, where available, were more relaxed and widely appreciated. Telephone contact with the imprisoned parent was very frequent for children in the UK and Sweden, fairly

frequent in Romania, and much more restricted in Germany. Costs were high in the UK and often unaffordable in Romania. Where telephone contact was permitted and financially feasible, it was a positive experience for nearly all children, enabling more regular contact with the imprisoned parent. Restrictions on the timing of telephone calls were often described as frustrating for children. Letters also provided an important link with the imprisoned parent, and these were at a higher level in the UK and Germany, fairly high in Sweden, and moderate in Romania. Contact by letter was particularly important in Germany, as this was often the only means of communication between visits. In Sweden furlough leaves from prison were enjoyable for children (some of whom missed school to be with their parent); while in the UK benefits for children were reduced by their anguish at their parent having to return to prison.

Many stakeholders recommended placing parents as close to their families as possible since visiting prison takes time and money, both of which grow as the distance between the child's home and the prison increases. Public transport may be limited or expensive; some prisons have community transport that picks visitors up from the local town and takes them to the prison. Depending on the situation, children may miss one or more days of school to visit, or the family may be unable to travel at all (or as often as they

Contact with the imprisoned parent, continued

want) because of the resource requirements. Financial support for travel to the prison is available in some countries (from NGOs or government), though this may not cover the full costs and may be paid retrospectively. Prison visits generally must be booked in advance and children may need help if they are doing this. Children generally need to be accompanied on visits by an adult; where their carer is unable or unwilling to do so (because of other demands or poor relations with the imprisoned parent), they could be escorted by a professional or volunteer. This may especially be the case with children in alternative care: authorities may have a duty to promote contact with their parents, though in reality there is generally little contact between looked after children and imprisoned parents.

Children often find prison unfamiliar and intimidating, and this can be exacerbated by strict visiting rules, such as those related to searches or waiting times. An extreme situation was a child who felt under so much pressure when going through the security process that they would hyperventilate. Bans on gifts from children to imprisoned parents, and on baby bottles or nappies, can distress or inconvenience families. Visiting environments can be cold, noisy or crowded, without special areas for children – especially in closed prisons. Children may want to see their parent but hate the environment in which they do so, finding it hard to see parents but not touch them because of regulations or physical barriers.

Allowing bodily contact, both sitting together and playing/moving about, can make for a more natural visiting experience and increase attachment and bonding. Where they exist, child-friendly visiting facilities are appreciated: features included looking like a home, toys and facilities to buy, prepare and/or eat and drink with imprisoned parents. It is important that child-friendly facilities are kept clean and up to date, and that they also cater to older children. Even where good facilities exist, staff attitudes can determine the quality of the visit. Security concerns were often prioritised by prison staff and families disliked the high levels of supervision and surveillance during visits: some complained of being treated "rudely or roughly, with spouses treated in a stigmatising and condescending manner and children expected to behave like adults". Sometimes prison guidelines prevent staff from acting in a child-friendly manner. Prisoners' rights related to indirect communication (letters and telephone calls) varies widely between countries and individual prisons. Generally, the parent must call the child, at fixed times, meaning the child cannot just pick up a phone when they have good news, problems or simply need to talk. This interrupts the normal parent-child communication and makes no allowances for special occasions such as birthdays. Despite these shortcomings, telephones did provide the most frequent and often valuable contact with home. One UK prison allowed prisoners to have telephones in their cells,

Contact with the imprisoned parent, continued

which resulted in easier contact and was well received by the families and prisoners involved. All four COPING countries had opportunities for parents to record messages or bedtime stories onto CDs or DVDs for their children, which were well received. Children in institutional settings may need support to make, arrange or apply for telephone calls or write letters. Contact is more complicated in situations involving domestic violence or sex crimes: for example, sometimes only boys can visit the father in prison. Children, even if the visit is a good thing in general, can be distressed at the end of a visit. For many, seeing the parent is a relief and (particularly after the first visit) can counter fantasies they may have about the parent's situation. Visitor Forums, where visitors can give feedback and recommendations to the prison authorities about the prison's visiting procedures or even about prisoners' conditions, have been appreciated where they exist. They also allow families of prisoners to get to know each other.

Children's resilience and coping strategies

The concept of resilience can help to understand how children of prisoners deal with stigma, attachment issues and ambiguous loss. A basic definition of resilience is positive adaptation to life after being exposed to adverse events. Researchers often see resilience as a process that is affected by personality factors, biological factors, environmental systematic factors or an interaction between all three. Particularly important are environmental aspects termed protective and vulnerability factors (Herrman, Stewart, Diaz-Grandos, Berger, & Jackson, 2011). Boss (2007) has suggested that resiliency in the face of ambiguous loss involves finding meaning, reconstructing identity, normalising ambivalence, revising attachment and discovering hope. Most children of prisoners in COPING, in all four countries, were faced with family and school needs and needs related to having an imprisoned parent. For these children, access to parent/carers, interventions or services that are aligned with their needs can considerably contribute to strengthening resiliency and reducing the risk for intergenerational criminality. In Sweden, talking to the care giving parent, to school, friends and NGOs was a main coping strategy. Children in Sweden seemed particularly articulate in describing their feelings about their imprisoned parent. A high proportion of children experienced disturbed sleep and nightmares in the Swedish and UK samples. Children in the UK also talked

Children's resilience and coping strategies, continued

about their absent parent, but tended to put more emphasis on adjusting to their situation, and things getting back to normal. There was a tendency for children to suppress painful feelings and to feel that they were expected to put a brave face on their situation. A significant number of UK children needed to access counselling or other kinds of support outside the family. The German report identified talking to others as a helpful strategy, but noted that other children tended to avoid talking about parental imprisonment. Behavioural or psychological problems were observed for two-thirds of the children in Germany. In Romania, children's resilience was very closely associated with the strength they were able to draw from support from their immediate and extended families. Children in Romania were more likely to experience stigma for having a parent in prison, and had to rely more on their own strength of character to survive.

Honesty, communication and sharing information

Children of prisoners are sometimes told nothing or false stories about what happened to the imprisoned parent. Non-disclosure may come from a desire to protect the child; parents may lie pre-trial, assuming they'll be found not guilty and return. However, imprisoned parents may be motivated to protect themselves rather than do what is best for the child or the family. Some prisoners (wrongly) thought that by keeping the imprisonment secret, they could return to the family and things would be the same as before the sentence. Sometimes one parent wants to tell the truth and the other does not, which adds difficulty. Children find it much harder to deal with the parent's absence if the truth is concealed: it can increase insecurity and erode trust between parents and children. Children may find out the truth from other sources. Disclosure of the imprisonment (in an age-appropriate way) was felt by many stakeholders to help the children adjust to the situation and reduce feelings of anxiety and guilt. Children can be more resilient and adaptable to adversity than adults often recognise. Honest disclosure can help children see the consequences of actions. Even young children were thought by some to benefit from knowing the sequences of events and what would happen when, particularly as children often subconsciously pick up on what is occurring. Parents may need assistance in how to tell their children, and in some situations, for example when

Honesty, communication and sharing information, continued

the parent is a sex offender, it may be better to leave out some details or potentially not to tell the children at all. Most children included in the study had some knowledge about their parent being in prison (this may be because children were primarily recruited through agencies working with prisoner's families and had policies about openness), although this was often not the case for younger children in Romania who were often told that their father was working abroad. How much children were told varied considerably, depending partly on children's age and maturity. Children appreciated being given accurate information. Some parents in all four countries recognised the importance of being open with their children, and that this would help them deal with the situation. Most children and carers in the German sample talked openly about the imprisonment within the family. Some parents decided to hold back on providing full details about the offence, or about court processes. There were some differences in this regard between care giving and imprisoned parents. In Sweden and Germany, and to a lesser extent in the UK, care giving parents tended to favour being open with their children; they had to live with the consequences of their partner's crimes every day. More variation was observed in the views of imprisoned parents; for many of them, shame and embarrassment were important factors, sometimes leading them to tell only part of the truth (as was also the case for some UK imprisoned parents). In Romania,

imprisoned parents were generally the most reluctant to share information with their children, partly for fear of repercussions. In the UK, sharing information with children seemed to work best where both parents shared this responsibility. Children could be left in a quandary if they had limited information. Sometimes the information would leak out, and sometimes children went to considerable lengths to find out the truth for themselves. Children were usually careful about sharing information too widely, and many decided to talk just to their best and most trusted friends. Talking to children with similar experiences to their own could be particularly helpful and supportive; there was evidence of this in the UK sample, and particularly amongst children supported by Bryggan in Sweden, where children of prisoners could meet and relax with other children who had a parent in prison. Having to answer detailed questions about imprisonment could be difficult. Equally, children found keeping information secret, or having to tell lies, particularly stressful.

Schools

Schools in Germany, Sweden and the UK were mainly supportive when informed about parental imprisonment. Evidence from Romania was more mixed. In Germany, families participating decided not to inform schools in about half the cases. Although a low threshold school social work service is located in many German schools, evidence from the study was that children and carers mainly communicated their concerns with classroom teachers (not school social workers or counsellors), and that teachers have shown understanding and offered emotional, practical and counselling support. While most children interviewed in Germany kept up their school attendance, in the UK school attendance was adversely affected for a number of children, mainly boys; and there were reports in Sweden of older children frequently missing school, particularly at times close to the arrest of their parent, or when the parent was on home leave. Children's behaviour at school often deteriorated, and it was noted in the UK report that schools did not always have the understanding and skills required to help boys with aggressive behaviour caused by parental imprisonment. In Sweden, younger children were provided with emotional support by class teachers, and older children could receive more structured support from a school nurse or counsellor. Support for children in schools in the UK was less structured, but available (and appreciated) from a wide range of school staff. There was little evidence from Romania about parental imprisonment impacting

Schools, continued

adversely on children's behaviour at school and less than a third of families in Germany had found evidence of children's performance at school deteriorating, although there was some uncertainty about how far this was caused by parental imprisonment. The majority of non-imprisoned parents in Sweden spoke about positive aspects of their children's school performance, while some imprisoned parents in Sweden felt some responsibility for their children struggling at school. In the UK the largest group of children performed well at school, linked to their own ability and determination, and to positive relationships with one or both parents. However, other children's (again mostly boys') education had suffered. Problems appeared to be related in these cases to the quality and openness of communication between parents and children and to transition to secondary school, again for some of the boys.

Stigma and bullying

Stigma is, indeed, a phenomenon from which the children of prisoners in COPING suffered (Robertson et al., 2012; Steinhoff & Berman, 2012). Parental imprisonment can lead to children being labelled as different, as having an undesirable characteristic and being in a category of "them" as opposed to "us". The stigma of having a parent in prison can cause children of prisoners to be labelled and rejected by peers, while children may feel they are different from others and withdraw from social contacts. They do not attract sympathy from others and can be stigmatised by prison staff, school staff and parents of their friends. Fear of stigma can stop children telling others about the situation, which can mean their problems are often hidden. Children want to be integrated and not stigmatised or ostracised: if families move to a new area, the parents may want a 'fresh start' and not to tell anyone about the imprisonment. The main emotion connected to stigma is shame and being stigmatised can have negative mental health effects, related to loss of status and discrimination. Reported instances of bullying were higher in the UK sample than for the other three countries and were infrequent in Sweden. In Romania there were references in several cases to children being verbally bullied by teachers. Children in Germany were particularly concerned that there might be repercussions if they shared information about their imprisoned parent with friends at school, although when they did so their fears were not realised. UK families

Stigma and bullying, continued

were mainly pleased with positive responses from schools alerted to bullying taking place. There was potential for schools in all four countries to contribute to reducing stigma and bullying for children of prisoners. Most Romanian parents advised their children not to tell their peers at school about their situation because of fear of bullying and reprisals. About half the German families decided not to inform the school about the imprisonment because of feelings related to shame and stigma. Generally, families had greater concerns about stigmatisation where the parents' offences were more serious, particularly so for offences involving assaults on children. There was greater potential for adverse repercussions where offences were widely reported during court trials and resulting sentences, as in the UK. By contrast, Sweden operates a strict privacy policy which protects the identity of Swedish offenders from being revealed in media accounts of trials up to the point of conviction.

Experiences of criminal justice system

More evidence was obtained about experience of the criminal justice system in the UK than in the other countries. Much of the evidence in the UK related to experience of police arrest, with examples of heavy-handed police practice and (rather fewer) instances of higher levels of sensitivity for children's welfare. There were some isolated instances in Germany and Romania of distress caused to participants at the point of arrest. Other concerns related to: stress caused by extended periods of bail for children and families in the UK; children having no opportunity to say "goodbye" to parents when they were remanded into custody (UK); and serious concerns about restrictions on contact with families for remand prisoners in Sweden. The study has stressed the importance of prompt contact between children and their parent immediately after imprisonment.

Many stakeholders felt that children's needs are not adequately considered or met by the different parts of the criminal justice system, in both the different stages of the system (from arrest to release) and in different jurisdictions (such as the German Länder). Some feel that no branch of the criminal justice system adequately considers children when making decisions that might affect them, though there are a number of stakeholders who feel that some parts do think about them. Often, police do not consider children or behave appropriately around them when arresting a parent; and

Experiences of criminal justice system, continued

various stakeholders recommend that suggestions to improve this should include training for police on identifying if the person being arrested has children, having them wear civilian clothing and not use handcuffs or violence when children are present, ensure they do not witness the arrest or search and allow arrested parents time to say goodbye. Clear written guidelines could help police perform impact assessments of the children's needs and use subtler methods of arrest that maintain the parent's dignity in front of children, ensure that someone appropriate can speak to children at the time of arrest and ensure there is follow-up (by police, social services or others) if children are temporarily placed with neighbours or other alternative carers. Several stakeholders said that children need more information especially after arrest and during pre-trial detention to ease their anxieties regarding their parent's welfare – popular culture and language mean they can imagine parents are in dungeons, with a ball and chain on them, or similarly upsetting fantasies.

Courts decide protection and placement measures for children of prisoners who have been harmed or abused, but also affect their lives when sentencing their parents. Any potential sentences should take into account the impact on any children; sentences that minimise the negative effects on family life should be preferred. Stakeholders consistently asserted that the court

Experiences of criminal justice system, continued

Children's needs

should ensure that prisoners are imprisoned as close as possible to the family in order to facilitate contact. When there is a gap between conviction and sentencing, this time 'in limbo' is felt to be especially fraught. Parents may not make arrangements for their children's care, fearing judgement and loss of custody of the children. They may try to conceal the children's existence from social services and prisons.

Within the survey, 737 children, seven to 17 years old, were asked if they wanted help with life areas specified in nine variables. The nine variables loaded on three components following oblique rotation: physical/survival needs, family and school needs, as well as health/social service needs, explained the 54.7 per cent variance. Overall, 73.7 per cent of the children answered yes when asked if they had ever received help because their parent was in prison, with significant differences between the countries. Also, 47.2 per cent of the children in the COPING sample indicated that they still wanted help with at least one area, differing significantly between the countries. Significant country-wise differences occurred for "how much money my family has" and "the home I live in", as well as "how I am feeling". About twice as many Romanian and German children said the family needed financial support (57 per cent; 50 per cent, in comparison to Swedish and UK children (27 per cent each). Other kinds of help for the home was a significant need for Romanian children (51 per cent) followed by Swedish children (28 per cent), UK children (19 per cent) and German children (7 per cent). In contrast, needing help with feelings was highest for Swedish children (72 per cent), followed by German children (56 per cent), UK children (44 per cent) and Romanian children (19 per cent).

Children's needs, continued

A correlational analysis yielded the finding that the higher the SDQ score, the greater the child's difficulties. Here, country differences occurred such that a much larger proportion of Romanian children had at least one need compared to children in the other countries (97.2 per cent of the Romanian children had at least one need, followed by 74.5 per cent for Germany, 57.4 per cent in the UK and 50 per cent in Sweden). In addition, SDQ scores were higher for the Romanian children compared to the others.

Comparing the situation between the countries, physical quality of life was generally higher in the UK, where parent/carers also indicated higher environmental quality of life (expressed in feelings of safety, sufficient money, satisfaction with living place, etc.). In contrast, Romanian parent/carers indicated a low physical quality of life overall.

Services and interventions

Only a minority of prisons provided specific interventions for children of prisoners and their families. Each prison should offer at least one intervention focused on the needs of children of prisoners, particularly addressing the contact between the imprisoned parent and child. Measures should also be applied to promote and increase the number and quality of community-based services, as well as the information about available support. There was a lack of specialised services in the community in all four countries (which means in the familiar living environment of the children). Affected families only have access to specialised services in a selected few regions. Available services and interventions are normally unknown to parents and children. The usage of non-specialised services as an important option, given the low possibility of children being able to access specialised support, should also be considered. This in turn requires raising awareness of special needs and the situation of children of prisoners amongst these services and associated staff. Findings from the mapping of interventions show clearly the influence of structure and organisational role/values on different care systems (i.e. community vs. criminal justice system). Community-based interventions should include counselling and support for mental health problems. Prison-based specialised interventions should focus on interventions for the imprisoned parents and the children to enhance and improve the quality of contacts between children

Services and interventions, continued

and imprisoned parents. Another important focus for the prisons is for information and training courses for the imprisoned parents to increase the understanding and knowledge about the children's situation and to inform them about coping strategies.

Professionals reported a lack of cooperation between different providers of relevant interventions and between the different care systems. Building up a network to link all prisons and NGOs involved in the care and support of affected children and their families would provide an opportunity to introduce projects and interventions, discuss problems, collaborate on the financing of appropriate services, develop cooperation strategies, and create a common platform to discuss related issues.

In each country, five (Romania) to nine (Germany) types of community-based non-specialised types of services were identified and examined to determine how they could cover the needs of children of prisoners. The usage of these services is indicated in cases of low to moderate mental health impact of parental imprisonment. Different structures were found between the countries. Whereas in the UK there are mostly services that focus on counselling and youth work, in Romania there are also residential care and day services for emergency and security services. Sweden has a specialty providing youth clinics; in

Services and interventions, continued

Germany there is a broad spectrum of available interventions ranging from low level counselling services through hotlines to youth emergency services and youth welfare offices. School associated services (e.g. counsellors, psychologists, pastoral care) are represented in all four countries. Accessibility of these non-specialised community-based services varies between the countries, in Germany there is mostly free access, the other countries have special access conditions depending on authorities and regulations. Children of prisoners could benefit especially from counselling and services providing support in stressful and emergency situations.

In each country five or six types of mental health care were identified and investigated to determine to what extent they could cover the needs of children of prisoners. The usage of the mental health care system is indicated in cases of moderate to severe mental health impact of parental imprisonment. As expected, similar structures were found between the countries for psychiatric and psychotherapeutic facilities. These are suitable for diagnostic and acute and non-acute treatment of mental disorders and severe behavioural problems providing inpatient and outpatient care.

Services and interventions, continued

The interventions of prisons in all countries were aimed primarily at the promotion and stabilisation of the parent-child relationship by improving visiting conditions and by organising further (beyond regular visiting hours) customised meetings between children and imprisoned parents in groups or family. As expected most interventions were targeted to children and to prisoners in relation to issues concerning children. Assessing the ability to meet the needs of prisoners' children, in all four countries this was reported as sufficient mostly for interventions addressing family relations and parental imprisonment, in Germany and the UK for mental health care issues, and in the UK for social contacts and resettlement.

Most of the interventions were conducted in the form of meetings or group sessions with meetings mostly for both children and prisoners and group sessions preferred for prisoners. Surprisingly counselling sessions and one-to-one sessions were rare, even though one might consider these types of services to be helpful for children with emotional problems due to the child/parent separation, relationship, care issues, and school related issues. In the UK, Germany and Sweden the majority of prison-based interventions were offered regularly (at least 70 per cent). The situation is reversed in Romania where two-thirds of the interventions take place as and when required. This perhaps

explains the finding that in Romania, 100 per cent of participating prisons reported that they had interventions. The usual frequencies vary by country and intervention type. As expected, nearly all interventions were designed for early and mid-way stages of imprisonment. However, many interventions were also designed for issues related to the stage prior to release. This is an important issue and is reported in the findings of the survey and the in-depth interviews, where parents stated that they did not feel well-prepared for handling the arrest stage or post-release stage of imprisonment.

The data collected in COPING suggest that interventions and services that offer support to parent/carers or direct assistance to children of prisoners alleviate the acute sense of need. In countries where levels of intervention and services were higher, parent/carers tended to assess lower need levels among their children, whereas the opposite was true in countries with lower levels of interventions and services. While children in all four countries shared needs in the family and school area, and needs related to having an imprisoned parent, the need for increased psychological services and interventions seemed particularly urgent in Germany. For children of prisoners and their families in Romania, the survival-level nature of the needs suggest that financial support is necessary for these families, in addition to general interventions

Services and interventions, continued

Services and interventions, continued

and services in the shared areas of need. Very few services were available for children of prisoners and their families in Romania. There was more provision to support children and families in the other three countries, most of which was provided by NGOs, with more access to psychological support and a wider range of services generally, in Sweden and Germany. Statutory services prompted mixed reports in Sweden and the UK, with examples of very good practice combined with some scepticism about Social Services interventions. Recipients of support from NGOs were probably over-represented in Germany, Sweden and the UK, where established NGOs played a major part in recruiting research participants. Their support was generally well received. In the UK, POPS provided well-established visiting support services for families, and prison-based family support was also considered to be effective. Treffpunkt e.V in Germany and Bryggan and Solrosen in Sweden provided well-established support for both children and families. Treffpunkt e.V's father-child groups, and group and individual support for children and parents provided by Bryggan were examples of high quality services which could be replicated in other countries. Less stigma was attached to services for children of prisoners and their families in Sweden, which seemed more relaxed about identifying and responding to a wider range of needs of these children and families, than the other countries. Several stakeholders felt there was a need for improvement in

inter-institutional cooperation, including improved communication between the social services and the prison and probation services. A network between the two could catch children in need of support as soon as the parent is imprisoned, for example with social workers being informed about parole dates for imprisoned parents, or conditions of release. Too often services would work with only the prisoner, child or carer, despite the needs being quite similar for the entire family and interventions with one having knock-on effects on the others. Support is often good but fragmented, depending on geographical location. The point of release is an important time for different services to work together with the whole family, including prior to release, and to respond to drug or alcohol problems the prisoner has. Some NGOs run training for a range of practitioners who had contact with children of prisoners or their families, to raise awareness and ask people to consider how better to support families of prisoners. It was suggested that families affected by sex offenders have access to specialised help.

In summary, this aspect of the study found that there is insufficient funding and capacity to meet the specific needs of this vulnerable group of children. Early intervention can be very helpful (children's resilience is enhanced when given the right support) but is often unavailable due to lack of funding and overstretched services.

Services and interventions, continued

When services or funding streams (which can determine service availability) are tied to geographical regions, this can also limit the support that children are able to access. Whereas the imprisoned parent's care and costs are funded by the government, the family's are not, and social services/other support costs for the families of prisoners are not included in criminal justice expenditure projections (even though an argument can be made that this may help prevent future crime). Direct financial support to families and for NGOs providing services to children of imprisoned parents is localised, ad hoc and often completely lacking.

Summary of Main Conclusions

Children of prisoners have additional needs compared to children without imprisoned parents. Ambiguous loss, disrupted attachment and stigmatisation contribute to a shaken sense of ontological security, all of which together can partly explain the increased risk for intergenerational crime identified in prior research. Strengthening children's resilience in order to improve coping capacity is a key path to empowering these children and their families, and improving the chances of a healthy, productive adult life. Interventions and services, both prison- and community-based, exist in all four countries studied, to varying degrees. However, children of prisoners' needs are to a large extent still unmet, but numerous avenues to improving their situation are available. Stigma remains a barrier to accessing interventions and services and to functioning optimally in the school environment. Stakeholders suggest that negative attitudes about the needs of children of prisoners may have influenced the failure at the policy level, to identify these children as a vulnerable group, and the allocation of resources for their support (Robertson et al., 2012). Research suggests that legislative and policy reforms in the criminal justice system, and nationally available support systems for children of prisoners and their families could mitigate the pejorative effects of parental imprisonment (Murray, Farrington, & Sekol, 2012). Future research should explore specific effects of interventions and services for children of prisoners on their

Summary of Main Conclusions, continued

Summary of Main Conclusions, continued

situation, in terms of their well-being, resilience and sense of empowerment. Research should also focus on support to parent/carers of children of prisoners, as well as investigating the role of the imprisoned parent him-/herself in relation to the child. Given that parenthood may contribute to lower levels of offending (Monsbakken, Lyngstad, & Skardhamar, 2013), the issue of strengthening the imprisoned parent's parental identity and awareness of children's needs via prison-based interventions could be an additional new vista for coming research.

Children of prisoners' needs as expressed by themselves and by their parents are clearly focused on the life event of having an imprisoned parent. This event has significant repercussions for children in all COPING countries in terms of needs related to having an imprisoned parent and to being in the school environment, as well as for mental health issues. Children of prisoners' sense of ontological security is shaken when they experience the absence of a parent due to incarceration. Ontological security is a state of mind that rests on a sense of continuity regarding events in one's life, allowing one to have a positive view of the self, the world and the future (Giddens, 1991). A reduced sense of ontological security in children of prisoners can be said to have led to the need for increased levels of help and support. Furthermore, the ambiguous loss that results from the incarceration, where the parent is

emotionally part of the child's family but is physically absent (Boss, 2007), increases uncertainty and the level of posttraumatic stress for the child (Bocknek, Sanderson, & Britner, 2009), increasing the level of need for help and support. Identifying these children as vulnerable should lead to allocation of increased resources to schools, criminal justice systems, mental health providers and social services, in order to strengthen resiliency and reduce the risk of intergenerational criminality. The main findings of COPING can be summarised as follows:

1. Children with imprisoned parents as a group are at a significantly greater risk of suffering mental health difficulties than children who do not have parents in prison.

2. COPING has identified key factors relating to children's resilience, including: children's innate qualities; the importance of stability provided by caregiving parents; and the importance of sustaining and maintaining relationships with the imprisoned parent. The importance of the quality of the parents' relationship with the child prior to imprisonment has also been underlined. Support from other extended family members can also be significant.

3. Evidence has shown that children missed their fathers in prison as much as their mothers (perhaps in different ways), particularly in the UK.

Summary of Main Conclusions, continued

4. The data has confirmed that children's resilience is closely linked to open communication systems, and that children need opportunities to discuss their experiences throughout the period of imprisonment.

5. COPING has reinforced the potential for schools to contribute to the emotional well-being of children of prisoners.

6. Levels of stigma varied between the four countries, and seemed more ingrained and marked in Romania.

7. Maintaining contact with the imprisoned parent is in most instances beneficial to children's mental health and well-being. Positive environments are needed for children's visits to prisons, and the importance of telephone contact has been underlined.

8. While a range of services and interventions exist, these are not often targeted towards the needs of children of prisoners; services are patchy, uncoordinated and accessible by only a relatively small number of children. Nevertheless COPING found examples of good practice supporting children of prisoners and their families developed by NGOs across the four countries.

Translating Results into Policy and Practice Recommendations

A systematic approach was developed to produce recommendations. This involved a three stage process that comprised: a) a Research Findings Workshop by each partner at different points in time during the final year of the project; b) the convening of Recommendation Workshops at COPING Consortium meetings and less formally, within each partner country, to distil potential recommendations from the research findings; and c) the completion of a common template, the 'Development of Recommendations Form' designed to inject consistency in the way in which recommendations were drafted, presented, discussed and categorised. Together, these activities provided a structured way in which learning from the COPING project could be articulated and, thereafter, translated into a clearly stated agenda for policy development and reform.

Translating Results into Policy and Practice Recommendations, continued

Translating Results into Policy and Practice Recommendations, continued

Eight broad themes were identified from the study:

- Family Relationships
- Resilience
- Stigma and Bullying
- Honesty and Communication
- Schools
- Experience of the Criminal Justice System
- Contact with Imprisoned Parent
- Services and Interventions

For each theme, the research teams were asked to consider the following questions:

1. Is there any action that needs to be taken arising from this theme?
2. What needs to happen?
3. When, where and under what circumstances does this need to happen ?
4. What is the evidence from COPING that leads to this conclusion?
5. Who can make this happen?

6. How can they make this happen?
7. Is this action dependent on other factors (e.g. training, raising awareness, obtaining sufficient funds)?
8. What are the risks that it will not happen?
9. How can these be minimised and overcome?
10. Are there any other questions concerning this?

As is apparent from these questions, thinking about possible recommendations means reflecting not on the research findings per se but, rather, on their implications in terms of any action needed, the geographic scale on which it needs to happen (locally, regionally, nationally and pan EU level), the stakeholder/agency responsible for making it happen, the action plan for implementing the recommendation (i.e. how it is to be achieved, when and where), if there are any preconditions that need to be met before the recommendation can be implemented and, finally, if there are any risks associated with the recommended action. The potential impact of COPING is inextricably linked to producing a robust set of recommendations and disseminating the knowledge produced by the study as widely as possible. These issues are discussed in the next section.

Potential Impact

This section of the report highlights the potential impact of the COPING findings, raises some policy and practice considerations and presents recommendations for action. An awareness of the need to develop recommendations was embedded in COPING from the outset and emphasis was placed on identifying the 'action implications' stemming from the research findings. This required a careful judgement about how far the research had highlighted an unmet need, a practice that needs to change, a perception that needs to be addressed or anything else that needs to be remedied. These 'areas for improvement in policy and practice' emerged by comparing findings from different Work Packages paying particular attention to where needs, challenges and opportunities identified in one Work Package were corroborated and reinforced by the results from other Work Packages. An example of this would be where issues flagged up in interviews with children of prisoners and their carers (e.g. around impact of witnessing parental arrest on children, or the quality of prison visits) were identified in the consultations with key stakeholders, practitioners and policy makers and were also evident from the research literature and through the mapping of services and interventions.

Potential Impact, continued

The potential impact of the findings are summarised below in relation to the main themes that emerged from the study. The recommendations that are presented in this report are those for consideration at the Pan European level (for recommendations at the country level please see Companion Reports for the specific country). The potential impact of the findings and the recommendations are linked to the rights of the child (UN Convention on the Rights of the Child – CRC), since introducing the requirement to consider the welfare and best interests of the child as well as children's perspective at all levels of policy making will allow for the development of initiatives that are more likely to provide children of prisoners with the support they need. Whilst all States are party to the CRC there is a need for this Convention to be more closely harmonised with all areas of national law so that children have a stronger legal protection of their rights. This may help to move the focus from one concerned only with the punishment of the prisoner to one which addresses the often forgotten existence of their rights–bearing children.

Potential Impact, continued

1. Child-friendly criminal justice systems

Evidence from the study suggests that the welfare of the child is not given sufficient priority by the police and criminal justice agencies. For example, prior to a parent going to prison, the attitude, behaviour and language used by the police in searching a home and making an arrest, can have a profound impact on the psychological and physical well-being of a dependent child witnessing such events. Examples of practices that are distressing to a child include police wielding guns, doors being broken down during forced entries, drawers being spilled, teddy bears being cut open to look for drugs. In all four COPING partner countries parental arrest was the start of a period of emotional upheaval for the families affected. This process can significantly disrupt a child's life affecting who cares for the child and where s/he lives. The CRC (Article 12) emphasises the right of every child to express their views in decisions affecting their lives, and to have their views taken seriously; crucially, this includes what takes place in judicial proceedings. Criminal justice systems across the EU provide few opportunities for children to contribute to a decision-making

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Potential Impact, continued

process, despite the fact that the judicial outcomes can have a profound effect upon their future. This is particularly pertinent to children whose parent is at risk of a custodial sentence and whose residence and care arrangements may be significantly altered as a result. Whilst there will always be cases in which the only appropriate sentence is one of custody, in cases where there is a choice between a custodial sentence and an alternative to prison, the impact on the child should be taken into consideration, particularly where the parent at risk of custody is the child's only carer. The move towards more child friendly criminal justice systems across the EU requires action be taken to ensure that: a) the child's perspective is introduced into all relevant police procedures when a parent is arrested and b) the welfare and best interests of the child are considered in court decisions, in line with the CRC.

There are a number of steps that governments and relevant agencies could take. For example, they could: identify if children are likely to be present before a home is searched and a parent arrested; where possible, plan to limit the use of force and the handcuffing of parents when making an arrest; explain to the child what is happening when the house is being searched and an arrest is being made and what will happen next (this could be done by a police officer, social worker or an appropriate adult). They could

Potential Impact, continued

Potential Impact, continued

also ensure that they allow the child time to say goodbye to the parent, find out who will take care of the child immediately after the arrest and, if necessary, make arrangements to sort this out and, finally, tell the family where they can go for advice and support.

Recommendation 1 -
A child friendly criminal justice system

All governments and/or state bodies should review arrest and search policies and procedures in accordance with the UN Convention on the Rights of the Child giving due consideration to manner of an arrest, the delivery of a timely, age-appropriate explanation to the child at the point of arrest and the means
by which the child and their family access support during and subsequent to an arrest.

2. Representing the child's interests in judicial decisions

Considering the child's best interests before sentencing involves asking questions such as: is the parent about to be sentenced the only carer that the child has, what will happen after imprisonment, who is going to care for the child, where is the child going to be living, which prisons are at a reasonable distance from the child's home? Other considerations include exploring if there is an alternative to custody for the parent. The consideration of these and other issues amounts to a 'Child Impact Assessment' of the consequences of judicial decisions.

Potential Impact, continued

Potential Impact, continued

Recommendation 2 -
Representing the child's interests in judicial decisions

1. All EU Member States should legislate to ensure that courts take the child's best interest into account at the time of sentencing and in decisions on imprisonment. When it falls to the courts to decide the location of imprisonment, this decision should take into account the proximity of the child's place of residence to the prison.

2. Consideration should be given to the adoption of Child Impact Assessments prior to sentence. The assessment should consider the status of the offender in relation to the child i.e. sole or joint carer, the current location of the child and the likely residency arrangements for the child following a custodial sentence. Where possible impact statements should consider Article 12 of the UN Convention on the Rights of the Child which stipulates that 'States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child' and that the child should be given the opportunity to be heard in 'any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law'.

3. Maintaining contact with the parent in prison

COPING's research suggests that for most children, regular contact with the imprisoned parent and maintaining the child-parent relationship was crucial for their emotional well-being and capacity for resilience. The right of a child to stay in contact with both parents is clearly stated in the CRC. There are two forms of contact, direct and indirect. Direct contact is where the child visits the prison in person and has face to face contact with their imprisoned parent. Indirect contact involves keeping in touch by various means including telephone calls, email and by post. Both forms of contact are valued, but the research undertaken by COPING highlights the importance of visits in providing face-to-face contact and direct interaction with the imprisoned parent. This is supported by the evidence of previous research studies which suggest a direct correlation between increased contact with an imprisoned parent and enhanced coping skills on the part of the child (Murray, 2005). COPING found restrictions on physical contact between the imprisoned parent and visitors to be one of the main causes of dissatisfaction for children and families and

Potential Impact, continued

Potential Impact, continued

this was particularly difficult for younger children to understand. Restrictions varied between countries, between prisons and as a result of the imprisoned parent's offence and perceived risk level. In general, some degree of contact was allowed except in the most secure establishments and for offenders convicted of the most serious offences, although Romanian prisons did not permit any physical contact between visitors and prisoners. The ease with which prison visits can be made varies considerably between member states on account of the distances involved. Long, tiring, costly and stressful journeys to attend prison visits were commonplace. To enable a good relationship, it is also essential that the child's needs and other demands are not subordinated to the prison routine. In general, visits were less intimidating for children in lower security prisons which were more conducive to quality interaction between children and their imprisoned parent. Searches on entering prison can be daunting for children at first, although the findings from COPING indicate that they become accustomed to the procedures over time.

COPING's research suggests that the first visit to prison is of crucial importance to children and families, particularly in terms of providing reassurance that the imprisoned parent is safe and well. Children can be very concerned about their parent in the immediate aftermath of imprisonment and often lack the

information they need about what prison is like and how their parent is managing. This was evidenced in the relief expressed by several families following their first visit. Delays in arranging first visits because of prison bureaucracy can cause undue distress and anxiety to children and families. Introducing first-time families to different aspects of prison life, through a prison tour, is an excellent approach. It can dispel myths that children have about prisons countering images conjured up in children's minds through fiction and the media of mediaeval dungeons and places of great danger. The quality and quantity of visits available to children is also important and can affect their attachment and relationship with their imprisoned parent. Visits can be enhanced by providing welcoming and comfortable visiting facilities, organising events such as family days, such as those available in the UK, Germany and Sweden and keeping restrictions on physical interaction between imprisoned parent and child to a minimum. Results from COPING indicated that examples of good practice in these different areas were at best patchy and that these conditions were not generally being met at the pan-European level. A number of general principles need to be agreed at the EU level to ensure that children can maintain contact with their imprisoned parent where this is in their best interests. Recommendations need to be considered in five distinct areas, namely: eligibility for visits, entry to prisons (and other secure estates), timing of first visits,

balancing security with parental access, and familiarisation of prisons for first-time families. Eligibility for prison visits should be seen as a right of the child rather than a reward for an imprisoned parent's good behaviour and this right should apply to parents' pre-trial incarceration (police custody suites and remand) as well as to those convicted and serving a sentence. A balance should also be struck between the need for security in prisons (a top priority) and a child's right to maintain contact with the parent when this is in the child's best interest. In some circumstances the child's best interests might be served by not visiting (e.g. where relationships between the child and parent were strained) or doing so less frequently or by using phone calls or letters to keep in touch as an alternative.

Recommendation 3 -
Maintaining contact with the parent in prison

1. Visits should be seen as the right of the child rather than as a privilege for good behaviour on the part of the offender.

2. Children should have the same right to maintain contact with an imprisoned parent who is on remand as to a parent serving a prison sentence following conviction.

3. Visitors should be informed about the purpose of searches.

4. Search procedures for visitors to a prison should be carried out in a manner which causes minimum distress to children and families.

5. Governments should ensure that children can visit an imprisoned parent within the first week following incarceration. This applies to both imprisonment on remand and following sentencing.

6. All prison security and administrative measures should be made compatible with the child's well-being and the child's right to maintain contact with an imprisoned parent. Whilst recognising the need for heightened security in many cases, these measures must be reconciled with a child's right to maintain contact, when this is in their best interest.

7. Where feasible, children should be given the opportunity, on their first visit, to tour the prison, be provided with information about prison procedures and have the chance to ask questions.

COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health

COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health

Potential Impact, continued

4. Promoting continuous quality contact with imprisoned parent

Once established, it is particularly important that quality contact is maintained between the imprisoned parent and the child both directly (face to face) and indirectly by different methods of communication. Direct contact should be of sufficient quality for the child to interact and engage with the imprisoned parent. This means having visiting facilities that are welcoming and comfortable rather than cold, noisy and crowded and ensuring that security restrictions on visits, including but not limited to those on physical interaction, are kept to a bare minimum. It also means organising age-appropriate activities for children, on the one hand to promote engagement and support attachment and on the other, to prevent them from becoming increasingly bored or agitated throughout the duration of visits. Although prison guards are often friendly, the guidelines that they have to follow often prevent them from acting in a child-friendly manner. There were some accounts that emerged during the research of partners being treated in a stigmatising and condescending way and of children being expected to behave like adults. Education and

Potential Impact, continued

training materials need to be developed specifically for prison staff that introduce the child's perspective and provide guidance on how best to welcome and accompany children and families when visiting a parent in prison.

There is also a need to pay attention to indirect forms of contact with imprisoned parents. Telephone contact was held in very high regard by children and families because it facilitated an immediate response, unlike letters. Regular telephone contact provided the opportunity to maintain normal parent-child interactions as part of the daily routine, update on daily occurrences and significant events, and receive reassurance about the imprisoned parent's safety. However, this was not always affordable, convenient or in some cases even an option; the duration of telephone calls was often limited forcing conversations to be rushed and unsatisfactory, it was often only possible to make out-going calls, at awkward times for a family and without much privacy. The ideal would be to move away from communal phone systems to individual in-cell phones. Developments in modern communications, including video-based tools such as Skype, have brought about a change in the method and quality of personal communications. Such communication tools are increasingly utilised in the public realm but have yet to be embraced across the prison establishment despite low associated costs. These should be piloted with a view to being supported and promoted by prisons.

Potential Impact, continued

Potential Impact, continued

Home leave or furlough was also highly valued in many cases, especially where children, caregivers and prisoners had been supported to prepare for it and debriefed afterwards. The CRC stresses the right of children to family relationships and to stay in contact with both parents as long as this action does not harm them.

Recommendation 4 -
Representing the child's interests in judicial decisions

1. In order to promote quality interaction between children and their imprisoned parent, prisons should provide, at least to minimum standards, welcoming and comfortable visiting environments, and ensure that security restrictions on visits, including but not limited to those on physical interaction, are kept to a bare minimum.

2. All prisons in all EU Member States should provide age-appropriate activities that both occupy children during visits and foster interaction between children and their imprisoned parent. Child-friendly prison-based schemes should be offered to every child visiting an imprisoned parent.

3. The prison and probation services should ensure that they (or an NGO) provide visits groups or visitor centres at or near the prison. This should involve easy booking procedures, information to families prior to the visit (to ensure it is best for
the child) and support to child and parent/caregiver prior to and after the visit.

4. Prison authorities in all EU Member States should ensure that all prison staff behave in a respectful, child-friendly manner when dealing with families. Education and training modules for prison staff should introduce the child's perspective and provide guidance on how best to welcome and accompany children and families.

5. Consideration of the journey time for families should be taken into account by prison authorities in housing prisoners, and financial aid provided for travelling offered where necessary (as in UK).

6. Prisoners should be able to both make affordable outgoing calls, and receive incoming calls from their family in their own language.

7. Modern forms of technology that permit two-way communication between prisoners and their families and facilitate quick response times should be piloted in prisons and adopted where possible.

8. Where it is in the child's best interests home leave should be considered and offered to prisoners

Potential Impact, continued

5. Advice and support to parents, care givers and children

Away from the prison, how do children, carers and other family members get through it all? What advice and support do they need and what is available to them? COPING has found that children's resilience is closely related to sharing information with them openly and honestly about what has happened and the reasons for their parent's imprisonment, consistent with their age and maturity. On the whole, honesty is good for children and helps promote their positive mental health. Inevitably the information would leak out eventually whether or not children are informed. Findings have highlighted the need to talk to children throughout their experience of parental imprisonment, starting as early in the process as possible. Children in the study generally appreciated being given clear information about their imprisoned parent's situation. Most children found support from talking to close and trusted friends. COPING findings also identified the importance of sharing information about the parent's imprisonment with professionals, notably teachers. This is primarily because these professionals can help parents/carers

Potential Impact, continued

gain insight into the child's behaviour, especially if it is problematic, and assist in supporting the child and tackling bullying behaviour to improve overall outcomes. Children of prisoners can be or feel very isolated because they do not want to tell others about their situation or having done so, lose friends, or face stigmatisation or bullying. There is real benefit in providing support and events specifically for children of prisoners to enable them to engage with peers in positive activities without having to hide their parent's imprisonment.

Levels of service provision varied across the four COPING countries but none had developed a comprehensive range of services available to children of prisoners and their families, from the early stages of involvement with the criminal justice system through to family reunification post imprisonment. Statutory and voluntary support services for children of prisoners were mainly absent in Romania. In the other countries, statutory services received mixed reports, whereas support from NGOs was generally considered to be more effective. COPING found examples of good practice supporting children of prisoners and their families developed by NGOs; however, parents and care givers will not benefit from these and other services if they do not know what is available. COPING evidence clearly identifies stable and consistent support from a parent/caregiver as the key factor promoting children's resilience

Potential Impact, continued

and well-being while their parent is in prison. Maintaining this relationship militates against the damage caused by parental imprisonment. Care giving parents are best placed to support children's continuing development, education and leisure activities during periods of parental imprisonment. There is equally clear evidence about the value of support provided by grandparents and siblings. The contributions they make, for example, looking after the child, acting as a friend/confidante, supporting the non-imprisoned parent, can be substantial but often go unrecognised.

The COPING research has also identified the importance of children sustaining and maintaining relationships with imprisoned parents, both mothers and fathers, as a key factor relating to children's resilience. The findings confirm that children and young people greatly miss their imprisoned parent. Fathers may be missed as much as mothers. However, it is entirely understandable that the relationship between the child and imprisoned parent can be strained; parental imprisonment can cause shame for the imprisoned parent, embarrassment for the child and stigmatisation from the family. The more serious the crime the greater these impacts can be. On the other hand, it was also not unusual for children to idealise their imprisoned parent, perhaps as a way of dealing with their emotional ambivalence and feelings of loss and shame that they have about them. It is not always easy

Potential Impact, continued

to carry out a parental role in prison, and imprisoned parents may need to be encouraged to play as full a role as possible as parents, subject to this being in the child's best interest. In some cases, children's welfare is best ensured where their contact with the imprisoned parent is restricted or subject to certain conditions, such as mandatory accompaniment by a trained volunteer or professional, although this is less common. One of the most challenging tasks is what to tell the children about why their parent is no longer around. Children need to know the truth but they need to be told in a way that takes into account their age and maturity. How to do this is not obvious especially in extreme cases where the parent has been convicted of a very serious crime such as a sexual offence or extreme violence. It is not simply a case of using one's common sense. Parents in the COPING study talked about their difficulties in telling children about imprisonment and the difficulties they themselves experience in coping with the imprisonment. Parents should be honest with their children but in extreme cases they may need to be given advice from professionals in mental health and social welfare, not only on what to say but also on how to say it. A qualification to sharing information with children is that what they are told should, first and foremost, be in the interests of the child and not just that of the parent.

Potential Impact, continued

Potential Impact, continued

Recommendation 5 -
Advice and support to parents, care givers
and children

1. Parents and caregivers should be offered guidance from mental health and social welfare professionals, on what and how to tell the children in extreme cases, taking account of the child's age, individual personality and developmental stage.

2. The care-giving parent and the imprisoned parent should share responsibility for providing information from the start of the process to its eventual conclusion; decisions about how much children should be told should be reached in the best interests of the children (not those of parents).

3. Parents/caregivers and imprisoned parents should carefully consider sharing information about parental imprisonment with their children's school and wherever possible communicate this information so that schools can provide children with the support they need.

6. Promote NGOs' role in supporting children and families of prisoners

There was evidence that some families of prisoners were unaware of organisations specifically designed to support them. These families reported that they would have welcomed the opportunity to receive support, particularly regarding what to expect when visiting prison. Much more can be done by the police and the prisons to tell families where to find support but the NGOs need to ensure that criminal justice agencies are fully aware of their services so that they can refer families to them.

Potential Impact, continued

Recommendation 6 -
Promote NGO's role in supporting children and families of prisoners

1. The valued role of NGOs in providing services to children and families impacted by imprisonment should be recognised by national governments.

2. NGOs should ensure that their support services are effectively advertised to potential service users and other relevant personnel involved in the entire criminal justice system process
- from arrest to resettlement - to increase awareness of and accessibility to these services.

3. Criminal justice agencies should be aware of the particular needs of children with imprisoned parents and commit to publicising information for them at all stages of the criminal justice process.

4. Protocols with the police service should be developed so that when a parent is arrested, the police inform the family (carer and child) about where to find support.

5. Prisons should ensure that standardised letters advertising the services provided for children and families of prisoners by NGOs are sent to families of prisoners.

6. NGOs and support agencies not currently working in this area should be encouraged to expand their role to include support for families of prisoners and run activities specifically for children of prisoners.

Potential Impact, continued

7. Recognise and support care givers in building children's resilience

The contribution of care giving parents is crucial for children's resilience. But grandparents also play a role, sometimes taking over children's full time care, sometimes sharing household duties, helping financially, counselling and offering support with prison visiting. Grandparents were well placed to nurture the child's relationship with the imprisoned parent. The supportive role played by siblings was also strongly evidenced across all four countries. Older siblings frequently helped to look after younger ones, and also provided them with support, making sense of their shared experience of parental imprisonment. In a few cases older siblings provided full time, or near full time, care for younger siblings during periods of parental imprisonment. Governments should recognise the value of the work that all carers do and help ensure they are given the support they need from statutory agencies.

Potential Impact, continued

Recommendation 7 -
Recognise and support care givers in building children's resilience

1. The crucial value of support provided by care-giving parents, grandparents and siblings to children of prisoners in underpinning the children's mental health and promoting and protecting their well-being should be formally recognised by all EU Member States.

2. Caregivers should be provided with the support they need to
fulfil this role by statutory agencies throughout Europe.

Potential Impact, continued

8. Promote the parenting role of the imprisoned parent

COPING recognises the potential role of imprisoned parents as active agents in promoting children's welfare. Encouraging imprisoned parents to contribute to their children's daily lives can be problematic because they might not appreciate how hard it is for their children to deal with their imprisonment; they might not realise just how important they are in promoting their child's welfare and they may fail to see how they can possibly carry out from prison their role as a parent. Imprisoned parents need to have their awareness raised about the importance of their role, the difficulties their children may face and the various positive coping strategies that the family can develop. Just as carers need support on the outside, the imprisoned parent should be offered advice and support on parenting from within the prison through the provision of and participation in parenting groups and classes. But it is not just a case of changing perceptions. Imprisoned parents cannot execute their parenting role without continuing quality contact with their child. The two go hand in hand. Under the right circumstances there is no reason why an imprisoned parent should

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Potential Impact, continued

not be given the opportunity to share responsibility for decisions impacting on their child's well-being, maintain an interest in their child's education and in other aspects of their daily lives.

The role and contribution of parents/caregivers, grandparents and siblings, crucial for children's resilience and well-being, is usually a 'taken for granted' commodity. COPING actively recognises and promotes the value of such support.

Recommendation 8 -
Promote the parenting role of the imprisoned parent

1. Imprisoned parents should be offered opportunities to contribute to their children's daily lives, including being involved in their children's schooling, when feasible.

2. Parenting groups, workshops and other forums for sharing experience and receiving support as a parent should be widely available in prison to help them carry out their parenting role.

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9. The role of the school

Children of imprisoned parents are at a significantly greater risk of suffering mental health difficulties and may face particular issues as a result of their parents' imprisonment. Those working with children need to be aware that children of prisoners have both generic and individual support needs. For example, many children of prisoners take on additional responsibilities including acting as young carers while their parent is in prison. Where the fact of parental imprisonment becomes public knowledge, children can also be bullied and stigmatised. Schools are the one institution that almost all children regularly attend and are a significant influence on their socialisation. Where teachers or other trusted school staff (such as assistants or school nurses) do know about the situation, they can provide emotional and practical support to children of prisoners. Parental arrest and imprisonment can potentially make the transition from junior to secondary school more challenging and have an adverse effect on children's performance at school, at least in the short term. Teachers can help affected children academically, through homework clubs or extra tutoring. This

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Potential Impact, continued

can reduce significantly the burden on the non-imprisoned parent or carer especially when they were stressed, overworked and having to devote an increasing proportion of their time on running the household and managing family budgets. Schools can also encourage parents to be open with their children about parental imprisonment and they can reassure and encourage them to be honest about the impact of parental imprisonment on their child's school attendance (e.g. absences due to prison visits). They can also protect children from bullying and stigmatisation. However, these potential contributions are not always realised because schools are often unaware of the existence of children of prisoners, their experiences, life changes and needs. School staff and other professionals need to be alert to these children's need for emotional support and counselling. The help that they need is mirrored by the support and counselling needs of other children suffering either significant loss or trauma, for example, children experiencing parental divorce, bereavement or domestic violence. Teachers and other staff also need guidance on how to engage children in conversation around parental imprisonment. Schools need to be sympathetic and show an awareness of the needs of children of prisoners but parents need to have the confidence and trust that if they share this information, the school will be supportive and treat the information confidentially. Teachers

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Potential Impact, continued

and other staff can tackle stigma surrounding parental imprisonment by raising awareness of this issue in schools and by promoting a positive, non-discriminatory school environment. Throughout the EU, authorities responsible for overseeing schools should recognise children of prisoners as a core vulnerable group and include how to identify, engage with and support them in their strategic planning. Additional training for teachers and school counsellors about the emotional support and education needs of children of prisoners needs to be developed for staff to feel confident about their ability to provide the necessary kind of support. Schools should identify pupils who are particularly vulnerable, such as children of prisoners, in ways that are discreet and non-stigmatising, develop greater awareness of their needs and offer them appropriate support.

Potential Impact, continued

Potential Impact, continued

Recommendation 9 -
The role of the school

1. Across the EU, local, regional and national education authorities should include the children of prisoners as a vulnerable group in their strategic planning.

2. Training materials for teachers, school counsellors and others should be produced and used to raise their awareness of
the emotional and educational support needs of children of prisoners (among other vulnerable groups) so that they are better able to identify and respond to them. This training could be done in partnership with individuals or NGOs.

3. Stigma surrounding parental imprisonment should be tackled by raising awareness of this issue in schools and promoting a positive, non-discriminatory school environment.

4. Schools should refer children of prisoners experiencing severe anxiety or trauma resulting from parental imprisonment to trained counsellors.

5. Schools should make clear their open, non-judgmental approach towards children of prisoners and so encourage children and their caregivers to share information about a parent's imprisonment.

10. Public awareness and policy recognition

Working to safeguard the well-being of children is a common value throughout Europe, a value enshrined in the CRC and the Europe 2020 Strategy, which urges the promotion of policies that prioritise early childhood interventions in areas such as health and education. However, COPING has recognised from the start that children of prisoners have received less than adequate recognition for their needs from Government in the four partner countries — Germany, Romania, Sweden and the UK. This is attributable to several factors, the most significant of which are:

- A lack of awareness by both the public and policy makers that children of prisoners are a vulnerable and marginalised group in need of support;
- The fact that children of prisoners are a difficult-to-reach group, which compounds the problem and prevents these "invisible" children from accessing the support they may require;

Potential Impact, continued

- A negative portrayal by the media of offenders, and potentially their families, which can be harmful and stigmatising to the child;

- The absence, across the EU, of consistent information about the number and needs of children of prisoners the capture of which, either through a national monitoring body or through the prison service, is necessary in all EU Member States.

Despite the significant numbers of children affected by parental imprisonment (estimated to be over 800,000 across the EU) support initiatives for children of prisoners in EU Member States is patchy, inadequate or lacking altogether. A major precondition to changing this is to raise the needs of children of prisoners higher up the policy agenda at both EU and national level through getting them recognised as a vulnerable group whose needs should be met regardless of the crimes committed by their parent. The media can have a major impact both on how children view prisons and on how offenders and their families are seen by the public. Stereotypical portrayals of offenders and their families in the media can have a negative influence on public perceptions and social attitudes. Where the media does highlight the needs of children of prisoners, it can also compromise their dignity and privacy. COPING has

Potential Impact, continued

revealed that draconian representations of prisons by the media that do not reflect modern prison conditions may also give children misconceptions as to the realities of prison life and raise their anxiety. COPING found variations in the protection of privacy across the four countries. In the UK, many of the parents' court trials and resulting sentences had been reported by the local press and television and, for some, this has led to considerable media publicity. In Sweden, a strict privacy policy operates whereby the identity of offenders is prevented from being revealed in media accounts of trials until after conviction. This may lessen the social stigma associated with incarceration. Raising the visibility of children of prisoners and securing greater prioritisation of their needs in areas of current and future policy that affect their well-being requires action at the pan EU level in the following areas:

- Recognition by government that the children of prisoners is a vulnerable group

- More sensitive and responsible coverage by the media of issues that can affect children of prisoners

- Consideration of the perspective of children with imprisoned parents for all relevant decision-makers

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Potential Impact, continued

Recommendation 10 -
Public awareness and policy recognition

1. An EU Framework should be established for national support initiatives for children of prisoners. This Framework should define common objectives, including improving the information base about the numbers and needs of children of prisoners and the development of cross-agency support initiatives to meet these needs, to be translated into national policies according to the principle of subsidiary.

2. The Framework should: establish common indicators against which to measure progress; require periodic monitoring; promote cooperation between relevant agencies; and foster the exchange of good practice and ideas on a national level and among EU Member States.

Potential Impact, continued

11. General public awareness-raising and media coverage

In all countries, COPING identified a need to raise the awareness of and 'sensitise' media personnel to the often challenging circumstances that children of prisoners face and the impact that stereotypical or other portrayals can have on their well-being, with a view to preventing stigmatisation. Campaigners and researchers also need to be aware of possible negative repercussions of their efforts to raise the public profile of children of prisoners and a careful balance is needed between highlighting their needs and preventing further stigmatisation.

Potential Impact, continued

Recommendation 11 -
General public awareness-raising and media coverage

1. General public awareness-raising should be an on-going process across the European Union, primarily through articles in magazines for different groups of professionals and other media channels and through educational materials and sessions in schools. Content should focus on raising awareness of the existence of children of prisoners alongside other issues which create vulnerability, marginalisation or stigmatisation for children, the potential impact of parental incarceration and the need to develop effective support schemes.

2. Media should be sensitised as to how their reporting impacts upon children, to how stigmatisation can arise as a result of media reports about parental incarceration, and to the need to protect the dignity and anonymity of these vulnerable children.

Potential Impact, continued

12. Consideration of children's perspectives

Within EU states, where national governments are implementing EU law, children are legally protected by Article 24 of the Charter of Fundamental Rights. This states that:

- Children shall have the right to such protection and care as is necessary for their well-being. They may express their views freely. Such views shall be taken into consideration on matters which concern them in accordance with their age and maturity;

- In all actions relating to children, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration;

- Every child shall have the right to maintain, on a regular basis, a personal relationship and direct contact with his or her parents, unless that is contrary to his or her interests.

Potential Impact, continued

Recommendation 12 -
Consideration of children's perspectives

1. Decision-makers should ensure that anyone whose work impacts (directly or indirectly) on children of prisoners considers their best interests, needs, rights and perspectives, allowing
for the development of support initiatives in schools, statutory agencies, the criminal justice process, and other relevant areas.

2. In the longer term, all member states should seek to ensure that national law, especially in criminal matters, is more closely aligned to the Convention on the Rights of the Child.

3. EU legislation should be passed to ensure that Article 24 is enforceable across EU Member States in relation to the needs and rights of children of prisoners.

Project Report

Background

Compared to their peers, children of prisoners have been found to have three times the risk for mental health problems, anti-social delinquent behaviour and other adverse outcomes. Early studies of prisoners' children suggested that parental imprisonment might cause a range of adverse outcomes.[8] Boswell's (2002) study of children whose father was imprisoned found that most children interviewed expressed feelings of sadness or distress and commented on mostly negative changes in their lives since their father's imprisonment. The children were found to entertain a 'mixture of hopes and fears for their continuing and future relationships with their fathers' (2002: 20). Other studies have consistently reported the following psychosocial problems during parental incarceration, including: depression, hyperactivity, aggressive behaviour, withdrawal, regression, clinging behaviour, sleep problems, eating problems, running away, truancy, low academic achievement, and delinquency/anti-social behaviour.[9] Farrington and Murray's (2008, 2005) analysis of prospective data from the Cambridge longitudinal cohort Study in Delinquent Development found that boys separated because of parental imprisonment had higher rates of antisocial-delinquent behaviour, and of mental health problems after statistically controlling for

[8]SCIE (2008). Children of prisoners – maintaining family ties. p.15.
[9]Farrington & Murray, 2005, pp.1269-70

Background, continued

Background, continued

other childhood risk factors in the study (including low child IQ, parental criminality, family poverty, and poor parenting). The authors' findings reinforce earlier work in the USA (by Phillips, Burns, Wagner, Kramer, & Robbins, 2002) that children of imprisoned parents were a 'highly vulnerable group with multiple risk factors for adverse outcomes'. For instance, 71 per cent of boys who experienced parental imprisonment during childhood had anti-social personalities at age 32, compared to 19 per cent of boys who did not share this experience.

Furthermore, (Farrington, 2005) found that children of imprisoned parents were likely to be 'disproportionately represented in clinical populations' (2005: 1269/1276). Most crucially, 'parental imprisonment predicted boys' mental health problems throughout the life-course', and up until age 48, with 36 per cent having high levels of anxiety or depression at age 48 compared to 15 per cent of boys with no history of parental imprisonment or separation.[10] Parental imprisonment remained an independent predictor when compared to separation by other causes.[11] Unfortunately there are no other large scale longitudinal studies of mental health outcomes among children of prisoners, and as yet it remains an open question as to whether parental imprisonment has causal

effect on children's mental ill health or whether these children are at risk because of some other pre-existing disadvantage in their lives. This report presents the findings of the first Pan-European study to investigate these issues – the COPING Project, a child-centred study covering four European countries, the UK, Germany, Romania and Sweden and involving partners from these countries and also France and Switzerland.

COPING was underpinned by a number of core concepts:

1. Investigation of the mental health needs of children of imprisoned parents using an explicitly child-centred methodology.

2. Instigation of a major pan-European research agenda for what is a chronically under researched 'at risk' group.

3. Utilisation of a 'positive psychology' approach so that in moving away from a focus concerned with documenting adverse mental health outcomes of children of prisoners in favour of also understanding children's resilience at the individual and relational level, new insights are generated for designing successful interventions.

[10]Murray & Farrington, in press; in Murray, 2007, p.56
[11]Murray & Farrington, in press; in Murray, 2007, 56, SCIE (2008) p.17.)

Background, continued

Child-centred research is an approach that places the child at the centre of the process. Rather than a specific methodology, the term describes an approach which requires incorporating specific principles into the research process such as: establishing rapport, empathic understanding and respect for the child's ability to solve his/her problems, proceeding at the child's pace, focusing on the person of the child, emphasis on potential for growth and focusing on strengths (Boyd Webb, 2003). Applied to a study of the psychosocial effects of child-parent separation, Jones et al. (2004) argued that child-centred research was particularly valuable in understanding children's perspectives on the impact of parental separation because it:

- Utilises methods that are easy for children to understand and meaningfully participate in.

- Acknowledges that children's insights are important in generating knowledge.

- Recognises the importance of children's rights of expression (Article 12, UN Convention on the Rights of the Child).

- Represents a shift away from the objectification of children and regards them as active subjects within the research process.

- Utilises research findings to address children's voicelessness.

Background, continued

Other writers have further argued that engagement with the perspectives of children as active research participants can enhance the claims of empirical research in studies about children (Fraser et al., 2004).

Literature Review

Large numbers of children experience parental imprisonment.[12] Prison populations have been rising rapidly in most European Union member states (although there are some subtleties to the data).[13] In the UK, the prison population grew by 30 per cent between 2001 and 2011[14] and is one of the highest in the EU, with 155 per 100,000 of the population being imprisoned (averaged 2007-2009)[15], a rate only behind one other Western EU country, Spain, with 166.[16] An increasing reliance on imprisonment invariably means more children will experience its unique challenges on their family life. The actual number of affected children has been the subject of some conjecture, because researchers are reliant upon estimates as few governments systematically collect accurate figures or track affected children. In England and Wales these estimates range from 125,000 (approximately 1 per cent) in a year (Murray, 2007) to 200,000 children who had a parent in prison at some point in 2009.[17]

[12] There are two different methods of counting the numbers of children with an imprisoned parent; point prevalence counts the number of inmates with children at some specific point in time (a day or week) whereas cumulative prevalence counts over a period of time (i.e. during 2009). Clearly the later method provides a higher number than the former.

[13] 18 out of 27 EU nation states show increases in their prison population rates from 2000 to 2008 (Aebi & Delgrande, 2011) with a median percentage rate rise across those eighteen of 20.5. This is generally in contrast to some of the newer EU accession states, several of which have seen some marked reductions over the same time period.

[14] Prison Reform Trust (2012) Bromley Briefings Prison Factfile: June 2012.

[15] Eurostat 6/2012.

[16] Although a further 5 Eastern EU countries have higher rates, being: Latvia; Lithuania; Poland; Czech; Slovakia (Aebi & Delgrande, 2011).

[17] Ministry of Justice (2012) Prisoners' childhood and family backgrounds, London: Ministry of Justice.

Literature Review, continued

On the latter figure this is a higher number of children than those affected by family divorce, over three times the number of children in care, and over five times the number of children on the Child Protection Register.[18] Other estimates suggest that there are some 800,000 children of prisoners across the European Union (Eurochips, 2006).

[18] Prison Reform Trust (2012) Bromley Briefings Prison Factfile: June 2012.

Identifying the Effects of Parental Imprisonment

A number of small scale studies reveal that children can react to parental imprisonment by having feelings of grief, loss and sadness, confusion and anger, being distressed and disturbed, suffering depression, becoming withdrawn or secretive, showing regressive or attention seeking behaviour, having disturbed sleep patterns, eating disorders, and symptoms of post-traumatic stress disorder (Boswell, 2002; Crawford, 2003; Cunningham, 2003; Noble, 1995; Peart & Asquith, 1992; Philbrick, 2002; Richards et al., 1994; Skinner & Swartz, 1989; Hissel et al., 2011).

Whilst these studies provide evidence of a strong correlation linking parental imprisonment with adverse child mental health and well-being, importantly, these outcomes are not proven to be caused by parental imprisonment. Children of prisoners might be at risk because of some pre-existing disadvantage in their lives, rather than because imprisoning parents itself causes poor child outcomes. This is because parental imprisonment usually emerges from a context of family instability, including family violence, poor parenting (including child abuse and neglect), frequent care-giver disruptions, parental mental illness, and high levels of neighbourhood violence, all of which may explain, by themselves,

Identifying the Effects of Parental Imprisonment, continued

the heightened level of risk to which children are exposed (Glaze & Maruschak, 2008; Parke & Clarke-Stewart, 2003; Phillips et al., 2009). Indeed, as might be expected, parents who are substance abusing, suffer mental illness, and who are poorly educated, have higher levels of involvement in the criminal justice system, of which imprisonment is often the final outcome in a long line of other criminal justice sanctions (fines, community service etc.).

A small number of longitudinal studies have attempted to test whether parental imprisonment is a causal risk factor for child mental health problems. Five such studies show that parental incarceration is strongly associated with later symptoms of child psychopathology (primarily anti-social behaviour), although the evidence to confirm a direct causal effect remains mixed. Two important longitudinal studies (Project Metropolitan in Sweden and the Mater University Study of Pregnancy in Australia)[19] buck this trend, however, finding limited causal effect from parental imprisonment on children after controlling for background risk factors (neither study assessed mental health adversities although the Swedish study suggests a 'direct transference of criminal or role modelling' (Janson, 2000: 140-171)). Therefore studies in the United States and England suggest that there might be causal effects from parental imprisonment, but studies in Sweden and Australia suggest otherwise. A recent systematic review and

[19]Both studies controlled for a number of background risk factors.

Identifying the Effects of Parental Imprisonment, continued

meta-analysis of the most robust research projects[20] came to a similarly inconclusive result, although parental imprisonment was found to be a risk factor for mental health problems with children of prisoners having twice the risk for poor mental health compared to peers (Murray et al., 2009).

Why should the effects of parental imprisonment on later child criminality (using match samples after controlling for age, sex, social class, age at time of parental imprisonment, and age at time of outcome) be a strong predictor and possible cause of adult offending in England but not in Sweden? In exploring this finding the authors speculate that family friendly prison policies in Sweden, combined with a welfare orientated justice system that encompasses extensive social support and sympathetic attitudes to crime and punishment, explain why children appear to be less affected by parental imprisonment than in England and Wales[21]. If these conjectures are right, having more family friendly public policies and practices may be contributing to enhancing the resilience of children of prisoners. Whilst these studies were primarily concerned with generational transmission of criminality, they may also have important implications for child mental health and well-being, although further cross national comparisons are needed to investigate the protective effects of social policies.

Risk Factors, Subsequent Problems and Decreased Well-Being

This turns attention towards a number of 'mediating factors' and 'moderating factors' (Murray et al., 2005, 2009) which can account for these findings.

Parent-child attachment
At its most obvious, parental imprisonment threatens a child's sense of attachment security. This is in keeping with attachment theory (Bowlby, 1969, 1980) which states that young children require dependable, accepting and intimate contact with their parents for stable emotional development. According to Bowlby, secure attachment bonds promote positive child development and behaviour, whereas insecure attachment can lead to deficits in social and moral functioning in adulthood (e.g., Bretherton & Munholland, 2008; Fonagy et al., 1997). The idea that parent-child separation is harmful for children (Fritsch & Burkhead,1981; Kampfner, 1995 in Murray & Farrington, 2006; Moerk, 1973; Poehlmann, 2005; Richards,1992; Mackintosh et al., 2006) may be especially significant for children of prisoners because of the way that separation can often occur. Arrests can be traumatic for a child because they are usually unexpected, they can be

[20]Only ten studies were included in the systematic review.
[21]Murray, 2007, p.73.

confrontational or violent, and they may be unexplained to the child (Murray, 2007). Seeing parents arrested by police may be confusing or frightening for children (Mazza, 2002). In addition, because their parents are no longer available to protect them, feelings of helplessness can surface for children, which can lead to anxiety or lack of engagement while in school.

Parenting behaviour

Parental imprisonment might result in children receiving inadequate or unstable care and supervision, in turn causing behavioural and emotional difficulties. Two longitudinal studies of children of prisoners (the Cambridge study and the great Smoky Mountains Study) found that children of inmates were exposed to higher levels of potentially harmful parenting practices, but that neither project was able to disentangle whether parenting risks increased after parental imprisonment or whether they were present prior to imprisonment taking place (Murray & Farrington, 2006: 726).

Economic strain

One of the most robust findings in the literature indicates that families with an imprisoned parent experience increased levels of financial and material hardship (Anderson, 1966; Braman, 2004;

Chui, 2010; Davis, 1992; Fishman, 1990; McDermott & King, 1992; Noble, 1995; Peart & Asquith, 1992; Pugh, 2004; Schneller, 1976; Schwartz-Soicher, Geller, & Garfinkel, 2009; Shaw,1987; DeFina & Hannon, 2010; Murray & Farrington, 2005; Phillips et al., 2006; Kjellstrand et al., 2011; Schwartz-Soicher et al., 2011). This appears to be the case in a number of jurisdictions, including the UK, USA, Netherlands and Hong Kong, despite a range of different existing social welfare provision. However, some families can find themselves better off financially from the absence of a parent whose lifestyle is highly costly (e.g., Pugh, 2004). More exacting analysis, disentangling the effect of imprisonment on poverty from the effect of poverty on imprisonment in the US, found that mass imprisonment significantly increased child poverty rates (DeFina & Hannon, 2010). The effects operated both directly through the imprisoned individuals and occurred via the collateral effects on the family and wider community. The cumulative effect of these economic strains can cause psychological distress in trying to manage the family budget and thereby diminish a parent's capacity to positively parent the child.

Stigma, bullying and labelling

Partners and children of prisoners may experience secondary stigma, discrimination and bullying (Anderson, 1966; Condry,

2007; Fishman, 1990; Hagan and Dinovitzer, 1999; Morris, 1965) all of which can have a detrimental effect on the child's mental health, or increase the child's own anti-social behaviour (Boswell &Wedge, 2002; Sack, 1977; Sack et al.,1976) although younger children may not show embarrassment about maternal imprisonment (Hungerford, 1993). Indeed shame and stigma distinguish incarceration from other forms of parental absence such as divorce. This can lead to hostility and ostracism, reducing support from social networks, and further marginalising and isolating the family (Boswell, 2002; Pugh, 2004; Richards, 1992; Sack, Seidler, & Thomas, 1976).

Disclosure to the child about parental imprisonment
Further problems can be caused by the fact that parents or caregivers can be unwilling to tell children the true reason for a parent's absence. This deception can be motivated by concerns about how others who learn of the imprisonment will react (Myers et al., 1999) including fears that the child might become too upset or perhaps think it is acceptable to go to prison (King, 2002). When children are confused or deceived, they may not be able to integrate their experiences of their missing parent (Bretherton, 1997; Kobak & Madsen, 2008) and a lack of information can be frightening for children, encouraging their fears or fantasies about where their parent actually is (Shaw, 1992). However, Hagan and

Myers (2003) found that secrecy about a mother's incarceration did not by itself predict any behavioural problems. More important was the level of social support that the child could draw on.

Informal and formal support
Having access to supportive relationships with relatives and friends, and also people in the wider community, can act as protective factors for children who lose a parent (Masten et al., 1990; Lösel & Bender, 2003). Indeed, informal support from family members is utilised more and considered more important than formal support from organisations (e.g., McEvoy, O'Mahony, Horner, & Lyner, 1999). A number of other studies suggest that positive school experiences appear to be protective for proximal risks, and were associated with better work and marital outcomes for women growing up in institutions, compensating for earlier less positive experiences within the institution when compared to a comparison group (Rutter & Quinton, 1984; Rutter, 1990). Favourable school experiences have also been found to reduce the effects of stressful home environments (Rutter, 1979; Werner, 1990; Werner & Smith, 1982 in Masten et al., 1990). Masten et al.'s (1990) discussion of these findings suggests that higher IQ acts as a central protective factor for disadvantaged children.
A wider range of diverse studies, although methodologically weak, find that having adults caring for children during or after a major

Risk Factors, Subsequent Problems and Decreased Well-Being, continued

Conclusion

stressor is an important protective factor. Adult women who lost a parent in childhood were more vulnerable to depression, but subsequent analysis revealed that it was the quality of care giving that the child received after the loss, not the loss itself, that predicted vulnerability to depression (Rutter, 1990; Brown et al., 2002). Similarly, children living in homes with marital conflict appear better protected if they maintain a good relationship with one of the parents (Rutter, 1990 in Masten et al., 1990: 431). Daud et al. (2008)[22] found that refugee children of traumatised parents showed resilience when they perceived that they had a supportive family (despite their parents carrying impairments) when they had adequate emotional expression and good relationships with their peers. Other salient factors in the resilience research demonstrate the importance of self-efficacy and self-confidence (Garmezy, 1985; Rutter, 1979; Werner, 1990). Masten et al. (1990) argue that belief in oneself may function through motivating attempts at adaption rather than accepting passivity that can accompany despair. This can become a virtuous spiral, where self-efficacy increases from mastering new experiences and challenges, increasing the likelihood of instrumental behaviour and thereby priming the child to confront a new situation more prepared for effective action and forearmed with self-confidence.

Research evidence from across Europe, as well as the wider international literature, has shown that parental imprisonment is a strong risk factor for mental health problems in children. Many children of prisoners are more likely than their peers to experience significant disadvantages and to come from families with multiple and complex needs, including experiencing social exclusion, family financial difficulties, family discord, stigma, isolation and victimisation, and poor educational attainment (Smith et al., 2007; Scharff-Smith & Gampell, 2011; Glover, 2009; Ayre et al., 2006; Murray, 2007; Boswell, 2002; King, 2003; Murray et al., 2009). These adverse effects can be profound and long lasting on the child (Cunningham, 2003). Describing the mechanisms through which parental imprisonment affects child development has proved to be more challenging, despite this being crucial for designing programs to ameliorate the negative effects. Attempts to disentangle the influence of parental imprisonment from the myriad of other risk factors, including those existing prior to the imprisonment, and to which many children of imprisoned parents are exposed, has proved difficult. Many of the studies that have been carried out tend to be small-scale, either in area, time, or

[22]The study comprised 80 refugee children (40 boys and 40 girls, aged range 6-17 years) divided into two groups; those whose parents had been victims of torture in Iraq, and a comparison group from other North African Countries and who had not been tortured.

Conclusion, continued

Conclusion, continued

number of participants. There is also little research that focuses upon children's experiences per se, with many studies being reliant upon care-giver accounts (Farrington & Murray, 2005). Studies on the effects of imprisonment on children point to many pathways by which paternal imprisonment may affect a child's well-being. Clearly the impact of parental imprisonment will vary depending upon the age and developmental level of the child (Parke & Clarke-Stewart, 2002). There are also a multitude of risk factors which interact and change over time and which can be moderated by protective factors present in the children themselves, as well as in the environment. Perhaps most importantly, imprisonment is likely to traumatise children through paternal absence. However, a number of studies highlight key protective factors, which include a child having a positive sense of self, religiosity, gaining social support from non-family members, having positive parent-child relationships, and having other external support systems outside the family that both encourage and reinforce the child's efforts to cope and which instil positive values in the child.

There also appear to be important country level differences which indicate how socio-economic, cultural and political contexts can impact upon children of prisoners' well-being. Murray, Janson and Farrington (2007: 73) have speculated that Sweden's family-

friendly prison policies, shorter prison terms, combined with a welfare orientated justice system that encompasses extensive social support and sympathetic attitudes to crime and punishment may explain why children appear to be less affected by parental imprisonment than in England and Wales. Presumably this conjecture would also hold true for the USA. If these conjectures are right, having more family friendly public policies and practices may be enhancing aspects of child development. Whilst these studies were primarily concerned with generational transmission of criminality, they may also have important implications for child mental health and well-being, although further cross national comparisons are needed to investigate the protective effects of social policies.

This review of the literature provides the backdrop for the COPING Project (2010-2013).

Project Objectives

COPING represents a child-centred research strategy covering four European countries Germany, Romania, the UK and Sweden, which has identified the characteristics of children with imprisoned parents, their resilience, and their vulnerability to mental health problems. The objectives of COPING were to:

1. Enhance our understanding of the mental health needs of children of prisoners

2. Explore childhood resilience and coping strategies and assess the value of these concepts for planning interventions

3. Bring together European and international perspectives to investigate the nature and extent of mental health problems affecting children in this group

4. Identify relevant and effective policy interventions to ameliorate the mental health implications for affected children

5. Raise the awareness of policy makers to the needs of this under-researched group.

Project Objectives, continued

Further to these objectives, COPING aimed to advance the state of the art by:

- Creating an evidence base for the development of policy and interventions where little currently exists
- Developing a child-centred methodology which regards children as an authoritative source of knowledge on the mental health impact of parental imprisonment (research in this area is largely characterised by views about children rather than the perspectives of children)
- Conducting research beyond the traditional paradigm, which is often confined to the 'problematic' perspective of separation and not fully cognisant of the potential improvement in the child's well-being that can arise from appropriate support
- Identifying gaps in the data sets in relation to Children of Prisoners in Europe that currently inhibit the development of policy to mitigate mental health risks.

Country context

The four EC partner countries in which the research was conducted, namely, the UK (England and Wales), Germany, Romania and Sweden, reflect a broad spectrum of criminal justice

Project Objectives, continued

Project Objectives, continued

policies, including incarceration levels, social welfare provision and interventions to support children of prisoners. For these reasons the COPING countries were selected to act as a test-bed for the development of impacts at the wider European level.

Sweden

Sweden locks up fewer people than any other COPING country, with a prison population rate of 77.2 per 100,000 people (see Appendix, Table1). Sweden also locks up its prisoners for the shortest average period (3.8 months) all of which means there are correspondingly far fewer children in Sweden experiencing parental incarceration, with approximately 10,500 children having one or both parents in prison (Swedish Prison and Probation Service, 2007; Mulready-Jones, 2011)[23]. These figures reflect a markedly different approach to prison and criminal justice in Sweden than that adopted in the UK. Since the 1980s, Swedish social policy has tried to reduce the use of shorter prison sentences as punishment for crimes, and to make greater use of alternatives to custody, although despite having the smallest prison population the overall trend from 2000 has been upward.

Sweden is a wealthy country with an average per capita income at purchasing power parities (PPP)[24] of €33,743, the highest of the four countries. The country also has a well-developed welfare system and operates a more redistributive system for taxation and benefits than any other COPING country. Poverty-related social problems are consequently relatively limited. For instance, while in the UK 29.7 per cent of children and young people[25] are at risk of poverty or social exclusion, the figure for Sweden is 14.5 per cent[26], thanks in part to a generous welfare state. A recent comparative study of the three national groups of prisoners' children (in England and Wales, the USA, and Sweden) found that Swedish children are 'by far the most fortunate in terms of the support services available to them and the effectiveness of those services in minimising the harm caused to children by parental incarceration' (Mulready-Jones, 2011: 5). These potential moderating factors to the impact of parental imprisonment on children also find further support in longitudinal comparative research, notably where the UK research (the Cambridge study) showed that parental imprisonment predicted antisocial behaviour in children, a finding only partially replicated in Sweden (in the Project Metropolitan study). Murray

[23] http://www.Bryggan.se/english.html in Mulready-Jones, A. (2011). Hidden Children: A study into services for Children of Incarcerated Parents in Sweden and the United States, PACT: p5; and, Swedish Prison and Probation Service, Basic facts about Prison and Probation Service in Sweden: 2006 [on-line], accessed 28.10. 2007, available at Swedish Prison and Probation Service, http://www.kriminalvarden.se/templates/KVV_lnfopageGeneral_____4051.aspx

[24] GDP per capita based on purchasing power parity (PPP) is gross domestic product converted to international dollars using purchasing power parity rates 2007-2011: The World Bank (2011) Data: GDP per capita, PPP. This dollar figure has subsequently been converted into Euros by the author (1 USD = 0.814289 EUR; www.xe.com).

[25] Throughout this section 'children and young people' refers to people under 18 years of age.

[26] This indicator reflects the percentage of people with an equivalised disposable income below the 'at-risk-of-poverty threshold', which is set for each country at 60 per cent of the national median equivalised disposable income: Eurostat, Antuofermo, M., Di Meglio, E. (2012). Eurostat Statistics in Focus 9/2012. Population and social conditions, European Commission.

Project Objectives, continued

(2005) speculated that the divergence in findings may be because children in Sweden are better protected from the adverse effects of parental imprisonment through Sweden having more child-friendly policies and procedures, in addition to benefiting from a welfare-oriented juvenile justice system, and an extended social welfare system which enables children to receive the support they need.

Services for children
Sweden is the only COPING country which records information about prisoners' children. However, as this information is recorded in personal files, a total count of children of prisoners is not possible. Children of prisoners were found to still fall between different government agencies with no individual department having responsibility for them, leaving the voluntary sector support agencies to fill the gap (Mulready-Jones, 2011: 6-7). In addition, Sweden spends the highest amount per prisoner, of the COPING countries, in part reflected by having the highest rate of inmate supervision within its 55 prisons.
Bryggan is the largest NGO providing services to children of prisoners in Sweden. Bryggan pursues an explicit child's perspective in improving outcomes within the Swedish criminal justice system. A further key difference between the services

offered by Bryggan and the agencies in other COPING countries is that in order to access services parents must inform their children about the parental incarceration.

Maintaining contact
Children of offenders in Sweden face fewer economic barriers to maintaining contact with their imprisoned parents than their peers in other COPING countries. Children can have their costs of travel paid buy their Kommun (or Municipality), if their parents' income is below national norm and they are granted social welfare. However, there is some anecdotal evidence that the scheme may not be well known amongst some families and there may be some difficulties in accessing the provision within individual Municipalities (Mulready-Jones, 2011: 8). Phone contact is permissible in addition to visits, and prisoners in Sweden can call each child once a week free of charge, although Mulready-Jones (2011) reports that keeping in touch by phone was thought difficult and the cost was considered too high by the families phoning in, a criticism reinforced by voluntary organisations.

Unusually, remand prisoners (those not found guilty of a crime) in Sweden are held in separate remand centres (Hakte) and can be subject to severe restrictions on contact with the outside world,

Project Objectives, continued

Project Objectives, continued

including family members.[27] This can last for months, and in a minority of cases for years, without any contact at all, even by telephone, with their children (Mulready-Jones, 2011: 7). There is evidence that these restrictions (where offences contain elements of domestic violence or sex offences) can be imposed routinely in a wider range of offences,[28] a draconian policy which has attracted repeated criticism from the United Nations Committee against Torture and the Council of Europe. For those inmates who have been sentenced, children visiting them in prison experience a much less formal arrangement than in England and Wales, with prison authorities focusing on the quality of visits rather than the frequency (Mulready-Jones, 2011: 7). Normal visits to closed institutions usually last for one to two hours, sometimes longer, and take place in private rooms that resemble sitting rooms, allowing children to play with their parents as they would at home, and the parent is free to move around as they please and interact more naturally with their child. About half of Swedish prisons also have fully furnished visiting apartments where children and the carer in the community can stay overnight or for a weekend, thereby enabling normal family life to proceed. There is an opportunity for suitable prisoners to go 'on leave' (furlough) which is recognised as very important for the maintenance of

family ties, and for other purposes (work interviews, arranging accommodation, etc.). The Swedish penal legislation provides for leaves of this kind and they are quite widely used.[29]

Female prison estate
Women prisoners are held in four prisons solely for women in different parts of the country, as well as one wing of a prison that also holds male prisoners, in the south of Sweden. In women's prisons in Sweden, women are able to have their children live with them in their early years[30] (providing this has been approved by the authorities and is in the best interests of the child). Mulready-Jones (2011) argues this is made possible because of the more human scale of prisons in Sweden and the links that have been built up at specific prisons and the community child care facilities.

Germany
Germany is Europe's most populous nation and largest economy. It is also one of the wealthiest countries in the world, with average per capita income at purchasing power parities of €32,091.[31] Broadly speaking, Germany is a middle-class society and has a well-developed welfare system, although some 21.7 per cent of children and young people are deemed at risk of poverty or social

[27] One of the key criteria is if the prosecution feels that there is a risk that the defendant will 'obstruct justice' by interfering with witnesses they can ask the court to impose restrictions on the accused contact with children and family, restrictions on contact with other prisoners, and on contact with media (even access to newspapers and television etc.)

[28] Some 45 per cent of remand prisoners in Hakte have restrictions imposed on their contact with family members (2010 Human Rights Report: Sweden Bureau of Democracy; Human Rights, and Labor 2010 Country Reports on Human Rights Practices April 8, 2011).

[29] Swedish Prison and Probation Service, Leave of absence [on-line], accessed 28.10. 2007, available at http://www.kvv.se/templates/KVV_InfopageGeneral____3977.aspx
[30] This facility is gender neutral, and is also available in men's prisons.
[31] The World Bank (2011) Data: GDP per capita, PPP.

Project Objectives, continued

Project Objectives, continued

exclusion.[32] Most inhabitants of Germany are ethnic German (91.1 per cent). There are, however, more than 7 million residents without German citizenship. With the reunification in 1990 the country is now divided into 16 Laender or federal states and operates a federal system of governance which explains some degrees of variability in criminal justice polices and guidelines.

Germany has the second lowest imprisonment rate of the four COPING partner countries, 89.3 per 100,000 of its population, although it also has the second highest average imprisonment length, some 8.7 months. The country has been characterised as covering 'the middle ground' on many issues of crime and penal policies in relation to most of its EU neighbours, including the way crime is perceived by the public and dealt with by the state (Oberwitter & Hofer, 2005). Despite some indications of longer prison sentences in recent years, the long-term trend towards non-custodial sanctions has not been reversed (von Hofer, 2004; Weigend, 2001 in Oberwitter and Hofer, 2005) and rehabilitation remains the guiding principle of penal policy.

Services for children
Germany records whether prisoners have children and how many. Details about the age of the children and whether the prisoner

had contact with them before imprisonment are not recorded. Fuller details are required in order for the welfare of children of prisoners in Germany to be ensured. Penal law varies significantly between Laender. A majority (60 per cent) of participants for in-depth interviews were recruited from Bavaria which has one of the strictest penal laws. For example, conjugal visits are not permitted in Bavaria and phone calls between prisoners and families are severely restricted and only granted on application. Other Laender in Germany have more liberal penal policies. Services for children such as counselling and father/mother-child-groups and family days based in prison are provided in Germany by small NGOs or other associations in co-operation with the local prisons on a regional basis. There is no network of services to support children of prisoners and their families across the country comparable to the services provided by Bryggan in Sweden.

Maintaining contact
The custodial philosophy in Germany is to assimilate prison life to life outside prison and to counteract the damaging consequences of incarceration. Dammer (1997) argues that there are 'unique environmental conditions' in Germany in supporting this rehabilitative philosophy, including the physical location of the prisons, their structural design, and the general atmosphere and

[32] Eurostat; Antuofermo, M., Di Meglio, E. (2012). Eurostat Statistics in Focus 9/2012. Population and social conditions, European Commission.

Project Objectives, continued

Project Objectives, continued

interpersonal climate inside the prison estate. There is also an emphasis on inmates maintaining contact with family members and a number of programmes to support this above and beyond the minimum allocation of an hour's visit (or equivalent) per month.

Three other types of programs operate for inmates: home-leave, half-open release programs and (less commonly) conjugal visiting[33], aimed to aid offender re-integration and the maintenance of family relationships. Inmates with home leave are allowed to leave the prison for one-two days at a time to live with their family (or close friends,) and each inmate is eligible for up to 21 days of home leave per year, although extra leave may be granted for special reasons including family events (Dammer, 1997). This privilege extends to all inmates, with the proviso that they have not jeopardised the benefit by poor prison behaviour. Even inmates who have committed serious crimes and those with 'life' sentences are eligible. The half-open release program allows inmates who have served at least one-half of their sentences to work or study under supervision outside the prison. Finally, in a small number of states, unsupervised conjugal visits can be approved for four hours every two months, commensurate with no violation of a serious prison rule (Boettiche & Feest, 2008).

Opportunities for telephone contact vary across the different states in Germany. The sixteen Laender all have different penal laws. In principle, it is possible for children to have phone contact with imprisoned parents in Germany. How much contact is allowed, and how this is facilitated varies between the Lander and between prisons. For example, some prisons have phone booths, and in some prisons the prisoner can telephone from the social services office.

Female prison estate
Germany's secure female estate has mother and baby units in eight of the prisons where children can live with their mothers until the age of three. There are also two open prisons which can accommodate children up to the age of six (the age at which children start school).[34] There are also specialist staff available to train women in child care responsibilities. In addition to these arrangements there are a number of special provisions which allow mothers to leave the prison with their children. For instance, it is possible for mothers to get work-release from prison in order to look after their household and children.[35] Germany was found to have the most 'child-centred prison system' by one recent international review of women's prisons.[36] The Frondenberg prison

[34] http://www.eurochips.org

[35] Quaker Council for European Affairs, Country report: Sweden http://www.quaker.org/qcea/prison/Country%20Reports/Germany%20Report%20-%20Final.pdf

[36] The review was limited to 8 countries studied in depth, being: Australia, Canada, Denmark, Germany, New Zealand, Spain, Sweden and three States in the United States (Arizona, New York State and Washington State): Fair, H. (2009). "International review of women's prisons." Prison Service Journal (184): 3–8.

[33] Conjugal visits are restricted to a small number of Laender and are available at only a few prisons in these states.

Project Objectives, continued

Project Objectives, continued

had 16 mothers living with their children up to the age of six, in self-contained flats with balconies which the reviewers thought had the appearance of 'well-equipped family houses', with the prison resembling a 'student flat from the outside' and where staff do not wear prison uniforms.

Romania

Romania is a relatively new EU member state and has a total population of 22.2 million people. It was commonly regarded as the 'laggard' of the post-communist countries that sought EU entry during the 2004/2007 enlargements (Pridham, 2007), in part because the communist regime remained inflexible until its collapse in 1989, negatively impacting the subsequent development of Romanian society and the transition to a market economy. Partly as a result, Romania has by far the lowest average per capita income at purchasing power parities of any of the four COPING partner countries, at €12,347,[37] and remarkably, nearly half of its children and young people are deemed at risk of poverty or social exclusion (48.7 per cent) (Eurostat, 2012). Romania also has the second highest imprisonment rate, at 125.7 per 100,000, only behind the UK's 152.3, and has the longest sentences of any COPING country.[38] At the same time Romania has also

registered one of the largest falls in prison population in Europe since September 2006 (down 25 per cent).[39] In December 2009 there were 32 prisons in Romania, including only one dedicated prison for females. It remains the case that physical conditions in Romanian prisons and wider society still reflect decades of neglect from the communist regime, and from the prevailing difficult economic conditions. The prisons are old and in disrepair. Indeed the condition of its correctional institutions was a major concern during the country's bid to join the 27-member EU (Manolache & Loancea, 2011; Council of Europe, 2006). Since entry, the EU has also specified the strengthening of state capacity, including prison conditions. Whilst a significant process of modernisation has been initiated and is now underway,[40] these efforts are far from bringing prisons into line with the standards of the Council of Europe, which noted that significant difficulties remain within the Romanian prison estate (Manolache and Loancea, 2011; Council of Europe, 2006).

Services for children

Since 2011 The Romanian Ministry of Justice requested all prisons to record information on whether prisoners had any children,[41]

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[37] The World Bank (2011) Data: GDP per capita, PPP.

[38] As Durnescu et al. (2010) notes, these figures have to be taken with some caution due to the way the Romanian prison administration registers offenders sentenced at the first level court as under a preventive custody measure, making an estimate of who is sentenced in the first court and who is actually not sentenced at all near impossible.

[39] A press release issued by the International Centre for Prison Studies concluded that Romania registered one of the largest falls in prison population in Europe.

[40] Among the objectives of the Strategy for the reform of the judicial system 2004–2007, was the programme to build new prisons and to modernise 9 existing centres; Council of Europe (2006) FOLLOW UP REPORT ON ROMANIA (2002–2005): Assessment of the progress made in implementing the recommendations of the Council of Europe Commissioner for Human Rights. Strasbourg, Office for the Commission of Human Rights.

[41] This decision by the Romanian Ministry of Justice was a direct result of emerging findings from COPING indicating the need to record information on prisoners children.

Project Objectives, continued

Project Objectives, continued

although his has yet to deliver an accurate count of children due to differences across the Romanian prison estate in implementing the initiative.[42] There are no specific services provided for children of prisoners in Romania.[43] One NGO in Cluj (Western Romania) offers some services in the form of a drop-in centre but these are primarily directed at street children. The NGO does cater more broadly for other children at risk, including some children of prisoners, but this is not the target group for the project.

Maintaining contact
Depending on the security regime of the prison, inmates are allocated from three to five visits per month. In the lower security estate visits may be 'at the table' whilst higher security prisons impose the more restrictive 'through the glass' visits preventing any physical contact. Visits can last between 30 minutes to two hours although the visit duration is different for family visits. Conjugal or 'intimate visits' are permitted for married prisoners or those with long lasting relationships once every three months for two hours, conditional on good prison conduct in the six months prior to the intimate visit. Prisoners getting married while incarcerated may benefit from a 48 hour intimate visit (Durnescu et al., 2010). Prisoners with good behaviour who are actively involved in educative programmes may also benefit from prison leave of one, five or 10 days (Durnescu et al., 2010).

Female prison estate
There is only one prison in Romania which is specifically for sentenced women (Târgsor women's prison) with the remaining male prisons providing special sections for women on remand. According to the Prison Reform International, in 2002 there were a total of 1,579 women prisoners with children. The later country questionnaire sent to member states by the QCEA reported that 60 per cent of female prisoners in Romania had children under the age of eighteen (2007).[44] The majority of prisons have special sections for women on remand, with wings for women in thirty of the prisons for men. Young children and babies can stay with their mothers in prison up until the age of one year. Pregnant women and women prisoners who bring up small children inside the prison establishment are entitled to an enhanced eight visits per month. Children are allowed to visit their mother in prison once a week and there is a special visiting room in the women's prison with children's furniture, toys and books etc. Women are allowed physical contact with their child during visits. There is an emphasis on improving the system of women's prisons in Romania, and the Head of the Social Reintegration Department has suggested that the number of places and the geographical location of more women's prisons should be assessed.

[44] QCEA questionnaire

Project Objectives, continued

Project Objectives, continued

UK (England and Wales)

The UK is distinctive in having the most liberal market-oriented welfare system in the European Union. This approach is not without its tensions and limitations, as the UK also has the second highest (29.7 per cent) number of children and young people deemed at risk of poverty or social exclusion of the four COPING countries (Eurostat, 2010). The UK is a long established member of the EU and has a population of 63.1 million (Census 2011) and an average per capita income at purchasing power parities of €29,713.

Unlike many of its EU neighbours, the UK has consciously emulated the more punitive American crime control policies and the prison population has nearly doubled since 1993, and now stands at a record high (Tonry, 2004). England and Wales imprison more people than any other COPING country, and is second only to Spain in Western Europe, with a prison population rate of 153.2 per 100,000 people and 140 prisons. Consequently there is a significant increase in the number of children experiencing parental imprisonment. As with Romania, UK authorities do not record or track children of prisoners.[45] Estimates vary between 125,000 and 160,000 children with a parent in prison each year, with about 7 per cent of children experiencing the imprisonment of a parent at some point during their school years (Department

of Education, 2003). This means there are more children who experience the imprisonment of a parent than children who experience their parents divorcing (Mulready-Jones, 2011).

Services

There has been only a limited policy response to children of prisoners in England and Wales and there is no official statutory agency catering for the needs of prisoners' children and families, and no information or support is routinely offered to them (Ayre et al., 2006; SCIE, 2008). However, a number of NGOs in the voluntary sector do provide services, information and advice for prisoners' families, including websites and telephone help-lines. Most UK prisons have visitors' centres which provide special areas for family visiting and a range of core services, including supervised play areas, canteen facilities, and a place where advice on welfare and benefits can be given by contracted NGO staff. However, provision can be uneven, ranging from bare halls with no staff to busy, well-staffed resource centres (Loucks, 2002). Means tested financial assistance for families in receipt of welfare benefits to cover the costs of travel is provided through the government's Assisted Visits Prison Scheme.[46]

[45] The UK government has announced plans to record information on prisoners' children, using the newly introduced National Offender Management Information System, but the plan has been beset by delays and budget difficulties, and this information will not now be mandatory once the system is implemented (Scharff-Smith & Gampell, 2011:8).

[46] Ministry of Justice. Assisted Prison Visits Scheme: Customer Service Guide 2009/2010, MoJ.

Project Objectives, continued

Project Objectives, continued

Maintaining contact

Contact in UK prisons comprises either visits by the family to the prison, temporary release of the prisoner, and telephone and mail communication. Convicted prisoners are allowed one visit upon reception into prison and then two visits every four weeks thereafter. (Remand prisoners are allowed a more generous three 60-minute visits a week). Prisoners who are a long way from home may also request a temporary transfer in order to take all of their visits in one week at a prison nearer home. However, eligibility to receive visits is linked to the incentives and earned privileges scheme (IEP) which comprises three levels: basic, standard, and enhanced. 'Enhanced' prisoners receive more visits than those on the standard or basic levels. They can also earn better visits in improved surroundings, for longer, and with more choice over the time of day. Some prisons can offer special extended visits or 'family visits days' where children and family members can spend a whole or half a day with their imprisoned parent. These events typically see some relaxing of prison rules and generally allow a greater degree of physical contact between the inmate and visitors, for instance allowing the inmate to move around and play with the child (unlike regular visits where the inmate is required to remain seated). Conjugal visits are not allowed in the UK.

Female prison estate

There are 15 women's prisons in England, categorised as either closed, open or semi-open. In addition there are currently five purpose-built female juvenile units and female young offenders are held in dedicated young offender units in England. There are seven mother and baby units and one prison serves as an intermediate custody centre. However, these facilities only cater for a small minority of mothers and their infants, as spaces are few (currently 84 overall). A mother admitted to an MBU may stay until her baby is 18 months old, and then a separation plan is drawn up to aid the child's transition to a carer outside prison (Eurochips, 2006). There are only two open prisons for women in England,[47] and no women's prisons in Wales. This provides an obvious constraint on contact, taking into account the remoteness, distance, and inaccessibility by public transport, of many women's prisons (Loucks, 2002), and the cost of journeys makes family visits difficult (NACRO, 1996). However, provision for mothers and babies in prison has increased by over a third in the past decade (Brooks- Gordon & Bainham, 2004).

[47] Quaker Council for European Affairs, Country report: Sweden http://www.quaker.org/qcea/prison/Country%20Reports/UK_England%20and%20Wales_%20Report%20-%20Final.pdf

Methodology

Utilising a mixed-methods multi-sequential design, the study gathered evidence from over 1500 children, care-givers, imprisoned parents and stakeholders across the four EC countries being studied. Mixed methods research can be defined as an approach or methodology which:

- addresses research problems by searching for understandings of real-life contexts, diverse perspectives, and socio-cultural influences
- employs rigorous quantitative methods to investigate scale and frequency of factors alongside credible qualitative methods to exploring the meanings attributed to those factors
- uses multiple methods
- integrates or combines these methods to draw on the strengths of each in interpreting results
- frames the study within a clearly articulated philosophical and theoretical position.

COPING involved two quantitative methods (a survey and mapping of interventions) and two qualitative methods (in-depth interviews and stakeholder consultations). A parallel mixed analytic technique (Teddlie & Tashakkori, 2009) was used to facilitate independent analyses (individual methods) and also to facilitate interaction

Methodology, continued

between data sets based on the primary purposes of our multi-sequenced design: triangulation; complementarily; initiation; development (Greene et al., 1989).

Survey
A self-reporting survey was designed which utilised four scientifically validated instruments against which country norms had been established:

1. The Strengths and Difficulties Questionnaire (SDQ) (to assess mental health indicators (Goodman, 1997).
2. The Rosenberg Self Esteem Scale (SES) (Rosenberg, 1965).
3. The KIDSCREEN-27 questionnaire (a health-related quality of life measure – The KIDSCREEN Group Europe, 2006th.
4. The World Health Organisation Quality of Life-BREF instrument (to ascertain the non-imprisoned parent's/carer's health-related quality of life – WHO, 2004).

The content and structure of the child and parent/carer questionnaires are shown in the table below, with individual topics listed in the order in which they appeared in the questionnaires. These questionnaires were administered to 730 children, aged 7-17 and parent/carers across the four countries, in order to ascertain coping strategies and mental health problems for the children surveyed. The results of the questionnaires were

Methodology, continued

Methodology, continued

compared with normative population samples and purposive sampling carried out to identify a representative cohort of children and parents for in-depth interviews.

Table 1

Content and structure of child and non-imprisoned parent/carer questionnaires

Child	Non-imprisoned parent/carer
1. Socio-demographic characteristics	1. Socio-demographic characteristics of child
2. KIDSCREEN-27 questionnaire (health-related quality of life) [child self-report]	2. KIDSCREEN-27 questionnaire [parent/carer report on child]
3. Contact with imprisoned parent/carer	3. Child's relationship with non-imprisoned parent/carer
4. Goodman Strengths and Difficulties Questionnaire [child self-report]	4. Child's relationship with imprisoned parent/carer
5. The effects of parental/carer imprisonment	5. Goodman Strengths and Difficulties Questionnaire [parent/carer report on child]
6. Rosenberg Self-Esteem Scale [child self-report]	6. Child's contact with imprisoned parent/carer
7. Help regarding parental/carer imprisonment	7. Child's needs
8. Aspirations	8. Effects on child of parental/carer imprisonment
9. Other comments	9. Socio-demographic characteristics of imprisoned parent/carer
	10. Imprisoned parent/carer's prison record
	11. Socio-demographic characteristics of non-imprisoned parent/carer
	12. Relationship between non-imprisoned and imprisoned parent/carer
	13. WHO Quality of Life questionnaire (non-imprisoned parent/carer) [parent/carer self-report]
	14. Aspirations
	15. Other comments

Methodology, continued

Methodology, continued

Strengths and difficulties questionnaire

Children's mental health was assessed using the Strengths and Difficulties Questionnaire (SDQ), devised by Goodman (1997). Goodman (1997) describes the SDQ as a 'brief behavioural screening questionnaire that provides a balanced coverage of children and young people's behaviour, emotions, and relationships' (p.581). There is some variation in the precise function that is ascribed to the SDQ. For example, Kelly, Nazroo, McMunn, Boreham and Marmot (2001) state that the SDQ assesses 'psychological health' (p.89), whereas Klineberg et al. (2006) argue that it gauges 'psychological distress' (p.756). There is, though, broad agreement that the SDQ provides a measure of children's mental health. The SDQ was used on account of its various benefits over comparable instruments. Chief among these are that the instrument is more positively framed (Kelly et al., 2001), is relatively short (Obel et al., 2004) and has been used in a large number of countries and languages (Marquis and Flynn, 2009). There are, in terms of respondents, three versions of the SDQ.

The following two versions were used:

- The Parent (or teacher) version, which relates to children aged 4–16 years
- The Self-completion version for young people aged 11–16 years

The age range of the children eligible to take part in the survey was from 7-17 years. There are a maximum of three parts to the SDQ. The first part is concerned primarily with symptoms, i.e. aspects of the child's behaviour that might indicate mental health problems. It covers 25 attributes. The 'official' SDQ website (Youth in Mind, 2012) says of these attributes that 'some are positive [i.e. strengths] and others negative [i.e. difficulties]', i.e. this is the way in which they are expressed or articulated on the questionnaire. The 25 attributes or items are used to produce scores on five scales:

1. Hyperactivity scale
2. Emotional symptoms scale
3. Conduct problems scale
4. Peer problems scale
5. Prosocial scale

The 25 items are rated as Not true, Somewhat true or Certainly true.

Methodology, continued

For most items, these ratings are scored 0, 1 and 2 respectively. Some items are, though, reverse scored, thus Not true, Somewhat true or Certainly true would equate with scores of 2, 1, and 0 respectively. Given that each scale has 5 items, individual 'scale scores', range from 0-10. The first four of the above scales are summed to produce a Total Difficulties Score (TDS), which can range from 0-40. Depending on his or her TDS, a child is assigned to an 'average', 'raised' or 'high' category. (The original terms for these categories were 'normal', 'borderline' and 'abnormal' respectively but these have been replaced as they were considered somewhat stigmatising.) The higher the TDS, the more likely it is that the child will have mental health problems. If a child is assigned to the 'high' category (based upon the number of symptoms that are present), then he or she is seen as being at especially heightened risk of being a case, i.e. someone who has mental health problems or who is psychiatrically ill. This has led Goodman to introduce the concept of symptom 'caseness'. Whyte and Campbell (2008) indicate that the Prosocial sub-scale of the SDQ does, in some way, provide a measure of resilience in children: 'the SDQ also focuses on a child's strengths, indicating resilience factors' (p.196).

Methodology, continued

The second major part of the SDQ consists of the impact supplement, which is concerned with ascertaining the effects or consequences of any mental health difficulties that a child might have. The impact supplement is concerned with the following five distinct dimensions:

1. Perceived difficulty - whether the respondent thinks the child has difficulties and the severity of any difficulties in one or more of four areas: emotions, concentration, behaviour and being able to get on with other people
2. Chronicity - how long any difficulties - if they exist - have been present
3. Distress - whether the child is upset by any difficulties
4. Social impairment - whether any difficulties affect major areas of the child's life: home, friendships, classroom and leisure
5. Burden - whether any difficulties the child has have adverse effects on other people

The child's score on distress and social impairment are added together to produce an impact rating or score. Based on this score, the child is rated as 'average', 'raised' or 'high'. If the child is placed in the high category, then this is referred to as impact caseness, i.e. the child is at heightened risk of having mental health difficulties or of being psychiatrically ill – based upon his or her impact score.

Methodology, continued

The higher the impact score, the more likely it is that the child will be a 'case'. The answers on the burden dimension are taken to produce a burden rating. The third 'follow-up part' of the SDQ is designed to detect any change in the child's mental health after an intervention has been provided. This part of the SDQ was not used, as evaluating interventions was not part of the COPING research design.

Self-esteem scale
The Rosenberg Self Esteem Scale (SES) was devised by the late Morris Rosenberg whilst he was at the University of Maryland in the USA (Rosenberg, 1965). The SES consists of 10 items. The 10 items are answered on a four point scale ranging from strongly agree, agree, disagree to strongly disagree. Five items are, according to the original scheme, scored as follows: 3, 2, 1 and 0 respectively. The five remaining items are 'reversed in valence'. These items are scored on the following basis: 0, 1, 2 and 3 respectively. The scores on the ten items are summed to produce an overall SES score that ranges from 0-30. The higher a person's score, the higher their self-esteem. As with the SDQ, the SES was chosen because it is quite positively framed, has been used extensively and is relatively short. The ages of the individuals with whom this instrument can or should be used are not specified on the University of Maryland

website, although 'the original sample for which the scale was developed in the 1960s consisted of 5,024 high school juniors and seniors from 10 randomly selected schools in New York State (University of Maryland, undated)'. The SES has, though, now been used with a wide variety of age groups.

KIDSCREEN-27
Development of the KIDSCREEN (Ravens-Sieberer, Gosch, Rajmil, Erhart, Bruil, Duer, Auquier, Power, Abel, Czemy, Mazur, Czimbalmos, Tountas, Hagquist, Kilroe, and the European KIDSCREEN Group, 2005) questionnaire was funded by the European Commission under the Fifth Framework Programme (FP5). The project was part of the Quality of Life and Management of Living Resources programme (one of seven specific programmes in FP5.). The main objective of the project was the cooperative European development of a standardised screening instrument for children's quality of life for use in representative national and European health surveys (The KIDSCREEN Group, 2004a, p.2). The aim was to: identify children at risk in terms of their subjective health and to suggest appropriate early interventions by including the instrument in health services research and health reporting (The KIDSCREEN Group, 2004a, p.2). The project was coordinated by the Robert Koch Institute in Berlin, across the following 13 European countries:

- Austria
- Czech Republic
- France
- **Germany**
- Greece
- Hungary
- Ireland
- Poland
- The Netherlands
- Spain
- **Sweden**
- Switzerland
- **United**

The KIDSCREEN project was conducted over three years: February 2001–June 2004. There are three versions of the KIDSCREEN questionnaire: KIDSCREEN-52, KIDSCREEN-27 and KIDSCREEN-10. Each of these questionnaires is available in child/adolescent and parent/proxy versions. The COPING project used the KIDSCREEN-27 version. KIDSCREEN is described as comprising 'generic health-related quality of life measures'. It is also said to 'assess children and adolescents' subjective health and well-being' (The KIDSCREEN Group, 2004b). The full version of KIDSCREEN – the KIDSCREEN-52 – measures 10 health-related quality of life

measures, shown in the left hand column of Figure 1 (taken from The KIDSCREEN Group, 2011).

The shorter KIDSCREEN-27 version makes reference to five health-related quality of life measures. In the KIDSCREEN-27 version, three of the measures from KIDSCREEN-52 are retained, though generally represented by fewer items: Physical well-being (five items), Peers and social support (4 items), and School environment (4 items). There are two instances where a group of three each of the original measures from KIDSCREEN-52 are combined into one new variable each in KIDSCREEN-27: Psychological well-being, Moods and emotions, and Self-perception are amalgamated to form Psychological well-being (seven items); and Autonomy, Parent relation and home life, and Financial resources combine to form Autonomy and parent relations (seven items). The Bullying measure in KIDSCREEN-52 does not feature in KIDSCREEN-27. Items are scored on a five-point scale ranging from not at all/never to extremely/always (although there is one scale that ranges from poor to excellent). The timeframe for the instrument refers to the last week. KIDSCREEN can be used, as a self-report instrument with children between the ages of 8 and 18 years. 'A proxy measure for parents or primary care-givers is also available' (p.2). The instrument is said to have 'satisfactory' reliability and validity. The

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Methodology, continued

KIDSCREEN Group (2004b) explain that:

> the international, collaborative nature of the KIDSCREEN
> project provided many challenges in terms of producing an
> instrument, which is conceptually and linguistically
> appropriate for use in many different countries …..
> [T]he KIDSCREEN measures are the first truly cross–national
> HRQOL [health–related quality of life measure] instrument for
> use in children and adolescents (p.3).

The KIDSCREEN Europe Group (2006) report that KIDSCREEN-27 is both reliable and valid[48], and is 'conceptually and linguistically appropriate for use in many different countries'.

World Health Organisation Quality of Life (WHOQOL)

Harper (1996) explains that there were three main drivers behind the development of a quality of life assessment tool:

> WHO's initiative to develop a quality of life assessment arises from
> a need for a genuinely international measure of quality of life and a
> commitment to the continued promotion of an holistic approach to
> health and health care. (Harper, 1996, p.5).

An important feature of the WHOQOL is that it focuses upon the individual's own perception of their well-being. WHOQOL assesses quality of life which is defined as:

> …individuals' perceptions of their position in life in the context of
> the culture and value systems in which they live and in relation
> to their goals, expectations, standards and concerns.
> (Harper, 1996, p.5) .

Understanding the purpose of the WHOQOL and the meaning of quality of life are crucial to the appropriate use of this instrument, and for this reason further explanation provided by Harper (1996) is reproduced below.[49] There are two versions of the WHOQOL: the original WHOQOL-100, and its abbreviated, derivative WHOQOL-BREF. Both are self–completion instruments. WHOQOL-100 assesses 24 facets of quality of life, each of which is covered by four items. There are an additional four items relating (two each) to 'overall quality of life and general health' (Harper, 1996, p.6) facets. These combine to produce the 100 items in the questionnaire. It was initially thought that the 24 facets relating to quality of life should be grouped into six domains, but this was subsequently

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[48] Reliability: KIDSCREEN–27: Internal consistency values (Cronbach's Alpha) range satisfactorily between .79 (Physical Well-being) and .84 (Psychological Well-being) for the different dimensions for the self-report version, test-retest reliability at a 2 week interval varies between .61 and .74. Item intraclass correlation (ICC) between self-reported scores and scores from parents filling out the KIDSCREEN-27 proxy-version ranging from 0.44 (Social Support & Peers) and .61 (Physical Well-Being). Validity: Convergent and discriminant validity were shown using information on the children's and adolescents' physical (Children with Special Health Care Needs Screener for Parents, CSHCN) and mental health (Strength and Difficulties Questionnaire, SDQ). In addition to this, in each country the relationship between national HRQoL instruments for children and adolescents and the KIDSCREEN versions were analysed and showed overall satisfactory results.' (The KIDSCREEN Group Europe, 2006, pp.12-13)

[46] 'This definition reflects the view that quality of life refers to a subjective evaluation which is embedded in a cultural, social and environmental context. Because this definition of quality of life focuses upon respondents' "perceived" quality of life, it is not expected to provide a means of measuring in any detailed fashion symptoms, diseases or conditions, but rather the effects of disease and health interventions on quality of life. As such, quality of life cannot be equated simply with the terms "health status", "life style", "life satisfaction", "mental state" or "well-being". The recognition of the multi-dimensional nature of quality of life is reflected in the WHOQOL-100 structure.' (Harper, 1996, pp. 5-6)

Methodology, continued

revised to four domains. Each of these four domains and the particular facets (n=24) from which they derive are shown in Table 2.

Table 2

WHOQOL domains (from Harper, 1996)

Domain	Facets incorporated within domain
1. Physical health	Activities of daily living Dependence on medicinal substances and medical aids Energy and fatigue Mobility Pain and discomfort Sleep and rest Work Capacity
2. Psychological	Bodily image and appearance Negative feelings Positive feelings Self-esteem Spirituality / Religion / Personal beliefs Thinking, learning, memory and concentration
3. Social relationships	Personal relationships Social support Sexual activity
4. Environment	Financial resources Freedom, physical safety and security Health and social care: accessibility and quality Home environment Opportunities for acquiring new information and skills Participation in and opportunities for recreation / leisure activities Physical environment (pollution / noise / traffic / climate) Transport

Methodology, continued

Harper (1996) explains the reason behind production of the WHOQOL-BREF and the level at which it operates:

> The WHOQOL-100 allows detailed assessment of each individual facet relating to quality of life. In certain instances, however, the WHOQOL-100 may be too lengthy for practical use. The WHOQOL-BREF Field Trial Version has therefore been developed to provide a short form quality of life assessment that looks at Domain level profiles (Harper, ibid, p.7 – emphasis added).

WHOQOL-BREF consists of 26 items or questions. These comprise one item from each of the 24 WHOQOL-100 facets (Table 2) and two items drawn from the Overall Quality of Life and General Health facets. WHOQOL-BREF thus provides 'a broad and comprehensive assessment' (Harper, ibid, p.7). Respondents are asked to answer the questions in respect of a standard timeframe, this being the last two weeks – although the authors of the WHOQOL do point out that this timeframe can be varied if this is appropriate. WHOQOL-BREF produces a quality of life profile, comprising four domain scores. (It does not provide individual facet scores as does the WHOQOL-100). Domain scores are scaled in a positive direction, i.e. higher scores indicate a higher quality of life. Scores on each item run from 1 (not at all / very dissatisfied / very poor) to 5 (an extreme amount / very satisfied / very good).

Methodology, continued

(The scoring direction is reversed for items 3, 4 and 26.) The mean score of all the items within a domain is used to calculate the domain score. These mean scores are multiplied by four to make domain scores comparable with scores used in the WHOQOL-100.

The first transformation method converts scores to range between 4–20, comparable with the WHOQOL-100. The second transformation method converts domain scores to a 0-100 scale (Harper, 1996, p.10)

Two items are examined separately: the individual's overall perception of their quality of life and an individual's overall perception of their health. The WHOQOL-BREF is reported to display 'good discriminant validity, content validity and test-retest reliability (WHO, 1997). WHOQOL-BREF domain scores have been shown to correlate 'at around 0.9' with the WHOQOL-100 domain scores.

Procedure

The methods by which the samples in the different countries were recruited are shown in Table 3. A number of different recruitment methods were used in most countries. However, in each country one, or at the very most two, methods tended to predominate.

Methodology, continued

In Germany, most families were identified via NGOs who were providing services to them. In Romania, by contrast, the large bulk of families were recruited as a result of approaches made to prisoners. Many of the Swedish families taking part in the survey were enlisted via an NGO that was providing a service to them. Most of the recruitment in the UK comprised approaches to families as they visited the incarcerated parent/carer in prison. The implications of our use of different recruitment strategies in each of the countries are discussed later in the limitations section. It is worth noting here, though, that it is possible that different sample types may have been recruited in each of the countries, and this may have a bearing upon the subsequent results and in particular differences between countries.

The first approach to a family was always made to the child's parent/carer – whether this was the non-imprisoned parent/carer or the imprisoned parent/carer. The survey was explained to the parent/carer and then they were asked whether they and/or their partner parent/carer (where applicable) might be willing to take part in the research, and whether they would consent to their child's participation. If the parent/carer of the child agreed to participate and consented to their child taking part, then an approach was made to the child. The child was provided with a full

Methodology, continued

account of the study and was then asked whether they wished to take part. Children were eligible to take part in the survey only if they already knew that their parent/carer was in prison.

Methodology, continued

Table 3

Methods by which families were identified for the survey

Method	Germany	Romania	Sweden	UK
Researchers met with families as they visited prison – participants completed questionnaire there and then	✗	✗	✓	✓
Researchers met with families as they visited prison – participants returned completed questionnaires on next visit	✗	✗	✗	✓
Researchers met with families as they visited prison – participants posted completed questionnaires back to researchers	✓	✗	✗	✓
NGOs identified families – families participated in NGO offices and returned questionnaires then	✗	✗	✓	✓
NGOs identified families – families participated in their own homes and returned questionnaires then	✗	✗	✗	✓
NGOs identified families – families completed questionnaires at home and returned them on next visit	✓	✗	✓	✗
NGOs identified families – families completed questionnaires at home and posted them back	✓	✗	✓	✗

Method	Germany	Romania	Sweden	UK
Families recruited via approaches made to imprisoned parents/carers	✓	✗	✗	✓
Families recruited via notices placed in newspapers for prisoners	✓	✗	✗	✓
Prison staff identified prisoners and their families who might be willing to take part in the research	✓	✓	✓	✓
Notices on NGO websites	✓	✗	✗	✗
Researcher took part in an interview on local radio	✓	✗	✗	✗
Statutory agencies working with children identified children to take part in the survey	✓	✓	✗	✗
Families identified through author/journalist writing in this area	✓	✗	✗	✓

Methodology, continued

Methodology, continued

All COPING researchers were aware of the stress and stigma that many families experience as a result of a parent/carer being in prison. They were intent, therefore, upon ensuring that the survey caused as little disturbance or even inconvenience to children and their non-imprisoned parents/carers. Children and their parents/carers were given the option of where, when and how they completed and returned their questionnaires. They also had the option of having the questionnaire read out to them if they so wished. Respondents were told, in addition, that they should ask for an explanation if there was any element of the questionnaire that they could not read or understand. The questionnaires – apart from the standardised instruments utilised – were worded and structured in such a way that they were as clear, straightforward and acceptable as possible to participants. The questionnaires did prove to be quite time consuming to complete but researchers in all of the countries had the impression that the large majority of children and parents/carers were quite content to complete them.

Survey Sample

The aim was to select a purposive sample of children stratified according to age and gender, and the gender and ethnicity of the imprisoned parent/carers. It was relatively straightforward to recruit roughly equal proportions of boys and girls but proved more difficult to strike a balance in terms of the gender and ethnicity of parents/carers who were in prison. This is due to the fact that the large majority of prisoners in the four countries are male and white (in terms of their ethnicity). Attempts were made to boost the numbers of female and black and minority ethnic prisoners who featured in the survey but with limited success. It was possible to record the ethnicity of participants in Romania and the UK, but it was not possible, for legal and/or ethical reasons to ask this question of respondents in Germany or Sweden. Considerable practical difficulties were encountered in identifying children of prisoners and in the end convenience sampling was heavily relied upon to recruit children and their parents/carers into the survey. The initial aim was to recruit 250 children aged 7-17 years in each country; however in only two countries – Romania and the UK – were these targets reached (251 and 291 respectively). In Germany 145 children (and parents) participated and in Sweden (where the prison population is small) 50 children and their parents took part in the study. Of the 737 children in the survey, 54 per cent

were boys, with some non-significant variations across the four countries, with Sweden having the smallest proportion of boys (44 per cent). Just over half the children (56 per cent) were 11 years old or older. It was not considered practical to seek or to record details of families who refused to take part in the survey. It was also felt that such a policy might not be ethically appropriate. This means that very little data was collected on either the number or the characteristics of the families who refused to take part in the survey. This, in turn, means that a very limited idea was gained of how representative samples are of all families who were approached to take part in the survey.

Analysis
Quantitative data were analysed using SPSS version 18 with subsequent analysis carried out using the R, Splus and Mplus statistical packages and qualitative data were analysed using the NVivo software package. The data on needs were subjected to factor analysis in order to extract need dimensions and these were then compared with a theoretical framework derived from the literature on needs. The needs analysis involved several methods: a) need hierarchies were ranked for children and parents, b) SDQ and Rosenberg self-esteem variables were correlated with parent-assessed dichotomous needs variables by country, c) parent/

carer well-being was assessed in relation to national norms, and compared between countries, d) variables were entered into logistic regression models to explore possible predictors of need, and e) service levels in the different countries were juxtaposed against the top three parent-assessed needs identified. This concluded the data gathering and analysis phase of the study.

In-Depth Interviews
The purpose of the interviews was to explore the impact of parental imprisonment on children. The impact on all aspects of the child's life was explored, including their welfare and development, family relationships, education, and social life. Experiences of contact with the imprisoned parent and involvement with support services and interventions were also covered, as were the child's wishes for the future. Where possible complete triads were undertaken – interviews with the child, non-imprisoned parent/carer and imprisoned parent/carer. The imprisoned parent was usually interviewed at the prison, or as soon after release. The main focus of interviews with the non-imprisoned and imprisoned parent/carer was the impact of imprisonment on the child. The three interview schedules were similar and included questions about family relationships, school and social life, changes occurring since imprisonment,

Methodology, continued

experiences of visiting prison and other methods of keeping in contact, involvement with support services and interventions, and future hopes and plans. A copy of the child's interview schedule, in English, is available in Appendix B.

Sampling

The target was to interview children from 40 different families in each of the four countries drawn from families who completed the survey questionnaire, and who agreed to take part in the in-depth interviews. In a few cases more than one child from each family was interviewed. The target of interviewing 40 families was not achieved in all countries. A total of 349 interviews were conducted across the four countries. Interviewees comprised 161 children, 123 non-imprisoned parent/carers, and 65 imprisoned parent/carers. A similar number of girls and boys participated in interviews (85 and 78 respectively). The mean age of children across all four countries was 11.44 years, and a spread of children across the eligible age range was successfully achieved. Scores on the Strengths and Difficulties Questionnaire indicate that the target to achieve equal proportions of children falling in the normal and combined borderline-abnormal range was only partially met.

Table 4

Extent to which the target sample was achieved according to the Strengths and Difficulties Questionnaire

	UK	Germany	Romania	Sweden
Children ≥11 years				
Parent rating	Normal and borderline-abnormal proportionate	Normal and borderline-abnormal proportionate	Normal and borderline-abnormal proportionate	Normal children oversampled
Child rating	Normal children oversampled	Normal children oversampled	Normal children oversampled	Normal children oversampled
Children <11 years				
Parent rating	Normal children oversampled	Borderline-abnormal children oversampled	Normal children oversampled	Normal and borderline-abnormal proportionate

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Methodology, continued

Interview procedure

In most cases, a key role was played by the NGO in each country in identifying, contacting and interviewing participants. Interviewers' first contact with families was usually by telephone, finding out if the family was still interested in going ahead with the interviews, and whether children would be willing to give their consent. These first telephone contacts provided an opportunity to start building a relationship with participants. Most parents talked to children about taking part before the interview, although some children were not as well prepared. In three countries (Romania, Germany and the UK), most children and parents/carers were interviewed in their homes. In Sweden, most interviews were carried out at the offices of the partner NGO. In many cases multiple interviewers were involved in a family interview. This was found to be more time effective as children and their parent/carer could be interviewed simultaneously. Most imprisoned parents were interviewed in prison. In some cases, however, interviewing outside prison was possible. Access to interview imprisoned parents was negotiated through prior contact with the prison, requesting authorisation to enter the establishment and permission to tape record the interview, along with a letter to the imprisoned parent to obtain their informed consent.

Methodology, continued

Overall, most children were interviewed on their own (all children in the case of Sweden). Older children frequently provided support to their younger siblings during interviews. There were benefits and disadvantages to children being accompanied. Where children were accompanied, their parent/carer or sibling was able to offer clarification and reassurance which could prompt more detailed responses from the child. The presence of an adult invariably made a difference to the interview process. When an adult was present children sometimes looked to them to provide guidance, whereas unaccompanied children answered these questions on their own. Interviews always started with a careful discussion about what was entailed in the interviews, making sure that all participants knew that interviews included hard questions about what it was like having a parent in prison. Interviewers went on to have conversations about children's interests, and to take part in age appropriate play. Interviewers were able to engage effectively with children and families in most cases, even though the interview usually provided the one and only opportunity for interviewers and families to meet. Another tactic adopted by interviewers was to encourage the children to draw. This often proved to be a successful 'ice breaker' but was also used to elicit information instead of direct questions (Pridmoe & Bendelow,

Methodology, continued

Methodology, continued

1995). Drawings were most often used to gather information about family relationships (particularly where these were complex) and to explore children's perceptions about the prison environment. But this was not productive in every case.

Figure 1
Drawing of immediate family by girl (aged 9)

This illustration was referred to throughout the interview, for example when gathering information about whom the child confides in; at this point she added a picture of a doll which she marked 'x', explaining that "they do not answer back".

All participants were asked to say at the end how they had found the interviews. Almost all responded positively, and several said they had found the process helpful. This included a small number (mainly parents/carers) who had clearly found talking about their circumstances distressing. Children and young people and parents/carers welcomed the chance to reflect on their experiences and achievements. Imprisoned parents were also mainly positive and welcomed being given the opportunity to contribute to the research, even though taking part could involve them in facing up to the consequences of their offences and of their imprisonment for their children and families.

Recording
All except two interviews were recorded and fully transcribed by experienced typists. In one instance permission to take recording equipment into the prison was not obtained; and in the other the imprisoned parent did not consent to the interview being recorded (both in the UK). Transcriptions were checked for accuracy by the researchers who conducted the interviews. Transcriptions were not translated except for short extracts used in the final reports. In addition, researchers produced summaries of interviews which captured key factual information, the researcher's own impressions of the family and the child's resilience, and non-

Methodology, continued

verbal behaviour that was unlikely to have been detected by the recording.

Analysis
Qualitative data were analysed with the help of the qualitative software tool NVivo (QSR 2011). Coding was done case by case, where a case was a single interview with one respondent. The NVivo software enabled researchers to code separately and then merge their work into a single project file at intervals throughout the analysis process. An initial version of the coding framework was agreed between partner countries. This was predominantly an "a priori" coding frame based largely on the topics included in the interview schedule. The coding frame was modified in an inductive fashion during the analysis process. In just a few cases it emerged that new codes were justified and required. In these cases researchers returned to transcripts coded previously to check if any text could be coded under the new node. One of the most notable amendments was to include top level nodes 'positive' and 'negative'. It was recognised that multiple coding of text (i.e. where passages were coded at two or more nodes) would be beneficial in terms of retrieval. Interviewees' experiences, opinions and beliefs were often multiply coded as positive or negative in addition to at least one other node (e.g. a positive experience of support services).

The central analysis undertaken for this report was a broad thematic analysis based on the coding framework. Key phenomena or patterns in the data were explored. Participants who had similar experiences, for example experiences of support from relatives or schools, or children who had similar experiences of contact with their imprisoned parent, were grouped together. Direct quotations from the interview transcriptions have been included to illustrate participants' experiences. Multiple coding of the text proved useful in retrieving text to discover patterns within the main themes.

The following section presents a summary of the sample characteristics of participants in the interviews including: demographic characteristics of the children and non-imprisoned and imprisoned parents/carers; the relationship status between children and their parent/carer; details of the imprisoned parents' custodial sentence; and contact between the child and their imprisoned parent/carer. The table below displays the number of interviews that were conducted in the four partner countries. The number of children who participated in interviews exceeds that of the number of families, as in some cases siblings from the same family were interviewed, this was most apparent in the UK where interviews were conducted with 67 children from 47 different families.

Methodology, continued

Table 5

Number of interviews conducted in the four countries.

	UK	Germany	Romania	Sweden	Total
Families	47	26	35	27	135
Children	67	27	38	29	161
Non-imprisoned parents/ carers	46	25	33	19	123
Imprisoned	26	7	20	12	65

In the UK and Romania more boys than girls were engaged in interviews. This pattern was reversed in Germany and Sweden, resulting in a similar number of boys and girls in the sample overall. The four partner countries were successful in achieving interviews with children across the target age range (7-17). The mean age of children in Romania was marginally lower than that of children in the UK, Germany and Sweden (10.66 years compared to 11.60, 11.69 and 11.83 years respectively). Table 6 displays demographic characteristics of the children's non-imprisoned parent/carer. In all four countries, the majority of children were being looked after by a female parent/carer. There was little variation in the mean age of non-imprisoned parents/carers, ranging from a minimum of 39.22 years in Sweden to a maximum of 40.61 years in Germany.

Methodology, continued

Table 6

Demographic characteristics of children in the sample

	UK (n=67)	Germany (n=29)	Romania (n=38)	Sweden (n=29)	Overall (n=163)
Gender					
Male	39	12	23	11	85
Female	28	17	15	18	78
Age in years					
Mean	11.60	11.69	10.66	11.83	11.44
SD	2.88	2.87	2.83	3.30	2.95
Ethnicity					
White	58		32		
Black	1		0		
Asian	4		0		
Mixed	4		0		
Other	0		6		

Methodology, continued

Table 7

Age of children in the sample

	UK (n=67)	Germany (n=29)	Romania (n=38)	Sweden (n=29)	Overall (n=163)
Age in years					
6	1	0	0	0	1
7	6	2	9	2	19
8	5	4	1	2	12
9	4	2	3	7	16
10	8	2	7	3	20
11	9	3	2	0	14
12	7	3	6	2	18
13	10	5	3	2	20
14	5	3	3	3	14
15	5	1	3	3	12
16	4	4	0	2	10
17	3	0	1	3	7

Table 8

Demographic characteristics of children's non-imprisoned parents/carers

	UK	Germany	Romania	Sweden	Overall
Gender	n=67	n=29	n=38	n=29	n=163
Male	6	0	3	1	10
Female	61	29	35	28	153
Age in years	n=61	n=28	n=38	n=23	n=150
Mean	39.43	40.61	39.24	39.22	39.57
SD	9.14	8.20	9.80	7.63	8.86
Ethnicity	n=67		n=38		
White	61		31		
Black	1		0		
Asian	4		0		
Mixed	1		0		
Other	0		7		

*Counts are relation to the child. In instances where siblings participated, the same non- imprisoned parent/carer is counted more than once.

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Methodology, continued

Methodology, continued

In Germany, Romania and Sweden the vast majority of children had a male imprisoned parent/carer. This is in contrast to the UK, where approximately one quarter of the children had a female imprisoned parent/carer. The mean age of imprisoned parents/carers in Romania was marginally lower than that of those in the UK, Germany and Sweden (37.07 years compared to 39.82, 38.41 and 39.46 years respectively).

Table 9

Demographic characteristics of children's imprisoned parents/carers

	UK	Germany	Romania	Sweden	Overall
Gender	n=67	n=29	n=38	n=28	n=162
Male	51	26	35	26	138
Female	16	3	3	2	24
Age in years	n=56	n=29	n=37	n=24	n=146
Mean	39.82	38.41	37.05	39.46	38.78
SD	7.41	8.53	6.73	5.80	7.26
Ethnicity	n=67		n=38		
White	58		30		
Black	4		0		
Asian	4		0		
Mixed	1		0		
Other	0		8		

*Counts are relation to the child. In instances where siblings participated, the same imprisoned parent/carer is counted more than once.

Methodology, continued

The table opposite displays the relationship status between children and their non-imprisoned and imprisoned parent/carer. For the majority of children, their non-imprisoned parent or carer was their biological mother. The only other category of any noticeable proportion was the ten children in the UK who were in the care of their grandmother.

Methodology, continued

Table 10

Children's relationship to their non-imprisoned and imprisoned parent/carer

	UK	Germany	Romania	Sweden	Overall
Non-Imprisoned Parent/ Carer	(n=67)	(n=29)	(n=38)	(n=29)	(n=163)
Biological mother	48	25	30	26	128
Grandmother	10	2	4	1	15
Biological father	4	0	0	1	5
Grandfather	1	0	1	0	4
Step-father/male partner	1	0	1	0	2
Step-mother/female	0	1	0	0	1
Female other	3	1	1	1	6
Male other	0	0	1	0	1
Imprisoned Parent/Carer	(n=67)	(n=29)	(n=38)	(n=28)	(n=162)
Biological father	44	14	30	23	111
Biological mother	16	3	3	2	24
Step-father/male partner	6	11	5	3	24
Grandfather	1	0	0	0	1
Male other	0	1	0	0	2

*Grandmother/father also includes great-grandmother/father and step-grandmother/father.

Methodology, continued

For most children their biological father was in prison. Other categories of some note included 16 children in the UK who had an imprisoned mother, and ten children in Germany who had an imprisoned step-father or an imprisoned male partner of their non-imprisoned parent/carer.

In all four countries, most imprisoned parents/carers had been sentenced (rather than being on remand). Parents in Romania received the longest sentences, on average (87.14 months), followed by Sweden (57.65 months), Germany (40.56 months) and the UK (31.18 months). In the UK and Germany, drug related offences were the most common reason for the parent's/carer's imprisonment (n=23 and 11 respectively). In Romania this was murder or manslaughter (n=11).

Methodology, continued

Table 11

Details of the imprisoned parent/carers custodial sentence

	UK	Germany	Romania	Sweden	Overall
Custodial status	n=67	n=29	n=38	n=27	n=161
Remand	5	0	1	1	7
Convicted but not sentenced	0	0	3	0	3
Sentenced	56	22	34	26	138
Released	6	7	0	0	13
Total custodial sentence in	n=55	n=27	n=22	n=23	n=127
Mean	31.18	40.56	87.14	57.65	47.66
SD	36.61	27.52	76.86	49.23	50.58
Nature of offence	n=57	n=29	n=37		
Drug offences	23 (1st)	11 (1st)	0		
Physical assault	9 (2nd)	6 (3rd)	5 (3rd)		
Murder or manslaughte	4	0	11 (1st)		
Fraud	4	9 (2nd)	1		
Sexual offences	6 (3rd)	0	6 (2nd)		
Handling stolen goods/theft	1	5	6 (2nd)		
Road traffic offences	2	4	3		
Robbery	3	1	6 (2nd)		

Methodology, continued

Methodology, continued

	UK	Germany	Romania	Sweden	Overall
Burglary	5	2	0		
Car theft	0	2	4		
Offensive weapons	2	2	0		
Criminal damage/ vandalism	2	2	0		
Domestic violence	3	1	0		
Firearms	1	2	0		
Deception or	0	2	0		
Other	2	2	0		
Most recent prison	n=63	n=28			
Male closed	31	25			
Male open	16	0			
Female closed	9	2			
Female open	7	1			
Previous custodial	n=57	n=25	n=38	n=28	n=149
Has been in prison before	23 (40.4%)	15 (60.0%)	18 (47.4%)	19 (67.9%)	7 (50.3%)
Number of times before	n=22	n=15	n=17	n=9	n=63
Once	8	8	8	5	29
2-3	12	4	6	2	24
4 or more	2	3	3	2	10

* Custodial status accurate at time of interview; a small number of parents/carers had recently been released.

 *Total custodial sentence: where possible this is an estimate of the total time that will be served in prison, excluding any time served in the community.

Most children had experienced parental imprisonment between one and three times (accounting for 53 of 63 in the sample overall). Children in Sweden and Germany were most likely to have experienced separation from their parent/carer due to imprisonment on more than one occasion (67.9 per cent and 60 per cent respectively). Slightly fewer children in Romania and the UK had experienced parental imprisonment before (47.4 per cent and 40.35 per cent respectively).

Most children had some form of contact with their imprisoned parent/carer. Exceptions to this were one child in Sweden, two in Germany, three in the UK and five in Romania. Of those children that had some form of contact, the majority in the UK were accessing prison visits (92.9 per cent), followed by slightly fewer in Romania and Germany (87.9 per cent and 81.5 per cent respectively), and noticeably fewer in Sweden (75.9 per cent). (The lower figure for Sweden probably relates to children not visiting parents in prison once they start being granted furlough). In the UK and Sweden a similar number of children were in telephone contact with their imprisoned parent/carer (95.3 per cent and 89.7 per cent

respectively), with approximately one third fewer in Romania (63.6 per cent), and approximately two thirds fewer in Germany (33.3 per cent). A similar proportion of children in the UK and Germany were communicating with their imprisoned parent via letter (87.5 per cent and 81.5 per cent respectively), with lower percentages in Sweden (67.9 per cent) and Romania (54.5 per cent). Around one quarter of children in the UK and Sweden had contact with their imprisoned parent during his/her temporary release from prison, compared to smaller numbers in Germany and Romania (11.1 per cent and 6.2 per cent respectively).

Table 12

Children's contact with their imprisoned parent/carer

	UK (n=67)	Germany (n=29)	Romania (n=38)	Sweden (n=29)	Overall (n=163)
Children with contact	64	27	33	28	153
Type of contact					
Visits at prison	59 (92.2%)	22 (81.5%)	29 (87.9%)	22 (75.9%)	132 (77.9%)
Phone calls	61 (95.3%)	9 (33.3%)	21 (63.6%)	26 (89.7%)	117 (76.5%)
Letters	56 (87.5%)	22 (81.5%)	18 (54.5%)	20 (67.9%)	116 (75.8%)
Temporary	16 (25.0%)	3 (11.1%)	2 (6.1%)	7 (24.1%)	28 (18.3%)

Mapping of Interventions

There are no European studies about the number and content of specialised interventions for affected children, or about the organisations providing services, the influence of interventions or whether they were used and by whom. There is even less knowledge about special support by prisons and NGOs, and there is no evidence from evaluation studies about the effects and effectiveness of interventions. Against this background, COPING set out to identify, map and document health care and community based services and interventions for children of prisoners in the UK (England and Wales), Germany, Romania, and Sweden. This aspect of the project was closely dovetailed with other methods so that the children's needs identified in the survey, interviews and stakeholder consultations could be compared against the interventions provided by the services identified in order to feed the analysis of the fit between interventions and needs. The identification of target services and interventions for the detailed mapping required defining categories and inclusion criteria for services and interventions to be identified and mapped. Four categories of services and interventions were identified (C1–4), including specialised as well as non-specialised interventions in line with the literature (e.g. Johnston, 2012).

Methodology, continued

Methodology, continued

Prison-Based Specialised Interventions for the
Families of Prisoners (C1)

Definition and inclusion criteria
Prison-based specialised interventions for the families of prisoners. This definition includes all interventions provided by the prisons' staff within the prisons explicitly aiming to meet the special needs of children of prisoners. This includes specialised interventions targeting the children of prisoners as well as children-focused interventions targeting the incarcerated parent, non-incarcerated parent, grandparent or any other carer. Examples for this category are the following: chaired father-child groups, counselling sessions, one-to-one talk between prisoner and a psychologist about behavioural issues related to the children, family workshops. All interventions are conducted within the prisons by prison staff. All interventions are specifically targeted to the interests and issues of children of prisoners and their families.

Community-Based Specialised Services for the Families of Prisoners (C2)

Definition and inclusion criteria
This definition includes all community-based services (including NGOs) providing interventions explicitly aimed at meeting the special needs of children of prisoners. This includes all specialised interventions targeting children of prisoners as well as children-focused interventions targeting the incarcerated parent, non-incarcerated parent, grand-parent or any other carer. Frequency, duration and location of the interventions were not considered. Thus, this definition includes, for example, interventions provided by the services' staff within the prison. Telephone hotlines and internet-based hotlines that are directly provided by community-based specialised services are included; hotlines that are not directly provided are excluded. Also excluded are chat forums and other peer-to-peer social-media, as they are not provided by community-based specialised services. Examples for this category are the following: counselling sessions, one-to-one talk between non-imprisoned children and social workers about imprisonment issues related to the children, family workshops, vacation camps for the children, or play sessions. The service staff conduct all interventions. All interventions are specifically targeted to the interests and issues of children of prisoners and their families.

Community-Based Non-Specialised Services (C3)

Definition and inclusion criteria

This includes community-based non-specialised services (including NGOs), which may target the specific needs of children of prisoners. It includes all services providing support or counselling for troubled children or adolescents. It explicitly includes services that troubled children or adolescents can seek support and counselling from but excludes support or counselling services that cannot be initiated by children or adolescents themselves as well as services targeting parents, grandparents or other carers only. This definition includes interventions provided by the services' staff within the prison. Telephone hotlines and internet-based hotlines that are directly provided by community-based non-specialised services are included; hotlines that are not directly provided by community-based non-specialised services are excluded. Also excluded are chat forums and other peer-to-peer social media as they are not provided by community-based non-specialised services.

Examples for this category are the following: youth welfare offices, centres for children and adolescents in crisis, child and youth emergency services and other facilities of interim custodial care, family and education support centres, centre-based youth work, youth outreach, detached youth work, school psychology counselling, academic social work, nationwide hotlines, nationwide online platforms.

Mental Health Services for Children and Adolescents (C4)

Definition and inclusion criteria

This includes, according to Johnson et al. (2000), all services that target the management of mental illness and of the clinical and social difficulties related to it. This definition excludes facilities not specialising in mental health care; it also excludes services which may be important for many mentally ill children and adolescents but do not target their specific needs. Examples for this category are the following: child and adolescent psychiatric and psychotherapeutic departments, medical practitioners for child and adolescent psychiatry and psychotherapy, child and adolescent psychotherapists, social paediatric centres, hospitals for child and adolescent psychiatric/psychotherapeutic day care, child and adolescent psychiatric outpatient services.

Methods

Having defined the different categories of intervention, it was not feasible to attempt to map all categories across the four countries and only two categories – category 1 (prison-based interventions) and category 2 (interventions provided by community-based specialised services) – were included in the exercise. A screening questionnaire for the identification of relevant interventions (C1) was distributed to the prisons. For the detailed mapping of identified prison-based interventions, a specific questionnaire was devised: the "Mapping of Interventions Questionnaire" (MIQ-1) (based on the ESMS) (see Table 13).

Methodology, continued

Methodology, continued

Table 13

Instruments for prison-based specialised
services
Screening questionnaire C1

Screening questionnaire C1	
Aim:	Identification of services providing prison-based interventions meeting the inclusion criteria
Content:	Instructions with definition of relevant interventions
	General information about the service
	Contact
	Nature of intervention(s)
MIQ – 1 Mapping of interventions questionnaire	
Aim:	Detailed mapping of interventions
Content:	Instruction and inclusion criteria
	Part I Information about the prison
	A) General information about the prison
	B) Contact information
	C) Administrative structure of the prison
	D) Visits for families and children
	E) Other contact
	F) Prison population
	G) Staff
	H) Advertising of services/interventions
	Part II Information about prison-based interventions for CoP
	To be completed for each relevant intervention:
	A) General information about the intervention
	B) Target group
	C) Frequency and duration of the intervention
	D) Aims of the intervention
	E) Priority needs addressed by this intervention
	F) Evaluation

Sample and Data Collection

UK

In the UK, the University of Huddersfield researchers wrote to the Governor of every prison establishment in England and Wales (n=135) requesting basic information about any family-related services or interventions provided by the prison. Letters were also sent to the Director of Offender Management and Custodial Manager at the eleven regional offices and high security estate to inform them of the mapping exercise. All establishments who did not respond to the initial letter were then telephoned and asked about relevant services/interventions. Of the 83 prisons that responded, 80 were identified as delivering 206 interventions that met the inclusion criteria. In the UK, it was considered more workable to use the MIQ1 as the basis for telephone interviews with prison staff, thus enabling the researcher to resolve any misunderstanding about the type of information being requested. The NGO Partners of Prisoners (POPS) were able to secure the assistance of volunteers in administering the MIQ1. Volunteers attended a training session delivered by the University of Huddersfield researchers. POPS contacted 36 prisons providing interventions, and obtained completed MIQ1s for 26 prisons providing 61 interventions.

Methodology, continued

Methodology, continued

Germany

In Germany the procedure of identifying interventions was quite similar. All Ministries of Justice in each of the 16 federal states were contacted for permission to investigate prisons. In order to screen for interventions meeting the defined criteria, all prisons, except youth attendance centres and remand centres, received forms via email to be completed re their prison based specialised interventions as well as re community-based specialised services for the families of prisoners. All prisons stating that they would provide interventions meeting the mentioned criteria (N=68 out of 143 prisons) received the MIQ-1 with instructions per email.

Romania

In Romania, a formal request was sent by fax to all prisons that had been identified. Permission from the National Administration of Penitentiaries was required. All prisons provided interventions meeting the criteria (N=32 out of 32 prisons) and received the MIQ-1 with instructions per email.

Sweden

In Sweden, initial information about interventions in prisons and remand prisons was found on the website of the correctional system (www.kriminalvarden.se). In the next step, researchers contacted the regional children's ombudsmen (in every prison there is an ombudsman for children and for every region in Sweden there is a person responsible for all the local ombudsmen in their region). The regional ombudsmen were asked to provide information about interventions in the prisons in their region. All prisons (N=83) received the MIQ-1 as an online version (SurveyXact) with instructions per email. All prisons but one responded directly into SurveyXact, one prison filled in the paper questionnaire and mailed it.

Methodology, continued

Methodology, continued

Mapping of Community-Based Specialised Services and Interventions

Instruments

Besides several other strategies (see below), for the mapping of community-based specialised interventions, a screening questionnaire for the identification of relevant interventions was distributed to the prisons, NGOs, and services of the Alliance for the Care and Resettlement of Offenders (Germany). For the detailed mapping of identified interventions, the MIQ-2 was developed using the ESMS as a basis for the structure and conception of the questionnaire (see Table 14).

Table 14
Instruments for prison-based specialised services

Screening questionnaire C2	
Aim:	Identification of services providing prison-based interventions meeting the inclusion criteria
Content:	Instructions with definition of relevant interventions General information about the service Contact Nature of intervention(s)
MIQ – 2 Mapping of services questionnaire	
Aim:	Mapping of interventions
Content:	Instruction and inclusion criteria **Part I Information about the prison** A) General information about the service B) Contact information C) Target group D) Information about the main office/central base E) Other forms of contact F) Service users G) Aims of the general service H) Staff I) Advertising **Part II Information about interventions for children and families of prisoners** To be completed for each relevant intervention: A) General information about the intervention B) Target group C) Frequency and duration of the intervention D) Aims of the intervention E) Priority needs addressed by this intervention F) Evaluation

Methodology, continued

Sample and Data Collection

The identification of community-based services required a wide range of search strategies as mentioned below. In addition to contacting services, the screening for interventions meeting the inclusion criteria was a difficult procedure especially in the UK and Germany, due to the fact that there is no systematic register of related services. Asking all prisons proved to be very helpful in bringing a minimum of systemisation to the strategy and minimising missing information.

UK (England and Wales)

In the UK, community-based specialised services were identified via a number of strategies including Internet searches, telephone and email contact with organisations, word-of-mouth, attendance at relevant conferences, and fieldwork at prisons. University of Huddersfield researchers identified 31 services and were successful in establishing email or telephone contact with 26 of these to verify the information that had been gathered. Attempts to establish contact with the remaining six organisations were unsuccessful; nevertheless sufficient information was available via their websites to include them in the database of services. During the interim period between the initial scoping exercise and administering the MIQ2, a number of funding contracts came to

an end; as a consequence there were some significant changes to community based services in the UK. Therefore it was necessary to update the service database before progressing with the MIQ2. Finally, 31 services providing 115 relevant interventions were identified. Two PhD students at the University of Huddersfield were responsible for administering the MIQ2 by means of a telephone interview, and were successful in obtaining data from 25 services for 96 interventions.

Germany

In Germany, the procedure of identifying services was very similar to that in the UK, including Internet searches, telephone and email contact with organisations, and word-of-mouth. In addition, as mentioned above, all contacted prisons received via email information sheets asking about community-based specialised services for the families of prisoners in their region. In all federal states organisations of the National Alliance for the Care and Resettlement of Offenders (BAGS) were contacted by phone and email. Finally, 32 out of 66 initially regarded services provided interventions meeting the inclusion criteria and were contacted by sending the MIQ-2 and instructions via email.

Methodology, continued

Methodology, continued

Romania

In Romania there were no community-based specialised services for the families of prisoners. This finding is the result of a long investigation covering governmental and non-governmental services as well as exploring services mandated under the legislative framework. Researchers found only one NGO that had worked with children of prisoners in the past, but not in the present, and these children are now included in the wider category of vulnerable children (together with street children).

Sweden

The situation in Sweden is different again. There are only two organisations specialised in providing support to children of prisoners: Bryggan and Solrosen. Information about their interventions was gathered via the organisations' web pages and by contacting them on the phone. Nine freelanced services of these organisations were identified providing interventions meeting the criteria, nine of them were contacted with instructions and the MIQ-2 online version (SurveyXact).

Mapping of Non-Specialised Services
Instruments

It was decided to limit the investigation and mapping of non-specialised services to "types" of services providing non-specialised interventions instead of conducting a detailed mapping exercise. For this purpose, two templates for each category were created, one for the identification of the types and one for the description of identified types of services (see Table 15).

Table 15

Instruments for non-specialised services

Community-based non-specialised services (C3)	
1. Template cat_3_4 Part I	
Aim:	Identification of types of services
Content:	Instructions Identification strategies Service types identified: type, number of services of this type in the country, Sources Checklist for the identification procedure

Mental health services for children and adolescents (C4)	
2. Template cat_3_4 Part II	
Aim:	Identification of types of services
Content:	Instructions Identification strategies Service types identified: type, number of services of this type in the country, Capacity, sources number, sources capacity

Methodology, continued

Methodology, continued

Community-based non-specialised services (C3)	
Appendix:	Definitions of C3, C4 types Method of identification Checklist inclusion criteria C3, C4
3. Description template C3	
Aim:	Description of types of services
Content:	General target group of the service type General aim of the service type Typical tasks Information about what kind of performance is related to the needs of children of prisoners Structural information about the service type of C3 services Further important information about service type Examples
Appendix:	Criteria for descriptions
4. Description template C4	
Aim:	Description of types of services
Content:	General target group of the service type General aim of the service type Typical tasks Information about what kind of performance is related to the needs of children of prisoners Structural information about the service type of C3 services Further important information about service type Examples
Appendix:	Criteria for descriptions

Data Collection

UK
Community-based specialised services

The mapping of community-based non-specialised services across the UK (England and Wales) proceeded by several stages. The research team initially undertook Internet searches and contacted key government departments to discover whether any department held a centralised data set(s) relating to community based specialised services. It was found that no government department held this data. Indicators from previous research projects mapping third sector service provision testified to a large number of providers (although these varied markedly in their scope, coverage and capacity). However, the COPING service types of interest could not be adequately identified from these data sets and confidentiality concerns prevented release of the raw data for re-analysis. Some relevant service information was partially collected by individual local authorities and by some national third sector organisations (i.e. Barnardos, NSPCC, YoungMinds, Mind etc.), although as the local institutional geography in the UK (England and Wales) is complex (patterned by County, District and Unitary Authorities) with the distribution of functions varying according

Methodology, continued

Methodology, continued

to the local arrangements and there being some 260 in number, a simple searching across local authorities proved problematic.

As a result of these obstacles the research team combined a strategy of Internet searches and extensive telephone liaison to corroborate service information. The team specifically targeted a number of web based 'directories' compiled and updated by either NGOs or local authorities which helpfully listed services available for young people, including counselling, advice or information services. Generally organisations provided these web-based directories for local services that young people could access, although such registers were not exhaustive of all services. This information was supplemented by information on capacity of statutory institutions and a number of relevant allied professions, largely derived from institutional and professional bodies (for instance, the numbers of Chartered Educational and Child Psychologists obtained from the British Psychological Society being the official professional body which provides Chartered status and maintains the Chartered Register for the UK). This approach was used to good effect and provides an estimate of community-based specialised services within England and Wales.

Mental Health services for children and adolescents
The mapping of mental health services for children and adolescents proved to be a more straightforward task. Whilst

no government department held a central directory of mental health services for children and young people, the information was devolved at the Primary Care Trust level (PCT) which is an institutional unit of geography for health care provision within the UK (England and Wales). This required web-based searching and telephone liaison (where necessary) in obtaining a picture of statutory and private sector mental health services.

These results were supplemented and triangulated with information gleaned from the Royal College of Psychiatrists own web-based directory of statutory mental health services for children and adolescents (a searchable website for Child and Adolescent Inpatient Mental Health Units or high dependency
units etc.) at Tier 4 level, focused on 'high risk' young people. Other high dependency independent (private) sector providers were also found within this directory, although these were fewer in number than statutory services, no doubt reflecting the considerable costs incurred for end users. However, it should be noted that these services are focused on 'high risk' young people, likely to be peripheral to our cohort.

Other information on the number of different professionals (often situated within multi-disciplinary teams) were identified

from liaison with a range of national professional and practitioner bodies who keep directories of memberships or qualified staffs. These data sets provided a good estimate of the available mental health services for children and adolescents.

Germany

Community-based non-specialised services
Internet search (keywords, and records on the website of the Alliance for the Care and Resettlement of Offenders) as well as the information brochure Overview on Help for Children and Adolescents (Kocalevents & Schützwohl, 2011), an outcome of the HELP-S project on children of parents with mental disorders, was used to identify different types of community-based services. The main source for the number of services of each type was the Federal Statistical Office's publication Statistics of Children and Youth Help (Statistisches Bundesamt, 2006). Services not included in this report were quantified according to the websites of the respective head association or other pertinent websites for services that
have no head organisation. For the number of relevant hotlines and online platforms a short Internet search was conducted, accounting for the fact that an effective hotline should be easily accessible.

Mental Health services for children and adolescents
The types of services follow the structure of the German public health system. The main sources for the number of services were the Federal Statistical Office's publication Basic dates of hospitals (Statistisches Bundesamt, 2009). Other sources were the reports of the pertinent medical and psychotherapist associations. To evaluate the capacity of each service, experts of the relevant association of the service or health insurance company were contacted by telephone.

Romania

Community-based non-specialised services
The identification strategies for the types of non-specialised services for the prisoners' families have been the following: a) strategies concerning research/identification at a legislative level; research was internet-based and focused on relevant sites (www.mmspf.ro , www.copii.ro, www.das.ro, htpp://www.ghidulprimariilor.ro/ index.php, etc.); b) strategies concerning institutional organisation at a central and regional level; research is internet-based and direct-contact-based (official addresses to public specialised services through fax/fax-mail, concluding collaboration agreements, telephone). In Romania there are 41

Project
p240 **COPING:** Children of Prisoners, Interventions and Mitigations to Strengthen Mental
Health

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COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental
Health **p241**

Methodology, continued

counties, and in each county there is a General Directorate of Social Assistance and Child Protection (GDSACP); at the level of the country's capital Bucharest there are six such GDSACPs which are subordinated to county councils and local councils http://www.anph.ro/harta.php?m=harta&idc=5 (Map of DGSACPs.), c) Strategies concerning collaboration/approval with/from associations in this particular field.

Mental Health services for children and adolescents
These kinds of services may be public or private. Much of the legislative information can be found on the National Health site www.ms.ro, and also on the Psychologists' College of Romania web page www.copsi.ro. Other pieces of relevant information were obtained by contacting local institutions (online, telephone, fax). Since the public health policy is undergoing a period of change at the level of the units' management, there is no clear evidence of the number of places/beds within these mental health services.

Methodology, continued

Sweden

Internet research starting with the most known services through to less known services was used to identify types of services in Sweden. The National Board of Health and Welfare, a government agency under the Ministry of Health and Social Affairs, has provided information via their Internet site and written reports.

Aligning Interventions with Children's Needs
A single method for evaluating the alignment of services and interventions with children's needs within COPING proved elusive, despite repeated attempts to identify methods to integrate data based on the individual surveys and the country-based data on interventions. Group exercises were conducted with the research team in order to attempt a synthesis of qualitative data from the in-depth interviews and the stakeholder consultation sessions. Further to this, statistical analyses were conducted with the purpose of achieving a holistic view of the COPING data collected.

Methodology, continued

Methodology, continued

The tests performed were as follows:

1. The needs questions for both children and parent assessments were subjected to factor analysis in order to extract need dimensions and compare with the theoretical framework described in the introduction.

2. Need hierarchies overall and by country were ranked for child and parent assessments.

3. SDQ and Rosenberg self-esteem variables were correlated with the existence of a parent-assessed dichotomous need variable (yes/no) by country.

4. Parent/carer well-being was assessed in relation to national norms, and compared between countries.

5. Child and parent well-being variables were entered into logistic regression models for the top three parent-assessed needs identified, in order to explore possible predictors of need.

6. Service levels in the different countries were juxtaposed with the top three parent-assessed needs identified.

Stakeholder Consultation
In addition to the survey and in-depth interviews, a multi-method stakeholder consultation strategy was carried out with 122 professionals/groups (including face-to-face interviews, focus groups, telephone interviews and a COPING on-line questionnaire).

The process was underpinned by a set of consultation guides to encourage uniformity of practice and improve comparability of results. Supplementing the general guide were ten consultation guides, each focused on one of the stakeholder groups and including information about areas of presumed knowledge and foreseeable issues before, during and after the consultation, as well as the question schedule. The question schedules varied slightly between stakeholder groups. The question schedules were designed to be flexible: underneath each of the 16 'core' questions were supplementary or follow-up questions, which could be used to elicit more information if stakeholders were not forthcoming or did not cover issues of interest/relevance. In keeping with the semi-structured nature of the consultations, researchers were encouraged to use these questions as they saw fit, including where appropriate not asking certain 'core' questions.

Ten groups of stakeholders participated in this aspect of the study: caregivers; staff within children's homes; social workers; prison staff; NGO staff; children of prisoners; imprisoned parents; government staff involved in policy relating to children/families of prisoners; NGO staff involved in policy formulation and, school-related stakeholders.

Methodology, continued

Methodology, continued

Not all stakeholder groups were consulted in each country. A table is below.

Table 16
Stakeholders

Stakeholder group	Germany	Sweden	Romania	UK	International	Overall no. of individuals consulted
Children of	0	0	0	36	0	36
Imprisoned	0	0	0	44	0	44
Caregivers (either a parent, relative or foster-carer)	5	6	0	2	0	13
Prison staff	4	10	4	6	0	24
Social workers	1	3	3	9	0	16
Staff within institutional	3	3	3	1	0	10
School-related	6	9	4	23	0	42
NGOs supporting	10	9	3	22	4	48
NGOs involved in policy	0	0	0	2	1	3
Government staff involved in policy relating to children/families of prisoners	2	0	0	0	1	3
Overview	31	40	17	145	6	239

Analysis
Where possible, consultations were recorded, transcribed and translated into English, however in some countries only extracts of interviews were transcribed and in other instances where recording was not possible consultation summaries were produced. The translated transcripts or extracts were then coded using the software package NVivo and a single set of NVivo 'nodes' (coding categories) were developed for use across all the countries.

Development of Recommendations
An awareness of the need to develop recommendations was embedded in the COPING Project from the outset. Emphasis was placed on identifying the 'action implications' stemming from the research findings. This has to be seen very much as a judgement about how far the research had highlighted an unmet need, a practice that needs to change, a perception that needs to be addressed or anything else that needs to be remedied. These 'areas for improvement in policy and practice' emerged by comparing findings from different Work Packages, paying particular attention to where needs, challenges and opportunities identified in one Work Package were corroborated and reinforced by the results from other Work Packages. An example of this would be where issues flagged up in interviews with children of prisoners

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Methodology, continued

and their carers (e.g. around impact of witnessing parental arrest on children, the quality of prison visits) were identified in the consultations with key stakeholders, practitioners and policy makers and were also evident from the research literature and through the mapping of services and interventions. A systematic approach was developed to produce COPING's recommendations. This involved a three stage process that comprised:

1. The holding of Research Findings Workshops by each partner at different points in time during the final year of the project

2. The convening of Recommendation Workshops at COPING Consortium meetings and less formally, within each partner country, to distil potential recommendations from the research findings

3. The completion of a common template, the 'Development of Recommendations Form'. The latter was designed to inject consistency in the way in which recommendations were drafted, presented, discussed and categorised. Comprehensive guidance was produced for each stage.

Methodology, continued

Taken together, the workshops, Consortium meeting discussions and completion of the Development of Recommendations Form represented a structured way in which learning from the COPING project could be articulated and thereafter, translated into a clearly stated agenda for policy development and reform.

Ethics

An Ethical Protocol was developed as a definitive and authoritative statement and record of the ethical principles and procedures adopted in the COPING research. It also served two other purposes:

1) to capture any necessary differences between countries in their ethical principles and procedures; and

2) to collate any amendments that might be required in ethical principles and procedures as the research progressed and unanticipated situations arose. The ethical principles and procedures fell into one of eight broad areas, each of which covered a number of specific principles and procedures which are standard within social sciences research.

Table 17

Outline of the ethical principles and procedures covered in the Ethical Protocol

Broad area	Specific ethical principle or procedure
1. Permissions and approvals	1. Permissions and approvals should be obtained from all relevant organisations.
2. Consent	2. Consent should be obtained from all individuals taking part in the research. 3. Consent should be obtained from parents/carers for their children to take part in the research. 4. Individuals should be fully informed as to the nature of the research prior to giving their consent. 5. Individuals should be given an information sheet outlining all key aspects of the research. 6. Individuals should be asked to sign a consent form. 7. Individuals should be given assurances concerning their involvement in the research.
3. Confidentiality	8. Individuals should be given a guarantee that all the information they provide will be treated in confidence, but with one or two exceptions (one relating to children's safety and the other concerning either prison security or previously unreported crimes).
4. Anonymity	9. All individuals and organisations taking part in the research should remain anonymous in any report emanating from the study. 10. The need for anonymity should be seen as especially important.
5. Support	11. All individuals taking part in the research should be given the contact details of organisations that might be able to provide them with support as a result of any issues that arise for them as a result of their participation in the research.

Broad area	Specific ethical principle or procedure
6. Research staff	12. All staff involved in fieldwork should be given training in research ethics that are applicable to the COPING project. 13. All research staff should abide by the data protection legislation that is pertinent to their country. 14. All staff involved in fieldwork should be police checked.
7. External scrutiny	15. Research teams in each country should seek and obtain ethical approval from a relevant ethics committee. 16. A risk analysis should be carried out in each country to ensure that risks to participants and research staff are minimised and acceptable.
8. Review	17. The ethical principles and procedures pursued in this research should be kept under review and should be modified where necessary (as new situations arise).

There were two minor differences between countries in terms of the ethical principles and procedures they adopted. The first of these related to confidentiality. There was clear agreement between researchers in all countries that the information provided by participants should be treated in confidence. There was, though, also a consensus that confidentiality should be breached in certain, exceptional circumstances. Researchers in all countries agreed that if they were to receive information that indicated a child might be at risk, then this might have to be passed to an appropriate authority. In three of the four countries

Ethics, continued

Ethics, continued

(Germany, Romania and the UK) the COPING staff had, in addition, to undertake to breach confidentiality if a second circumstance arose – although the specific circumstances varied. In Romania and the UK, confidentiality would have to be revoked if researchers learnt of any threat to prison security. In Germany, by contrast, the promise of confidentiality was to be rescinded if the researchers became aware of any serious crime being planned. (All research participants were made aware of these confidentiality exceptions before taking part in the study.)

The second minor difference in ethical principles and procedures related to compensation for children and their non-imprisoned parents/carers taking part in the survey and in-depth interviews. There was general agreement, in principle, that such compensation was appropriate given the amount of time and effort these individuals would be giving to the research project. There were, however, some differences of opinion beyond this point. Colleagues in Romania felt, ultimately, that they should not offer compensation to children or their parents/carers on account of the fact that most, if not all, of these families were so poor that the offer of compensation would have an untoward influence in their decision whether or not to take part in the research. Researchers in the other three countries felt that they could and

should compensate children, and their non-imprisoned parents/ carers, but that this should not be in cash but rather in the form of vouchers. Participants in Sweden were given one cinema ticket each, to the value of €7, whereas in Germany and the UK they were given more versatile shopping vouchers. These latter two countries varied in terms of the value of the vouchers and also to whom they were given.

There were, then, some differences between countries in terms of both confidentiality and compensation. In general, though, these differences concerned only certain quite specific aspects of these principles, and in all countries there was, in the main, the same basic acceptance of each of these principles.
Researchers in Germany, Sweden and the UK applied to the relevant authorities for ethical approval for the COPING research. Ethical approval was subsequently granted in each of these countries. There is no process in Romania for applying for, and being granted, ethical approval. Romanian colleagues did, however, conduct their research according to the same ethical principles that had been agreed in the other three countries. A full account of the ethics of the COPING project is provided in Companion Report on Ethics (see project website).

Study Limitations

The practical difficulties of recruiting children with parents/ carers in prison into research projects are well recognised (Brown, Dibb, Shenton, & Elson, 2001). Therefore convenience sampling was used to recruit children and their non-imprisoned parents/ carers into this survey which meant that the sample was neither random nor representative, and the results may not therefore be generalisable to all children who have parents/carers in prison. Given the difficulties in identifying a representative sample of participants, one of the limitations of the research is that sampling bias was inevitable. The impact of this is threefold: firstly, children from minority groups or who experience other forms of marginalisation or social exclusion (e.g. children in care, disabled children, refugee children, children from minority ethnic groups) were largely absent from the COPING study; secondly, as recruitment in all countries (except Romania) was facilitated through NGOs working with prisoners' families, most children were accessing some form of support services and this may mean that these children are more resilient and have fewer needs than children who do not access services; and thirdly, the selection of prisons was determined by external factors which meant

Study Limitations, continued

that imprisoned parents in the study were not representative of the general prison population. In Romania, for example, the prisoners who participated were from high security prisons and had committed serious crimes for which they were serving long sentences and this may have led to false negatives in the overall sample.

The large majority of children in the sample had contact with their imprisoned parents/carers (84 per cent in Romania and over 90 per cent in the other three countries). The number of children in our study who did not have any contact with their imprisoned parent/carer was too small to permit any analysis of their situation. This study is, therefore, largely a study of the effects of parental/ carer imprisonment upon children who have contact with their imprisoned parents/carers.

It was not possible to utilise a control sample and therefore one cannot be certain whether any outcomes or effects identified were due to parental/carer imprisonment or other factors, such as the style of parenting the child received or the broader environment in which the child was raised.

Four standardised instruments were used in the survey: the SDQ, the SES, KIDSCREEN-27 and the WHOQOL-BREF questionnaire.

Study Limitations, continued

There are normative data for all of these instruments in one of more of the countries that featured in this research. This means that it was possible to compare the results with those of individuals in the general population, and in this way, the findings were benchmarked. There were no normative data for the supplementary questions in the survey, such as perceptions of the effects of parental/carer imprisonment upon the child, how the children felt about the contact they had with their parent/carer and the needs of the child. This means that a full assessment of the implications of these findings is not possible.

Most families for the in-depth interviews were recruited with the assistance of NGOs in Germany, Sweden and the UK, and had taken part in the survey. This led to the under-representation of children who are not in contact with their parents in prison. As a consequence, the study has found much rich material about the experiences of children in contact with an imprisoned parent. By the time of the interviews most children and families had, to varying degrees, adjusted to having a parent in prison. This may mean that the sample of children included in the in-depth interviews are likely to be those who have better resilience, family stability and support than the general children of prisoners' population.

Study Limitations, continued

COPING investigated children aged seven to 16 and therefore its findings cannot be generalised to all age groups. Much emphasis was placed on the desirability of achieving a balanced sample for the in-depth interviews, based on children's strengths and difficulties questionnaire scores. Where possible, more children in the borderline and abnormal categories were selected. However, the extent to which a balanced sample was achieved varied across the four countries and more children in the normal range were interviewed in the UK and in Sweden. In spite of determined attempts to identify children whose strengths and difficulties questionnaire scores indicated heightened vulnerability, the proportion of such children was lower than targeted. Another feature of the methodology is that the semi-structured interviews used in the research have a resilience framework focusing on positive accounts. This might have resulted in negative issues either not arising or not being discussed in detail. That being noted, children and parents did speak about negative life events. A further limitation is that a gender balance was not achieved across all countries and in the German sample, more girls than boys were willing to participate. Out of recognition that the imprisonment of a mother and father can have a differential impact on children, the research team strived to ensure that some children with a mother in prison were engaged in interviews. Because of the low

Study Limitations, continued

incarceration rate of women in Germany, only three children in the German sample had a mother in prison. A further issue was that the gravity of offences for which imprisoned parents in the sample had been convicted varied considerably. For example, drug related offences came first for the UK and for Germany, while convictions for murder or manslaughter came first for Romania. Sentence length also varied considerably between the four countries (the shortest being in the UK). Where children could look forward to their parent's release in the foreseeable future, this could impact positively on their resilience. Children's experiences of parental imprisonment differ markedly depending on the gravity of the offence and the length of the sentence. These factors make it somewhat difficult to generalise from COPING about the impact of imprisonment on the whole population of children of prisoners. A further limitation was the variability in recruiting children who are living in children's homes into the study. There were none in the UK sample, four in the Swedish sample and one in Germany. One child in Romania was in a residential institution; others were in foster care mainly provided by grandparents. Lastly, mention should be made of the fairly small numbers of children from black and minority ethnic groups in the sample, where the numbers were lower than the representation of black and minority ethnic people in the prison system. The identification

of prison-based interventions followed a systematic procedure with clear instructions. All countries obtained the information by contacting higher-level authorities (e.g. ministries of justice in Germany, county ombudsmen in Sweden). Therefore, the number of prisons with related interventions could be seen as reliable for each country and describes the situation in the prison context. However, regarding data collection overall (MIQ-1 questionnaire for the detailed mapping), limitations of representativeness must be noted, especially for the sample in UK which was severely restricted by the National Offender Management Service (NOMS) National Research Committee (NRC) as to which prisons could be accessed.

The identification of community-based services required a wide range of search strategies. In addition to contacting services, screening for interventions that met the inclusion criteria was a difficult procedure especially in the UK and Germany, due to the fact that there are no systematic registers of related services. Asking all prisons proved to be very helpful in bringing a minimum of systemisation to the strategy and also in minimising missing information for the community-based services. However there were difficulties in gathering sufficient data to ensure that the number of identified services is a complete picture. A further

Study Limitations, continued

Study Limitations, continued

critical issue to be noted is the quality of the data gained using the Mapping of Interventions Questionnaires (MIQ-1 and MIQ-2). Limitations resulted mainly from differences caused by country specific use of terms as well as differences in penal and welfare systems. Most difficulties occurred on items for describing the administrative structure of prisons and services. Country specific items were added to cover these problems. For the UK and Sweden the categories of the item about staff directly included seemed critical. For the Swedish sample problems with the item covering the priority needs addressed by interventions were mentioned. For the non-specialised services only the types of services were identified and described. This was a compromise focusing on specialised services. It must be considered that in regions with none or few specialised services in the community, these non-specialised facilities and institutions providing community based and mental health care for children and adolescents are the main providers of any support for children in difficult situations and with mental health and behavioural problems resulting from parental incarceration. To estimate and describe the impact of these services and institutions two templates were developed (identification and numbers; description) with clear and uniform instructions for each participating country and researcher respectively. The description template followed the ESMS

systematisation of services information and proved to be very useful for systematically collecting and analysing the data.

These limitations aside, the methods were subject to robust quality assurance procedures and results were validated through corroboration with the findings of each method. The survey results were compared with normative data from previous studies and thus the findings are reliable in terms of the relationship between children and families who participated in the study and those in the wider population. Furthermore, as the findings confirm the vulnerability of children of prisoners one can reasonably speculate that those children who are even more marginalised or do not have access to services at all may be even more vulnerable.

Findings

Children's Mental Health, Well-being and Quality of Life
This section of the report describes the results of the survey of mental health indicators, well-being and quality of life.

Demographic characteristics

Children
Of the 737 children in the survey, 54 per cent were boys, with some non-significant variations across the four countries, with Sweden having the smallest proportion of boys (44 per cent). Just over half the children (56 per cent were 11 years old or older at the time of the survey, with little variation across countries, with a mean age of 11.3 years and ages ranging from 1 to 18 years. All of the children in Germany, Romania and Sweden were in the prescribed age range for the survey (7-17 years).

Findings, continued

Table 18
Demographic variables compared across the four countries

Description	Germany	Romania	Sweden	UK	Overall	Differences between countries (p)
Total n	145	251	50	291	730	
Children:						
% Male	53	58	44	53	54	0.287
Mean Age (sd) Median Age (range)	11.2 (3.1) 11.0 (7-17)	11.1 (3.1) 11.0 (7-17)	11.6 (3.2) 11.0 (7-17)	11.4 (3.1) 11.0 (1-18)	11.3 (3.1) 11.0 (1-18)	0.49
% Aged 11+	55	54	50	59	56	0.007*
% White Ethnicity (child)	–	86	–	87	87	
% Children with Special Health Need	20.0	6.9	12.0	15.6	13.0	0.001*
% Children Excluded from School	4.3	5.1	2.8	12.9	7.5	0.014*
% Contact with imprisoned parent/carer	92.9	84.4	100.0	95.9	91.1	0.000*
% Bad Effects (reported by parent/carer)	75.0	50.8	79.4	53.7	58.6	0.000*

Findings, continued

Findings, continued

Description	Germany	Romania	Sweden	UK	Overall	Differences between countries (p)
% Bad Effects (reported by child)	54.2	38.4	60.0	51.3	48.0	0.001*
% Good Effects (reported by parent/carer)	24.1	19.1	33.3	15.6	19.8	0.126
% Good Effects (reported by child)	18.7	Not asked	25.6	9.8	14.3	0.023*
Any help received? (% saying yes)	87.3	65.4	83.7	71.8	73.7	0.000*
Help wanted? (% saying yes)	46.5	74.8	36.7	24.8	47.2	0.000*
Non-imprisoned parent:						
% Female	97	89	94	91	92	0.12

* indicates significance at the p< 0.05 level
a This refers only to prisoners who had been sentenced i.e. not those who were on remand
(awaiting trial) or those who had been tried and convicted but were awaiting sentencing.

The large majority of children in Romania (86 per cent) and the UK (87 per cent) described their ethnicity as white. It was not considered ethical, in Germany or Sweden, to ask respondents about their ethnicity, and this information is not available for these two countries. (Participants in these two countries were asked about their nationality and/or language(s) spoken; however, these characteristics are not synonymous with ethnicity.) Children were also asked whether they had any 'long-term disability, illness, medical condition or special need'. Across the whole sample, 13 per cent of children reported having such a 'special health need', although there were marked differences between countries with figures ranging from approximately 7 per cent in Romania to 20 per cent in Germany. Although researchers did not make any special effort to recruit children with learning difficulties, they did make efforts to include these children in the survey when the opportunity arose.

The non-imprisoned parents/carers were asked whether the child had been excluded from school. The percentages excluded either temporarily or permanently differed reliably across countries, with Sweden having the lowest per cent excluded (2.8 per cent) and the UK the highest per cent (12.9 per cent). There were also reliable differences between countries in the proportions of

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Findings, continued

children reported as having contact with the imprisoned parent/
carer, with Romanian children reported as having less contact
(84 per cent) than the other countries and Swedish children the
highest (100 per cent). The children and the non-imprisoned
parents/carers also reported on whether they thought the child
had experienced any bad or good effects from having a parent/
carer in prison. For bad effects reported by the parent/carer, there
were reliable differences between the countries, with Romanian
(51 per cent) and UK (59 per cent) children reported as having the
smallest proportions of bad effects and German (75 per cent) and
Swedish (79 per cent) children the highest. Good effects reported
by the parent/carer ranged from 16 per cent in the UK to 33 per
cent in Sweden, but did not differ significantly between countries.
Children reported a smaller percentage of bad effects than their
parents/carers, but again there were reliable differences between
countries, with Swedish children having the largest percentage (60
per cent) reporting bad effects and Romanian children the lowest
(38 per cent). Children also reported a smaller percentage of good
effects than their parents/carers (although this question was not
asked of the Romanian children), with the smallest proportion (10
per cent in the UK and the largest proportion in Sweden (26 per
cent).

Findings, continued

Non-imprisoned parent/carer
The mean age of the non-imprisoned parent/carers was 39
years, with ages ranging from 18 to 64 years. There were small
but significant variations across countries, with Swedish non-
imprisoned parents/carers being the oldest (mean age 40.9 years)
and UK parents/carers being the youngest (mean age 37.8 years).
The vast majority (92 per cent) of non-imprisoned parents/carers
interviewed were female, with Romania having the smallest
proportion of females (89 per cent) and Germany having the largest
proportion (97 per cent), but there was no reliable variation across
countries.

Imprisoned parent/carer
The mean age of the imprisoned parent/carer was 38.3 years,
with ages ranging from 21 to 62 years, with little variation across
countries. The vast majority (88 per cent) of prisoners were male,
with the UK having the smallest proportion of males (85 per
cent) and Germany and Sweden having the highest proportion (91
per cent) but there was no reliable variation across countries.
Prison sentences[50] for the imprisoned parent/carer ranged from
two months to 23 years, with reliable differences between the
countries in average length of sentence. Prisoners in Romania had
longer prison sentences, with sentences ranging from 3.6 months

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[50] 'Prison sentence' was the sum of time the parent/carer had currently served plus the time the respondent thought the parent/
carer remained to serve.

Findings, continued

Findings, continued

to 23 years and a median sentence of five years, while the other countries had shorter sentences, with median sentences of 3.8 years (Germany) 2.2 years (Sweden) and 2.3 years (UK).

Mental health indicators (strengths and difficulties questionnaire)

The SDQ cut-offs used in this study are: for the child-completed version, 0-15 = average range; 16-19 = raised; 20-40 = high, with caseness defined as a score in the range 20-40; for the parent-completed version, 0-13 = average range; 14-16 = raised; 17-40 = high, with caseness defined as a score in the range 17-40. (The original terms for these categories are 'normal', 'borderline' and 'abnormal' respectively. These terms have been replaced, by the labels above, as they are considered to be stigmatising.)

In the results, the SDQ scores are compared against a large UK normative data set (Goodman, Ford, Simmons, Gatward, & Meltzer, 2000). Where other normative data are available for individual countries, these are shown in the Figures 2a-2c (Appendix C). For example, German norms for the total difficulties score (TDS) (Woerner, Becker, Friedrich, Klasen, Goodman, & Rothenberger, 2004) are available for just the parent-completed version and are similar to the UK norms; the mean score is shown in the boxplots in the appendix.

The Tables below show the SDQ Total Difficulties Scores (TDS) and subscale scores across the four countries. Overall, for the children aged 11 years or over, the mean TDS were 13.2 on the parent-completed questionnaire and 12.3 on the self-completed questionnaire. There was reliable variation across the four countries, with Romanian parent-completed questionnaires having higher TDS than the other three countries, and Romanian and Swedish questionnaires having higher TDS than Germany or the UK. The subscale scores show that this pattern is mainly a result of differences in the Emotions and Peer subscale scores. The Hyperactivity and Conduct subscales show no reliable differences between countries.

The final column in the Tables shows the comparison of the children in this study with the UK norms for the TDS and subscale scores. For the total and each of the subscale scores (with one exception), the children in this study show reliably higher scores than the UK norms. (The one exception is the Prosocial scale where the COPING children score lower.)

Findings, continued

Findings, continued

For the parent-completed version, Romanian parents gave reliably higher TDS than the other countries, while Swedish parents give the lowest median TDS while the mean UK norm (8.2), was much lower than the medians for each of the other countries.

For the self-completed version, German and UK children scored reliably lower than children from Romania, with Swedish scores not reliably different from the other countries. (Note that the Swedish sample size is much smaller than the other countries, so the confidence intervals are wider, giving less statistical power to any comparisons with other countries.) The mean UK norm for the self-completed version is 10.3, higher than that for the parent-completed version. Children in all countries score reliably higher than the UK norm.

Table 19

Mean (SD) scores for SDQ Total Difficulties Scores and Subscales across the four countries for children aged 11 years and over (parent and child ratings) and results of ANOVAs. UK Norms from Youth in Mind SDQ norms web-site (www.sdqinfo.com/norms/UKNorm3.pdf)

Age 11+	Germany	Romania	Sweden	UK	Overall	UK norms	Diff between countries (p)	Overall vs. UK Norms (p)
Parent Child	N = 75 N = 77	N = 122 N = 126	N = 15 N = 22	N = 125 N = 163	N = 337 N = 388	N = 4443 N = 4228		
SDQ Total								
Parent Child	12.3 (7.1) 11.8 (5.7)	15.2 (7.5) 14.0 (6.6)	11.3 (7.5) 13.8 (7.4)	12.0 (6.5) 11.1 (6.0)	13.2 (7.2) 12.3 (6.3)	8.2 (5.8) 10.3 (5.2)	0.001* 0.001*	0.000* 0.000*
Emotions subscale								
Parent Child	3.3 (2.9) 3.2 (2.5)	4.8 (2.8) 4.4 (2.6)	2.8 (2.1) 4.0 (2.3)	2.8 (2.4) 2.5 (2.2)	3.6 (2.8) 3.3 (2.5)	1.9 (2.0) 2.8 (2.1)	0.000* 0.000*	0.000* 0.001*
Hyperactivity subscale								
Parent Child	4.0 (2.4) 3.7 (2.4)	4.4 (2.6) 3.8 (2.4	4.5 (3.4) 5.1 (3.2)	4.3 (2.4) 4.2 (2.5)	4.3 (2.5) 4.0 (2.5)	3.2 (2.6) 3.8 (2.2)	0.693 0.072	0.000* 0.002*
Peer subscale								
Parent Child	2.3 (2.0) 2.6 (1.9)	2.9 (2.0) 2.9 (1.9)	2.1 (1.5) 2.0 (1.4)	2.3 (1.8) 1.9 (1.7)	2.5 (1.9) 2.4 (1.9)	1.5 (1.7) 1.5 (1.4)	0.037* 0.000*	0.000* 0.000*
Conduct subscale								
Parent Child	2.6 (2.0) 2.2 (1.7)	3.1 (2.7) 2.8 (2.5)	1.9 (2.5) 2.6 (2.3)	2.6 (2.1) 2.5 (1.8)	2.8 (2.3) 2.6 (2.1)	1.5 (1.7) 2.2 (1.7)	0.105 0.168	0.000* 0.000*
ProSocial								
Parent Child	7.5 (1.8) 7.4 (2.0)	7.8 (2.2) 8.6 (1.8)	7.6 (2.2) 8.6 (1.3)	7.8 (2.1) 7.5 (1.9)	7.7 (2.1) 7.9 (2.0)	8.6 (1.6) 8.0 (1.7)	0.614 0.000*	0.000* 0.919
Impact								
Parent Child	1.3 (1.9) 0.8 (1.6)	0.5 (1.4) 0.5 (1.3)	1.0 (1.8) 1.5 (1.9)	1.0 (1.9) 0.6 (1.5)	0.9 (1.8) 0.7 (1.5)	0.4 (1.2) 0.2 (0.8)	0.001* 0.010*	0.001* 0.038*

Findings, continued

A similar pattern in TDS and subscale scores is shown for the SDQ scores of the children under 11 years. This table shows only the parent-completed version, as the self-completed version is not usually used for children under 11 years of age.

Table 20

Mean (SD) scores for SDQ Totals and Subscales across the four countries for children under
11 years (parent rating) and results of ANOVAs. UK Norms from Youth in Mind SDQ norms web-site (www.sdqinfo.com/norms/UKNorm3.pdf)

Age < 11	Germany	Romania	Sweden	UK	Overall	UK norms	Diff between countries (p)	Overall vs. UK Norms (p)
Parent	N = 63	N = 107	N = 19	N = 91	N = 280	N = 5855		
SDQ Total	13.4 (6.4)	13.7 (6.6)	12.2 (5.3)	11.4 (6.1)	12.8 (6.4)	8.6 (5.7)	0.066*	0.000*
Emotions subscale	3.8 (2.7)	4.0 (2.5)	2.9 (1.7)	2.4 (2.2)	3.4 (2.5)	1.9 (2.0)	0.000*	0.000*
Hyper-activity subscal	4.7 (2.5)	4.1 (2.2)	4.6 (2.6)	4.2 (2.6)	4.3 (2.4)	3.6 (2.7)	0.325	0.000*
Peer subscal	2.3 (1.8)	3.1 (1.9)	2.4 (1.8)	2.3 (1.9)	2.6 (1.9)	1.4 (1.7)	0.009*	0.000*
Conduct subscal	2.6 (1.8)	2.4 (2.2)	2.3 (1.3)	2.4 (2.0)	2.5 (2.0)	1.6 (1.7)	0.928	0.000*
ProSocial	7.7 (1.8)	8.1 (1.9)	8.4 (1.6)	7.6 (2.2)	7.9 (2.0)	8.6 (1.6)	0.121	0.000*
Impact	1.5 (1.9)	0.4 (1.1)	0.9 (1.6)	0.9 (1.7)	0.8 (1.6)	0.3 (1.1)	0.001*	0.000*

Findings, continued

The next Table shows the numbers of children scoring in the 'high' (or 'caseness') category of the SDQ in each of the four countries compared to Goodman, Ford, Simmons, Gatward and Meltzer (2000) UK normative data, together with overall chi-square tests comparing the four countries, except for the Prosocial subscale, for which numbers in the low category are reported, which counts as 'caseness' for this subscale. For all four countries combined, for both the older children's self- and parent-completed SDQ and the younger children's parent-completed SDQ, there is reliable difference in proportions of children in the caseness range compared to the normative data. Children in all four countries have reliably higher proportions in the caseness range compared to the UK normative data. There are, however, reliable differences between the four countries, with Romania having a reliably greater proportion of children in the caseness range than the other three countries. The Romanian proportions are higher than the normative data for both the older and the younger children, and those from the other three countries are lower than the normative data.

Findings, continued

Findings, continued

Table 21

Numbers scoring in 'high' range on the Strengths Difficulties Questionnaire Total Difficulties Score for the four countries compared to the (Goodman, Ford, Simmons, Gatward and Meltzer, 2000) normative data

SDQ Score	Germany	Romania	Sweden	UK	Overall	UK Norms	X23 4 country comparison (p)	X21 Overall vs UK Norms (p)
Completed by Parent (11+ years)								
SDQ total	21/75 (28%)	57/122 (47%)	4/15 (27%)	35/125 (28%)	117/337 (35%)	431/4443 (11%)	12.5 (0.006*)	180.5 (0.000*)
Pro-Social subscale	5/75 (7%)	8/122 (7%)	2/15 (13%)	14/125 (11%)	29/337 (9%)	118/4443 (3%)		
Impact subscal	25/73 (34%)	18/122 (15%)	5/15 (33%)	44/121 (36%)	92/331 (28%)	452/4443 (10%)		
Completed by Child (11+ years)								
SDQ total	9/77 (12%)	33/126 (25%)	5/22 (23%)	16/163 (10%)	63/388 (16%)	219/4228 (5%)	14.7 (0.002*)	72.5 (0.000*)
Pro-Social subscale	5/76 (7%)	3/126 (7%)	0/22 (0%)	8/163 (5%)	16/387 (5%)	75/4228 (2%)		
Impact subscal	15/78 (19%)	13/126 (10%)	8/22 (37%)	24/155 (15%)	60/381 (16%)	117/4228		
Completed by Parent (<11 years)								
SDQ total	18/63 (29%)	37/107 (35%)	4/19 (21%)	19/90 (21%)	78/279 (28%)	576/5855 (10%)	6.7 (0.082)	84.3 (0.000*)
Pro-Social subscale	1/63 (2%)	3/108 (3%)	0/19 (0%)	5/90 (6%)	9/280 (3%)	121/5855 (2%)		
Impact subscal	21/63 (33%)	12/108 (11%)	4/19 (21%)	19/90 (22%)	56/280 (22%)	461/5855 (8%)		

What is perhaps the stand-out figure among this data is that at least 25 per cent of children aged 11 years or over – according to their parent/carer ratings – have high scores suggesting increased risk of mental health problems. This is well illustrated in Figure 2a. Parent/carer ratings which are considered a more reliable guide than ratings by children (Goodman, Meltzer, & Bailey, 1998). This figure rises to just under 50 per cent for children in Romania. The proportion of children under the age of 11 years who are in this high scoring category is lower than for those above 11 years but is still appreciable.

All four countries are compared against UK norms; this is the most comprehensive source of data collected from both parents and children, and for children aged 11 years and above, and those below the age of 11 years (see separate survey report for comparison of SDQ scores with country-specific norms). As there are clear differences between boys and girls in the general population, it is perhaps most effective to consider whether differences in the COPING sample are in the same direction and/or to the same magnitude. Among the general population (norms), boys experience more difficulties (TDS) than girls, although this is more apparent when reported by parents (for both children aged 11+ years and those aged under 11 years) than when reported by children themselves (for under 11 year olds) (see Tables below)

Findings, continued

Table 22

SDQ total difficulty scores and sub-scale scores - children aged 11+ years (parent rating)

	UK	Germany	Romania	Sweden	Overall	UK norms	Diff Between countries (p)
Girls	n=48	n=36	n=49	n=9	n=142	n=2191	
Boys	n=77	n=38	n=73	n=6	n=194	n=2252	
Total Difficulties Score							
Girls	10.5 (6.4)	12.0 (7.1)	14.6 (6.7)	9.8 (6.5)	12.2 (6.9)	7.6 (5.6)	0.018*
Boys	13.0 (6.4)	12.6 (7.3)	15.7 (8.0)	13.7 (8.9)	13.9 (7.4)	8.8 (5.9)	0.082
Emotions Subscale							
Girls	3.1 (2.7)	3.7 (2.9)	4.9 (2.8)	3.0 (2.4)	3.9 (2.8)	2.1 (2.1)	0.009*
Boys	2.6 (2.2)	3.1 (2.8)	4.7 (2.8)	2.5 (1.6)	3.5 (2.7)	1.8 (1.9)	0.000*
Hyperactivity Subscale							
Girls	3.2 (2.6)	3.4 (2.2)	4.0 (2.3)	3.6 (2.8)	3.5 (2.4)	2.6 (2.3)	0.461
Boys	5.0 (2.0)	4.4 (2.6)	4.6 (2.8)	6.0 (3.9)	4.8 (2.5)	3.8 (2.7)	0.382
Peer Subscale							
Girls	2.3 (1.8)	2.4 (2.0)	3.1 (2.0)	1.7 (1.5)	2.5 (1.9)	1.5 (1.6)	0.104
Boys	2.3 (1.8)	2.3 (2.1)	2.9 (2.0)	2.7 (1.5)	2.5 (2.0)	1.6 (1.7)	0.359
Conduct Subscale							
Girls	2.0 (1.7)	2.5 (1.9)	2.6 (2.1)	1.6 (1.9)	2.3 (1.9)	1.4 (1.7)	0.193
Boys	3.0 (2.2)	2.7 (2.0)	3.5 (2.9)	2.5 (3.3)	3.1 (2.5)	1.6 (1.8)	0.413
Prosocial Subscale							
Girls	8.6 (2.0)	7.4 (1.7)	8.4 (1.9)	7.4 (1.9)	8.2 (1.9)	8.8 (1.5)	0.025*
Boys	7.3 (2.0)	7.6 (1.8)	7.5 (2.4)	7.3 (2.6)	7.4 (2.1)	8.3 (1.7)	0.877

Findings, continued

Table 23

SDQ total difficulty scores and sub-scale scores - children aged 11+ years (self-report)

	UK	Germany	Romania	Sweden	Overall	UK norms	Diff Between countries (p)
Girls	n=75	n=38	n=53	n=13	n=179	n=2093	
Boys	n=88	n=38	n=73	n=9	n=208	n=2135	
Total Difficulties Score							
Girls	10.1 (5.7)	12.8 (5.3)	12.8 (5.5)	11.9 (7.8)	11.6 (5.8)	10.0 (5.3)	0.031*
Boys	11.9 (6.2)	10.7 (6.0)	14.8 (7.2)	16.8 (6.0)	12.9 (6.7)	10.5 (5.1)	0.003*
Emotions Subscale							
Girls	2.8 (2.1)	4.2 (2.5)	4.4 (2.6)	4.1 (2.7)	3.7 (2.5)	3.0 (2.1)	0.002*
Boys	2.2 (2.2)	2.3 (2.0)	4.5 (2.6)	3.9 (1.5)	3.1 (2.5)	2.6 (1.9)	0.000*
Hyperactivity Subscale							
Girls	3.6 (2.3)	3.5 (2.3)	3.5 (2.3)	4.1 (3.1)	3.6 (2.3)	3.6 (2.2)	0.878
Boys	4.7 (2.5)	3.9 (2.6)	4.0 (2.5)	6.6 (3.0)	4.4 (2.6)	3.9 (2.2)	0.016*
Peer Subscale							
Girls	1.8 (1.8)	2.7 (2.0)	2.7 (1.6)	2.0 (1.5)	2.3 (1.8)	1.4 (1.4)	0.104
Boys	1.9 (1.7)	2.5 (1.8)	3.1 (2.1)	2.3 (1.2)	2.5 (1.9)	1.6 (1.4)	0.003*
Conduct Subscale							
Girls	1.9 (1.5)	2.3 (1.7)	2.3 (1.9)	1.7 (2.3)	2.1 (1.7)	2.0 (1.6)	0.365
Boys	3.0 (2.0)	2.0 (1.6)	3.2 (2.8)	4.0 (2.0)	3.0 (2.3)	2.4 (1.7)	0.021*
Prosocial Subscale							
Girls	7.8 (1.9)	7.4 (2.3)	9.0 (1.2)	8.9 (1.0)	8.2 (1.9)	8.5 (1.4)	0.000*
Boys	7.2 (2.0)	7.3 (1.8)	8.4 (2.1)	7.9 (1.6)	7.7 (2.0)	7.5 (1.7)	0.001*

Findings, continued

Findings, continued

Within the whole COPING sample, boys experienced more difficulties than girls, with the biggest disparity occurring in the UK for parent ratings of children aged 11+ years. There was just one exception to this: in Germany girls aged 11+ years reported themselves to have more difficulties than did boys (largely attributable to the emotions subscale).

Table 24

SDQ total difficulty scores and sub-scale scores - children aged under 11+ years (parent rating)

	UK	Germany	Romania	Sweden	Overall	UK norms	Diff Between countries (p)
Girls	n=44	n=28	n=43	n=11	n=126	n=2954	
Boys	n=45	n=35	n=64	n=8	n=152	n=2901	
Total Difficulties Score							
Girls	10.5 (5.8)	12.8 (6.4)	12.5 (5.7)	12.0 (5.1)	11.8 (5.9)	7.9 (5.4)	0.352
Boys	12.2 (6.3)	14.0 (6.4)	14.5 (7.1)	12.5 (5.8)	13.6 (6.7)	9.3 (6.0)	0.370
Emotions Subscale							
Girls	2.5 (2.4)	4.1 (2.6)	4.0 (2.3)	2.7 (1.6)	3.4 (2.4)	2.0 (1.9)	0.007*
Boys	2.3 (2.1)	3.6 (2.8)	4.1 (2.6)	3.1 (1.8)	3.4 (2.5)	1.8 (2.0)	0.005*
Hyperactivity Subscale							
Girls	3.8 (2.23)	4.5 (2.5)	4.0 (2.2)	4.4 (2.7)	4.0 (2.3)	3.1 (2.5)	0.577
Boys	4.7 (2.9)	4.9 (2.6)	4.2 (2.3)	4.8 (2.5)	4.6 (2.5)	4.1 (2.8)	0.015*
Peer Subscale							
Girls	2.5 (2.2)	1.9 (1.5)	2.6 (1.7)	2.4 (2.0)	2.4 (1.9)	1.3 (1.6)	0.448
Boys	2.2 (1.6)	2.6 (1.9)	3.4 (1.9)	2.5 (1.5)	2.8 (1.9)	1.5 (1.7)	0.005*
Conduct Subscale							
Girls	1.8 (1.5)	2.3 (2.0)	1.9 (1.8)	2.4 (1.5)	2.0 (1.7)	1.5 (1.5)	
Boys	3.0 (2.3)	2.9 (1.6)	2.7 (2.3)	2.1 (1.1)	2.8 (2.1)	1.8 (1.8)	
Prosocial Subscale							
Girls	8.3 (1.9)	8.1 (1.7)	8.3 (1.7)	8.2 (1.7)	8.2 (1.8)	8.9 (1.4)	
Boys	7.0 (2.3)	7.4 (1.8)	8.0 (2.0)	8.6 (1.5)	7.6 (2.1)	8.4 (1.7)	

Findings, continued

Findings, continued

Emotions Subscale

Girls experienced more emotional difficulties than boys, in the general population, although the difference is marginal (according to parents' ratings of children in both age groups, and self-reports from children aged 11+ years). In Romania the difference between boys and girls in the COPING study, in terms of emotional difficulties, was similarly small (according to parents' ratings of children in both age groups and self-reports from children aged 11+ years). In the other three countries, the difference between girls and boys seemed slightly greater than in the general population, and this was most true for German children's self-reports (aged 11+ years).

Hyperactivity Subscale

Boys in the general population experience more hyperactivity-type difficulties than do girls, although this is more apparent when reported by parents (in both age groups) than when reported by children themselves (for under 11 years old). Boys in the COPING sample experience more hyperactivity problems than do girls (according to parents' ratings of children in both age groups and self-reports from children aged 11+ years). In the UK, according to parents of children aged 11+ years, the difference between boys and girls was exacerbated.

Peer Subscale

Norms indicate that boys have slightly more peer-type difficulties than girls (according to parents' ratings of children in both age groups and self-reports from children aged 11+ years). On the whole, the difference between boys and girls in the COPING sample was very small. More obvious differences occurred in Germany and Romania, where parent ratings of children aged under 11 years suggest boys experience more peer problems than girls.

Conduct Subscale

Boys in the general population have more conduct problems than girls, although the difference is marginal (according to parents' ratings of children in both age groups, and self-reports from children aged 11+ years). Boys in the COPING sample had more noticeably higher scores than girls (according to parents' ratings of children in both age groups, and self-reports from children aged 11+ years). There was just one exception to this, in Germany, boys and girls aged 11+ years reported themselves to have similar levels of conduct problems.

Findings, continued

Findings, continued

Prosocial Subscale

Girls in general display higher levels of Prosocial behaviour than boys (according to parents' ratings of children in both age groups, and self-reports from children aged 11+ years). For children of prisoners, the disparity between girls and boys seemed to be reduced for German children (aged 11+ years for self-report and under 11 years for parent report) and Romanian children aged under 11 years (according to parents' ratings).

Children's self-esteem

The Table below shows the mean scores for the self-completed Rosenberg Self Esteem Scale for children from each of the four countries. Normative data from Schmitt and Allik (2005) are shown for three of the four countries. Differences between the mean SES scores for each country are shown and as can be seen, German children score higher (reflecting higher self-esteem) than the other countries and Romanian children score lower than the others. However, these differences follow the pattern of the differences in norms; the German normative data having the highest scores and the Romanian norms being lower. The study also suggests that the German and Romanian children in the study are scoring reliably higher than their country norms, while the UK children are scoring reliably lower than their country norm.[51]

[51] It should be noted that this potential UK difference is not apparent in Table 8, which compares means – the boxplots show median scores and indicate that the distribution of scores is slightly skewed.

Findings, continued

Table 25

Mean scores on the Rosenberg Self Esteem Scale (RSES) for the four countries compared with country norms (where available)

RSES	Germany	Romania	Sweden	UK	Overall	F	P
Mean (SD)	32.0 (5.3)	28.8 (4.1)	31.0 (5.4)	30.8 (5.2)	30.4 (5.0)	14.1	0.000*
Country Norm	31.7	29.5	-	30.6	-		
Age 11+ Mean (SD)	31.6 (5.3)	28.3 (4.4)	29.4 (5.8)	30.9 (5.7)	30.1 (5.4)	8.8	0.000*
Age <11 Mean (SD)	32.3 (5.3)	29.8 (3.6)	32.5 (4.7)	30.7 (4.4)	30.8 (4.4)	5.5	0.001*

Children's well-being

The mean scores on the KIDSCREEN-27 for each of the four countries are shown below. The total score is in the original untransformed form while the subscale scores are shown transformed to T-scores, which are scaled to have a mean of 50 and standard deviation of 10. As is evident, children in all countries except the UK score lower than the pan-European norms on most of the sub-scales based upon self-reports. This disparity is even greater for parent reports. Based upon the parent rating, the size of the differences in subscale scores for the whole COPING sample compared to the pan-European norms (50) were as follows (in descending order): Psychological well-being (42.3), Autonomy and parent relations (44.3), Social support and peers (46.6), School environment (47.0) and Physical well-being (48.2).

There were also noticeable differences between countries, with the Romanian children reporting the lowest scores on almost every subscale, whether parent- or child-rated, Swedish children receiving the highest scores, and German and UK children occupying an intermediary position.

Findings, continued

Table 26

KIDSCREEN-27 total scores (untransformed) and T-scores for the five subscales
for each
country

	Germany	Romania	Sweden	UK	Overall	Pan-European norms	Comparison of the four countries
Parent Child	N = 139 N = 143	N = 245 N = 243	N = 50 N = 50	N = 216 N = 269	N = 634 N = 698		F (p)
KS-27 Total: original scale							
Parent Child	91.4 (11.0) 93.8 (11.8)	80.2 (13.8) 83.2 (15.4)	90.8 (11.0) 97.5 (11.8)	93.6 (14.6) 98.0 (13.4)	87.8 (14.7) 92.0 (15.2)		43.6 (0.000*) 53.4 (0.000*)
KS – 27 Physical Well-being subscale: T-scores							
Parent Child	47.7 (9.8) 50.4 (10.5)	44.4 (9.7) 46.6 (10.6)	46.6 (8.2) 46.7 (10.4)	53.1 (11.7) 52.9 (11.4)	48.2 (11.1) 49.8 (11.2)	50 (10) 50 (10)	27.0 (0.000*) 15.5 (0.000*)
KS-27 Psychological Well-being subscale: T-scores							
Parent Child	40.9 (11.8) 45.8 (10.1)	38.4 (8.6) 42.9 (7.9)	43.0 (9.3) 48.7 (10.8)	47.4 (13.0) 50.2 (10.4)	42.3 (11.6) 46.6 (10.1)	50 (10) 50 (10)	26.0 (0.000*) 25.7 (0.000*)
KS-27 Autonomy & Parent Relation subscale: T-scores							
Parent Child	45.2 (7.7) 46.5 (8.0)	36.5 (8.9) 39.5 (6.9)	46.3 (12.7) 46.9 (9.4)	50.5 (14.0) 51.3 (11.4)	44.3 (12.8) 45.9 (10.5)	50 (10) 50 (10)	89.3 (0.000*) 69.6 (0.000*)
KS-27 Social Support & Peers subscale: T-scores							
Parent Child	47.0 (12.3) 46.5 (11.2)	42.4 (13.8) 42.1 (10.8)	51.0 (11.3) 51.9 (9.0)	50.8 (14.3) 53.0 (11.4)	46.6 (14.0) 47.7 (12.0)	50 (10) 50 (10)	15.6 (0.000*) 41.3 (0.000*)
KS-27 School Environment subscale: T-scores							
Parent Child	45.4 (9.6) 46.8 (8.7)	45.9 (13.3) 50.2 (12.7)	48.3 (10.1) 52.0 (10.6)	49.1 (14.1) 50.8 (12.6)	47.0 (12.8) 49.8 (11.9)	50 (10) 50 (10)	3.1 (0.028*) 3.9 (0.009*)

Findings, continued

Quality of life (WHOQOL)

Table 27 shows the mean scores on the WHO Quality of Life Scale (WHOQOL) for each of the four countries. The scores in the table are transformed into a 0-100 scale for ease of interpretation using the transformations for the four domain scores recommended in the WHOQOL-BREF user manual (WHO, 1997). Also reported is a total score for all items (QOL-total), and the first and second items in the scale, which give an indication of overall quality of life (QOL-overall) and general health (QOL-health). These have also been transformed in the same way into a 0-100 scale. It is clear that there are significant differences between the four countries in the quality of life as judged by the parent/carer not in prison. The total scores across the whole 26 items in the WHOQOL-BREF show Swedish and UK parents/carers judging their quality of life higher than those in Germany and Romania. On the overall quality of life item, Swedish parents/carers score on average much higher than the others (66.7 on the 0-100 scale) and Romanian parents/carers score much lower than those in the other countries (44.6). For the general health item, UK parents/carers score highest and Romanian parents/carers score lowest. Breaking down the total scores into the four specific domains also shows major differences

Findings, continued

between countries. For the physical domain, German, Swedish and UK parents/carers score quite high, while the Romanian parents/carers score much lower. For the psychological domain, German parents/carers score the lowest, although quite similar to the Romanian parents/carers, with UK and Swedish parents/carers scoring much higher. For the social domain, the Swedish parents/carers score much higher than the others, with the Romanian parents/carers scoring the lowest. For the environmental domain, the UK parents are scoring highest, but not much different from the Swedish and German parents/carers, while the Romanian parents/carers are scoring much lower.

Table 27

WHOQOL-BREF scores for the four countries

WHOQOL domains	Germany (n=139)	Romania (n=244)	Sweden (n=36)	UK (n=226)	Overall (n=645)	F	p
QoL-total	44.3 (12.4)	40.2 (12.7)	49.6 (13.1)	51.2 (13.5)	45.4 (13.8)	29.7	0.000*
QoL-overall	54.9 (18.8)	44.6 (25.8)	66.7 (21.5)	62.6 (21.4)	54.3 (24.1)	28.6	0.000*
QoL-health	51.1 (25.5)	48.0 (26.7)	61.1 (27.7)	65.4 (25.0)	55.4 (27.0)	19.5	0.000*
Physical	63.2 (18.6)	56.5 (16.0)	67.6 (20.9)	71.7 (18.4)	63.8 (18.8)	29.3	0.000*
Psychological	54.1 (18.2)	56.8 (16.1)	61.6 (13.0)	61.7 (19.2)	58.2 (17.8)	6.4	0.000*
Social	53.1 (22.2)	51.8 (19.7)	64.1 (22.2)	58.6 (25.6)	55.2 (22.8)	5.8	0.001*
Environmental	60.0 (16.3)	43.6 (18.7)	63.9 (19.5)	68.1 (16.7)	56.8 (20.6)	80.6	0.000*

Findings, continued

The following analysis compares the COPING data with the normative data that was available. The COPING data is in the form of untransformed scores to make it comparable to this normative data, which was in this form. In accordance with the WHOQOL-BREF manual (WHO, 1996), participants who had responded to less than 80 per cent of the items were excluded from the analysis, resulting in 417 non-imprisoned parents/carers overall. The Total Quality of Life (Total QOL) and domain scores for the four countries are displayed in Table 28. Overall, the mean scores were 85.4 for Total QOL, 14.2 for Physical Health, 13.6 for Psychological, 13.0 for Social Relationships and 12.7 for Environment.

A comparison with data from a large international field trial of the WHOQOL-BREF (Skevington, Lofty, & O'Connell 2004) is also present in Table 28. The field trial comprised 11,830 participants from 23 countries including Germany, Romania and the UK (although in Romania there were only 50 respondents). Sweden was not included in the field trial and so scores were compared against Norway instead. There were notable differences between the overall samples in terms of their socio-demographic characteristics. In particular, non-imprisoned parents/carers were, compared to the norms, younger on average (39 years versus 45 years) and more likely to be female (92 per cent versus 53 per cent).

Table 28

Mean (SD) scores for the WHOQOL-BREF Total Quality of Life
and Domains across the four countries, and comparison with country
norms

DESCRIPTION	UK	Germany	Romania	Sweden	Overall	Four country comparison F (p)
COPING	n = 148	n = 97	n =143	n =29	n = 417	
Field trial	n = 475	n = 2408	n = 50	n =1047	n = 11830	
Total QOL						
COPING	90.7 (19.1)	83.6 (17.6)	80.5 (16.0)	89.0 (17.1)	85.4 (18.1)	-
Physical Health Domain						
COPING	15.1 (3.3)	13.9 (3.0)	13.3 (2.7)	14.3 (3.4)	14.2 (3.1)	
Field trial	15.8 (3.8)	16.8 (2.6)	15.6 (2.6)	17.0 (3.5)	16.2 (2.9)	12.9 (0.000*)
Comparison t (p)	2.4 (0.018)	9.3 (0.000*)	10.0 (0.000*)	4.2 (0.000*)	13.2 (0.000*)	
Psychological Domain						
COPING	13.9 (3.1)	12.7 (3.3)	13.9 (2.5)	13.4 (2.2)	13.6 (2.9)	
Field trial	14.7 (3.4)	15.7 (2.4)	14.2 (2.8)	14.7 (3.2)	15.0 (2.8)	18.6 (0.000*)
Comparison t (p)	3.3 (0.001*)	9.1 (0.000*)	1.4 (0.150)	3.1 (0.004*)	10.1 (0.000*)	
Social Relationships Domain						
COPING	13.5 (4.1)	12.6 (3.6)	12.6 (2.9)	14.1 (3.4)	13.0 (3.6)	
Field trial	14.2 (3.5)	14.4 (2.9)	13.8 (3.1)	13.9 (4.7)	14.3 (3.2)	3.2 (0.025)
Comparison t (p)	2.1 (0.036)	5.0 (0.000*)	4.9 (0.000*)	0.3 (0.792)	7.3 (0.000*)	
Environment Domain						
COPING	14.2 (2.8)	13.0 (2.8)	10.8 (3.1)	13.3 (3.2)	12.7 (3.3)	
Field trial	14.1 (2.3)	13.0 (2.3)	12.7 (2.8)	13.8 (3.4)	13.5 (2.6)	14.0 (0.000*)
Comparison t (p)	0.6 (0.546)	0.1 (0.958)	7.3 (0.000*)	0.8 (0.456)	4.9 (0.000*)	

Domain scores but not Total QOL were available for the field trial. One sample t tests revealed that scores on three domains fell significantly below the norm in Germany (Physical Health, Psychological and Social Relationships) and Romania (Physical Health, Social Relationships and Environment). In Sweden scores were below the norm on two domains (Physical Health and Psychological), and in the UK on just one domain (Social Relationships). Romania was the only country to score below the norm on Environment.

The extent to which scores produced by non-imprisoned parents/carers deviated from the norm was compared across the four countries; outcomes of a one-way ANOVA are displayed in the final column of the Table above. On the Physical Health domain, non-imprisoned parents/carers in the UK scored significantly higher than those in the other three countries. On Psychological, Germany scored significantly lower than Romania and the UK. On Environment, Romania scored significantly lower than the UK and Germany. There were no statistically significant differences on the Social Relationships domain.

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Findings, continued

Conclusions

Children with a parent/carer in prison are at significantly greater risk of mental health problems than children in the general population. This risk is especially large among older children (those aged 11+ years). These problems are manifest, in particular, in terms of emotional and peer problems. There are significant differences between the four countries featuring in this research in respect of the proportion of children who are at 'high' risk of mental health problems.

The correlation between a child's self-esteem and parental incarceration was not strong but there are again country differences. Children in Germany and Romania have higher self-esteem than children in the general population in their country whereas children in the UK have lower self-esteem than their peers.

Children in the COPING study overall do worse than norms in respect of all the health-related quality of life measures that were examined. These comprise Psychological well-being, Autonomy and parent relations, Social support and peers, School environment and Physical well-being.

Findings, continued

Their non-imprisoned parents/carers also do less well than adults in the general population in regards to all the health-related quality of life measures examined; these being in the following domains: Physical health, Psychological, Social relationships and Environment.

The question that arises however is whether the generally poorer outcomes for these children are due to parental/carer imprisonment or to some other risk factors that are co-related with parental/carer imprisonment, such as poverty, caregiver mental health or parental substance misuse (Chui, 2010; Kinner et al., 2007). It also has to be recognised that some children of prisoners, both in the COPING research and other studies, have 'average' or even good outcomes, and this is in spite of their having faced one or more risk factors (Sharp & Marcus-Mendoza, 2001). Nesmith and Ruland (2008) are among a group of researchers who have drawn attention to the fact that some of these children can have relatively positive outcomes. They suggest that these children are resilient and may have helped themselves cope with the consequences of such parental separation. Despite this, these children are under stress and do need support. Other researchers have shown that there are at least some children of prisoners who have acute needs and in a range of areas, including their mental

Findings, continued

health. Despite this, agency workers best placed to help them, such as teachers (Karp, 2007a) and social workers (Karp, 2007b), may simply not know which children have parents/carers in prison, or if they do, they may lack the training and knowledge that would help them provide effective assistance to these children.

The Meanings of Experience – In-Depth Interviews with Children, Parents and Carers

Family Relationships; Family Conflict and Resilience

In all four countries the adverse impact of parental imprisonment on children and young people is carefully documented. Most children who took part in the interviews were looked after by a caregiver, most often their mother, but also including grandparents and fathers. The stability of the relationship between the caregiver and the child was evidenced as a key factor in maintaining children's resilience and well-being. In Germany, most children taking part lived just with their mother and their siblings, and mothers were frequently described as "strong" and "resilient" with an emphasis on family ties and "sticking together". In the Swedish sample, 16 out of 27 families were described as "stable and nurturing", either nuclear families, or divorced parents with children sharing time between both of them. Children from these families were described as drawing stability and strength from their caregiver. The Romanian report finds that "close emotional relationship or secure attachment to (the) caregiver is a main resilience
factor for children".

The Meanings of Experience - In-Depth Interviews, continued

The report emphasises that the lived experience of the child (including arrest, domestic violence and fights) can lead to increased child empathy ("acting as a binder that reflects on relationships with others, especially with the mother left alone", Romanian Report p.5). Children's resilience depended on the presence of caregivers who care for the child and promote his confidence and sense of belonging and provide positive role models. The UK report also emphasised the importance of the caregiver's relationship with the children for their stability and went further in highlighting the importance of a continuing positive relationship between the care giving parent and the imprisoned parent, focusing jointly on the child's welfare, and contributing to their well-being. The Swedish report found that in less stable families problems could be identified in parental relationships prior to paternal imprisonment; less stable families were characterised by poorer relationships between children and caregivers and, sometimes, children witnessing violence.

One way that families coped with parental imprisonment was by emphasising that they were "normal", handling their situation as best they could, and getting on with their lives. This was strongly emphasised in evidence from the UK, and echoed in the German report as well. Accounts from Germany, Romania and the UK all emphasised looking forward to re-starting a normal family life after the imprisoned parent had been released. The author of the German report suggested that emphasising normalcy could be a flawed strategy, blacking out or neglecting problems in family relationships which pre-dated the parent's imprisonment.

Grandparents, siblings and the wider family
The contribution of wider family members in promoting children's well-being is emphasised in all four country reports. Evidence from Romania indicated that the role of the extended family was particularly important for children of prisoners, who would frequently live with, or close to, grandparents or other relatives. In Romania, whilst most children lived with their mother (20 out of 38), five lived with their grandmother and in eight cases children lived with both their mother and their grandmother: "Grandparents play an important role even if not living with children, relationships being tight". Grandparents provided financial and material support, help around the house or caring for grandchildren. Their role

included protection and emotional support: "the expression of empathy and encouragement that inspires confidence and helps the child in a traumatic period" (such as the arrest of a parent). There were examples of children going to their grandmother when their parents were arguing, or going to stay when their father was in prison. Grandparents' roles included being counsellors, play partners or substitute parents for their children. Grandparents were first choice to act as foster parents in Romania when children needed full-time care. Grandparents made strong contributions supporting children in the UK, six of them as full time carers, and 15 playing a very important role supporting their family while the parent was in prison. One grandmother, caring full time for her son, whose partner was in prison, and their three children described her onerous responsibilities: "I have had to cope. I have had to be the backbone for them all". Non- judgemental attitudes were particularly valued by parents, and children valued close relationships with grandparents, whose role in enabling families to function at a difficult time was crucial. In Germany, two grandparents provided full-time care for children while their mother was in prison, and in another seven cases played an important role supporting the family, including helping with childcare. In Sweden, the grandmother had moved in to look after the children in two families, and very close support

from grandparents, one of whom was the primary caregiver, was observed for another four children. The country reports highlight three cases (two in the UK and one in Romania) where grandparents' relationships with their children had been abusive, and a small number of other cases in the UK where grandparents had withheld support, related either to a falling out within the family, or to the nature of offences committed.

The role of siblings emerged, rather more unexpectedly, as important in all four countries. Positive relationships between siblings were identified in 11 of the German families, providing evidence of shared care and opportunities for shared discussion about the imprisoned father. Where a child had more than one sibling, one tended to be closer as a confidant. Similarly, in Romania, siblings were described as caregivers for younger children or confidants for discussions about parental absence. Older brothers were described as taking parental roles to fill gaps left by parental imprisonment, and taking care of younger siblings enhanced the self-esteem of older ones. Brothers took pride in this role and were described as meeting "the same needs as those that are important between friends". Siblings' contributions were emphasised in the UK: in four families siblings were acting as full- time carers, and in another seven families siblings were providing

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each other with close support. Shared experiences of parental imprisonment brought siblings closer together. In Sweden, ten children spoke about their relationships with their siblings. A 17-year-old girl described how her relationship with her younger sibling improved after their parent was imprisoned: "…before we didn't have much contact, but now we are like best friends almost. Maybe I am a bit over-protective". A nine-year-old girl worried that her younger brother had witnessed their father being arrested and handcuffed. Two Swedish young people reflected that they should have been more supportive when their father was arrested. A 14-year-old girl said: "… maybe if I had been more supportive as his big sister, had I come to him and talked to him, it might have been easier for him".

Relationships with the imprisoned parent
In most cases in this study, ambivalence in the relationship between children and their imprisoned parent seems unavoidable. Because of the offences he/she has committed, the imprisoned parent has failed in his/her duty to set an appropriate moral example to their children. This can cause shame for the imprisoned parent and embarrassment for the child. The offence is the 'elephant in the room', either painfully discussed, fleetingly mentioned, or avoided altogether. The Romanian report

particularly emphasises the significance of the seriousness of the offence committed: discussion is easier if the offence is not too serious, but is a matter for great shame and increased stigmatisation for all family members if the offence is more heinous, and more likely to be hushed up in front of the children. Both the Romanian and German reports describe complex elements in children's perceptions of their imprisoned parent, including idealisation of their role. In Romania children frequently refer to their parent's release in idyllic terms, looking forward to family reunification, although where the relationship has been strained, with a low level of contact following previous abuse or incest, the child may react by becoming rebellious or delinquent. Some of these children preferred that their parents would remain separated after their father was released from prison. In Germany relationships between children and their imprisoned parent were frequently described in positive terms. (The only exceptions were for two families where the imprisoned parent had serious alcohol issues and where his return home was anticipated with apprehension). As in Romania, children in the German sample tended to idealise their imprisoned parent, perhaps as a way of dealing with their emotional ambivalence and feelings of loss and shame about their father. While this relationship was idealised, the author of the German report commented that emotional

problems and debates were mostly fought out between children and the non-imprisoned parent and other family members at home. There were opportunities for children's relationships with their imprisoned parents to be enhanced through involvement in a child/parent group organised by Treffpunkt e.V for three children in the German sample.

The Romanian report emphasised that family cohesion for the child depended largely on the quality of emotional ties with the imprisoned parent and that these ties were mediated, often positively, by the care giving parent and the extended family, and the interest shown and value attached to the parent in prison. Adult relatives helped where they could by accompanying children on prison visits. The UK report also found that children's resilience, and their relationship with their parent in prison, could be, and often was, enhanced where the care giving parent promoted all possible opportunities for contact between the child and the parent in prison. Some care-giving parents had separated from the imprisoned parent, but still prioritised their child having every opportunity to maintain their relationship with their parent in prison. Where the parents' relationships were under strain, there was potential for children's resilience to be adversely affected. Evidence for the UK, where a higher proportion of imprisoned

parents were mothers, was that, against expectation and findings from previous research, children of imprisoned parents missed their fathers equally as much as their mothers when they were in prison.

Figure 2

Drawing of a child (aged seven) and her imprisoned father

Despite the child's father being in prison for most of her childhood, a strong bond remained. She took pride in wearing a t-shirt embellished with 'Dad'.

The Meanings of Experience – In-Depth Interviews, continued

In Sweden all children except for one had contact with the imprisoned parent at the time of interview. The descriptions of the relationships were mainly positive, with the children providing positive accounts of how they interacted both prior to and during the imprisonment. Several of the children spoke about the quality of the contact and how it had changed as a result of the imprisonment. Repeatedly, issues of separation were aired as every visit to prison made the problem and the loss more evident. All children stressed the importance of keeping in contact with the imprisoned parent. In two cases, the contact with the parent actually became better as a result of the imprisonment: in one of these cases it meant a deeper relationship with the parent, and in the other it meant a more structured and frequent contact.

Family conflict
In all the families included in the study in the four countries, just one of the two parents was imprisoned. Discovery of the offence, subsequent arrest, court proceedings and imprisonment had the potential to lead to conflict between parents and within families, to a greater or lesser degree. For some families, relationships between parents were under strain prior to the offence leading to imprisonment. The extent to which family conflict was reported by the four countries varied considerably. Less evidence about family conflict was obtained in Germany and Sweden. In the German report there were just four references to serious arguments or domestic violence, linked in one case to the circumstances of the arrest, and in another to the prospect of the parent's release, viewed with trepidation because of his previous excessive alcohol use. Drugs/alcohol were mentioned just eight times, an unexpectedly low level. One imprisoned parent in Germany had had multiple relapses after treatment for drug dependency; he avoided talking about drugs to his children because of shame, but his family provided his only motivation for drug therapy. Alcohol and drug problems were described as significant background factors in a very small number of cases. The Swedish report found half a dozen families where the imprisoned parent had a serious drug habit; there was reference to two children in Sweden having

witnessed violence in their home. Four children in Sweden had previously been in foster care, and in one of the German families the caregiver was a foster parent: the children in these families were likely to have experienced family conflict before being placed in state care. By contrast, levels of domestic violence and alcohol abuse were high in Romania. Domestic violence towards a female partner or towards children was frequently linked with alcohol abuse and dependency, which was widespread or nearly universal in the Romanian sample, impacting on 35 out of 38 families taking part. Drug offences were the most common in the UK sample, and drug and alcohol use provided the backdrop to family conflict in about half the cases in the UK, sometimes causing extreme arguments, or life threatening situations. Where children had a parent/carer committed to looking after them properly, they frequently seemed able to survive the worst effects of family conflict or parental drug or alcohol use. Children's accounts in the UK made it clear that they did not like, and usually intensely disliked, parental arguments, whether or not these were related to alcohol or drug use. The Romanian report emphasised that the main risk factor for children and families related to alcohol consumption, closely linked to physical aggression towards the imprisoned parent's partner. Some mothers and children found their situation and mental health improved during the imprisonment of the abusive and alcoholic husband.

Children's resilience and coping strategies
Parental imprisonment seriously disrupts family life. Some families describe having a parent in prison as an unwanted episode which they cope with by emphasising routines, continuity and normal life. For other families, parental imprisonment can represent a profound shock to the children and to the family, causing destabilisation and trauma. Children's distress may be evident from interruption to sleep patterns, by withdrawing in on themselves, or in aggressive behaviour at home or elsewhere. Such disruption is common, particularly in the after-shock of the parent being sent to prison. Children can be helped by support from their parent/carer or extended family, or from school, or from specialist agencies. The extent to which children and families manage to adjust eventually to having a parent in prison varied between the four countries; opportunities to establish visiting routines and telephone contact with the imprisoned parent would be key factors. Both similarities and differences were apparent between coping styles and strategies adopted by children in the four countries. A main coping strategy identified amongst Swedish children was talking to the care giving parent, to school (teachers, counsellors or nurses), to friends and to NGOs. Children had mixed feelings about how much talking helped, one nine-year-old girl said: "I think it is good, then one doesn't have to keep it bottled up, then
one gets more sad, so when I talk about this then I don't have to like it".

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A 16-year-old girl whose mother was in prison described life as "…very strenuous. I didn't feel like doing anything … I just wanted to
see my mother … I went down into a depression". Another 9-year-old child said: "When I am at home I lie in bed under the covers and I turn the radio off … and just cry. And when I am out then I go to the toilet
or some other room, lock the door and cry until I am finished". This seemed to help the child manage her sadness. Anger and sadness were closely connected for a 13-year-old girl who described how she often became angry "…but I don't really know why, but when I get tired I can get really angry and just yell at mother … and sometimes I just have a need to cry". Another 13-year-old girl needed to have
a shower to wash away her tears, or to ride a horse; and another girl, aged nine, who spoke about her strong angry feelings, tried slamming doors but scared the dog, and instead had to stop and slam the doors mentally instead(!).

Children in Sweden seemed especially articulate at describing their feelings, and their ability to acknowledge and share their distress was a key coping strategy. A 17-year-old girl described how having a parent in prison had made her stronger, a view shared by girls of a similar age in the UK sample. Fifteen children in Sweden described disturbed sleep and nightmares. For five of them this had been linked to their parent being arrested and imprisoned, while for the

other ten their sleep problems were continuing. A nine-year-old girl had a vivid recollection of a nightmare in which a man who looked like her father was spraying pesticide on her house, with her family inside. Younger children who had nightmares sought consolation from their caregiver. Several had developed coping strategies such as relaxation techniques, or thinking pleasant thoughts, or reading a book or watching television. Out of the sample, two children showed great signs of resilience in that they managed to find a positive consequence of the imprisonment - a sense of maturity. Two children spoke of a better contact as a result of the imprisonment, with one child describing that when in prison the parent telephoned more often. Four children spoke about increased responsibilities as a result of the imprisonment. These children showed great signs of resilience in that they worked hard at making the family unit function, although this could be stressful. Both the children and their caregivers were sure that these experiences related to having a parent in prison. Caregivers described their children's sadness, including feelings of guilt or disappointment or anxiety or low self-esteem or refusal to speak. Eleven of the caregivers reported anger and aggression in their children caused by imprisonment, anger directed by six of the children towards the caregiver. They also described hysteria and separation anxiety. Seven of the caregivers were aware of

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children's sleeping problems, including difficulties falling asleep, fear of sleeping alone, waking up or crying in the night. Four caregivers were aware of children's physical problems connected to prison visits, including stomach ache, nausea, throwing up before or after visits and eating disorders. One child was refusing to eat or drink and had stopped growing.

Children in the UK sample experienced a similar range of emotions to their Swedish counterparts. A ten-year-old girl was able to express ambivalence with strong echoes of the feelings of the nine-year-old child in Sweden: "I did try not to let out my tears and tried to move on, but it didn't really work … I don't really want to say what's happened. I don't like keeping it in, but I don't really want to say it out loud". A 17-year-old girl described, like her Swedish counterpart, being toughened by her experience "… I have had to deal with a lot more things in my life (than my friends). I don't like to feel like I am a burden … there has been hard things in my life earlier
on … it's prepared me to cope". The theme of not being a burden was
echoed by several young people, including a 17-year-old young man: "I don't want anyone to be sympathetic towards me. I just want to get on with my work. I want to be treated the same as everyone else". Another 17-year-old young man's mother, whose son had suffered extreme distress and who had self-harmed with near

disastrous consequences as a result of his father's imprisonment, described how he kept things to himself. "He will bottle something up. It gets to a point where he is boiling". This young man described his feelings for himself, in restrained language "I wasn't too happy about it then, but I have grown up and I have got used to it now, really". Another 17-year-old girl, helping to look after her younger sibling, described her feelings in a matter of fact way "I just take it on the chin. Just get on with it really. I have a cry every once in a while. I am
a practical person". Evidence from these young people combines stoicism, accepting what has happened with little complaint, and optimism, being buoyed up by things seeming to get better. For example, there are several descriptions from children and parents of extreme distress following the parent's arrest and imprisonment are followed by accounts of gradual improvements thereafter. One mother, whose son was severely traumatised by her imprisonment, described how he had to be torn away from her when he first visited her in prison "… then he got used to it. He was bouncing when he got used to it". Other children described how support from their caregiver or from school, or from friends,
helped them to cope with their situation. Nonetheless, comparing the accounts of the UK participants with those from Sweden it seems that there was a tendency for children to suppress painful feelings and, perhaps, feeling expected to put a brave face on their

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The Meanings of Experience – In-Depth Interviews, continued

The Meanings of Experience – In-Depth Interviews, continued

situation. One 13-year-old was distraught when his mother had to go back to prison after a weekend on home leave. He mainly coped by suppressing his feelings "… I just don't like talking … even to any of my teachers … I haven't worried about it or cried" (since his mother was arrested nine months previously). His strategy was only partly successful. Trauma and distress were equally as evident amongst the UK children taking part as amongst the Swedish children. There is mention of 13 of the UK children needing to access counselling
or other kinds of support outside the family to deal with their feelings. Girls seemed to be able to talk about their feelings more readily than boys, who were more likely to react aggressively, at home or at school. Accounts amongst the UK children of sleep disturbance, nightmares or going back to sleeping with their parents were similar to the children in Sweden, although perhaps less vividly described. In other cases children described tensions arising from living with parents who were themselves suffering extremes of stress.

A range of coping strategies are described amongst children in the German sample. A key strategy is information being shared openly about the imprisoned parent, and children talking to both their parents, and to their friends. Talking to others is helpful, both obtaining information and gaining empathy. There are strong

descriptions of family support and family unity, with help also accessible from schools and teachers. Children's coping strategies include hobbies and leisure activities. Two coping strategies, which were found in both the Swedish and the UK samples, were dissociation from the guilt of the imprisoned parent (a sentiment expressed by several young people in the UK), and talking to other children of prisoners, which a number of UK children found particularly supportive. Children in the German sample found emotional support through playing and talking to pets, and also by writing letters. There were examples of children asking for detailed information, both about reasons for their parent's imprisonment, and about their conditions of detention. (Similarly, a child in the UK sample wanted the most detailed accounts of her father's everyday activities in prison, including eating, sleeping and recreational activities). However, a contrary theme also emerged: not talking was a preferred strategy for young people, avoiding the subject of imprisonment. Many children taking part in interviews in Germany described themselves as strong and optimistic. The author of the German report observed that children seemed not to allow themselves to share bad or sad feelings, seeming to prefer avoiding difficult subjects and "whitewashing" their situation. This was described as cognitive dissonance reduction (reducing the discomfort of holding contrary emotions), which itself can be described as a cognitive coping strategy to withstand adverse

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conditions. One German girl, aged 14, commented: "My sister and me – we are real masters at suppressing things". There is also a tension or a discrepancy between signs of resilience amongst
German children, for which there were 23 recorded examples, and signs of vulnerability or mental health problems, for which there were 52 examples. While half the German children showed no signs of mental or physical problems linked to parental imprisonment, the other half showed sad and angry feelings, including rage and helplessness, especially following the parent's arrest. Behavioural or psychological problems were observed for two-thirds of the children, a higher proportion than those who acknowledged these kind of issues. Those most frequently noted were: aggressive behaviour at school or towards parents (six examples); deteriorating school performance (five examples); sleeping problems and frequent nightmares (there were four examples in both categories); and school behaviour or oppositional problems, and impaired eating behaviour (three examples for both). Other issues described twice included: abdominal pains or headaches; truancy; concentration problems; needing psychotherapeutic treatment; and separation anxiety. The range of coping strategies identified in the German report seems broadly similar to those in Sweden and the UK. While there is evidence that some children and families took an open approach to sharing information

and talking through issues, there was also evidence of coping strategies characterised by avoidance and suppression of painful feelings and experiences.

In Romania children have to cope with parental imprisonment against a background of widespread poverty, where families have to make hard choices about using scarce funds for family subsistence or to pay for a visit to prison. Lack of finance impacts on school performance (for example for school equipment and clothing) and in isolated cases financial problems had led to children dropping out from school, and there were examples of children not being able to afford school trips. Much evidence in the Romanian report suggests that prisoners' families are subject to more widespread stigmatisation, and that children are more likely to experience exclusion or bullying from peers and at school. Children's coping strategies are closely related to support from their extended family. While more children in the other countries were living in nuclear families with parents and siblings, children in Romania were likely to be able to draw on support from grandparents and other relatives more readily than their counterparts in Sweden, Germany and the UK. The Romanian report emphasises that "maintaining social relationships and valuing ties with the extended families are strong signs of resilience"

(Romanian Report, p.39). The report describes how children's resilience improves through social capital gained through relationships with peers and adults (often relatives). Children need love and security, accessible through their family network, to maintain contact and relationship with their imprisoned parent "which helps stabilisation and emotional balance" (Romanian Report, p.32). Children in Romania are described as developing new experiences, and maturing through increased involvement and responsibility for household activities following parental imprisonment. There are seven examples in the Romanian report of children forced to become "an adult in miniature", taking on parental roles to compensate for the lack of the imprisoned parent. Children also develop coping strategies through achievements at school. One 10-year-old boy in Romania described how he liked "to draw, music and sport, this is my world". A 15-year-old young person said that she was "… proud of all that I do and I am happy in school. I had won the first prize and a special prize during a creative children's camp". The Romanian report emphasises that children's self-esteem is not a product of their heredity, but is developed through social interaction. Moral disapproval of serious crimes committed by parents in prison sets a harsh climate for children's coping strategies to develop. Children's resilience relates to the moral and social implications of parents' offences. There

is evidence from the Romanian report that where parents have committed serious offences, families' coping strategies tend to be based on avoidance, minimisation and self-blame. Children can experience varying degrees of shame which weakens their resilience, (Romanian Report, p.18). Parents may try to protect children through controlling information. Where offences are more serious and sentences longer "…information is precarious and censored" and the truth is more likely to be hidden from children (Romanian Report, p.15). "For many children the beauty of life comes only in the imagination" and 'reality' causes them emotional distress" (Romanian Report, p.33). Children of prisoners mainly feel that only their parent's return home will resolve their situation (a view shared by many children taking part in the UK), and that their ability to identify resources that can increase resilience is very low (Romanian Report, p.39).

While children in Romania are well supported by their extended families, and many show commendable responsibility in supporting their parents and siblings, children's coping strategies must inevitably be adversely affected by economic and social factors, including stigmatisation and moral disapprobation of prisoners' families.

Honesty, communication and sharing information

Starting Point
A parent being pursued by the police, and where imprisonment is a possibility, will be the first in their family to know about this. Most (not all) of these parents will share this information with their partner, if they have one. All parents in this situation have to decide what, when and how to tell their children about this and this is a crucial decision in relation to their children's welfare. This is an onerous task for parents, at a difficult time. Information will frequently be shared with grandparents and other close relatives. Parents will also have to decide whether to inform their child/ren's school about their circumstances and the family will also decide how widely the information should be shared with friends and the wider community. Most children in all four countries knew something about the reasons for their parent's absence, although this was often not the case for younger children in Romania (see opposite). How much children were told varied considerably. Disclosure could be complete, partial, misleading, confused or sometimes untruthful. How much information was shared depended partly on children's age and maturity. Generally

children appreciated being given accurate information. Inevitably, where children were not informed, the information would leak out eventually. The nature of the offence was a significant factor in how much information was revealed.

Information sharing within the family
Some parents in all four countries recognised the importance of being open with their children. One UK mother made sure her two daughters, aged 10 and six years, knew what was happening at each stage: "…they know that they are loved; they know that they can talk about anything". A Romanian mother said: "…it helped
that I told the truth as we started talking more". German care givers emphasised the value of being open and honest with their children:

"I've told them. For god's sake, it doesn't make sense to lie to the children. Where would this lead?"

"We have talked openly with the children. It is not easy, but the truth is probably always the best way. You just have to make sure to put it in an appropriate language for children. You don't have to necessarily talk about the offence, especially if it is very serious. This could burden the children too much. You have to know what the children can take. If they (can) take it, can you (sic) also talk openly with them about it".

> A Swedish parent commented: "…well, I think one should try to be as honest as possible, but, well, one has to take it at the right level".

Parents from all four countries stressed the importance of taking into account children's age and maturity in deciding how much they should be told. Some parents in the UK sample decided not to share all the information, for example, contents of solicitors' letters, or the precise dates when the parent was due to appear in court, to prevent their child unnecessary distress and these can be seen as responsible decisions. Evidence from the German sample was that all children and carers talked openly about the imprisonment within the family (the authors of the German report emphasised that those families willing to be interviewed were more likely to deal openly with the subject). Age was particularly significant in Romania. Most younger children were not informed about the real reason for their father's absence, and were told that he was working abroad. (There were isolated examples of this 'cover story' in the other three countries as well). In Romania many fathers have to work abroad to support their families, and this explanation would prevent questions being asked. However, these children had to be told eventually, as they became older, and more likely to learn the facts from peers or through the media.

The seriousness of the offence was the other crucial variable in influencing how much children were told. This factor was stressed in Romania, where a large proportion of the families involved in the research had a parent in a high security prison, convicted of serious offences such as murder. Sharing information with children where the parent's offence was relatively minor was relatively easy, but far more difficult where the offence was very serious. One Romanian father (M/I-163) told his wife that he did not want the children to know about his crime "…but everything came out in time … My middle son told me once: Dad, you killed someone and you did not say anything about this, and I could not respond anything, I was speechless". In the UK sample, sharing information with children was particularly difficult where the parent had been convicted of sexual assaults on children, although the children involved in these three families did learn about the offences and had to deal with the consequences. There were also examples in the UK sample of parents delaying sharing information until just before this was going to be covered in the press. During long periods on bail parents could be unsure about the chances of being convicted and imprisoned themselves, and unsure what to tell their children. Obtaining and sharing information could be very difficult in Sweden while parents were on remand and contact with children was severely restricted. There were isolated

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Project
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Health
p321

examples in all four countries of parents resorting to telling their children falsehoods, although they sometimes changed their minds about this, or children learned the true facts from other sources. Care giving parents have to live with the issue of what to tell their children every day. In Sweden and Germany most care giving parents tended to favour being open with their children. This was mainly the case in the UK sample, although there was rather more differentiation between parents who were completely open or told less than the full story, or delayed telling their children where they could. In Romania, as noted above, age and seriousness of the offence were the key factors. In Sweden, although not all the imprisoned parents talked about their views on honesty and disclosure, the general picture that the imprisoned parents conveyed was that knowing the truth was good for the children, but had much to do with age and maturity. In the UK sample the attitudes of imprisoned parents about what to tell their children differed widely. Approaching half of them wanted to be completely open, and this included both imprisoned fathers and mothers; others were more guarded, or spoke about their offences when need be, or seemed not to welcome involvement in discussion about their offences with their children unless they had to. In Romania, imprisoned parents were generally the most reluctant to share information with their children, partly for fear of

repercussions, and partly (as was no doubt the case for imprisoned parents in other countries) for reasons of shame. Numbers of imprisoned parents interviewed in Germany were fewer.
In the UK, sharing information with children seemed to work best where the two parents shared the responsibility. Where the parent or care giver had to do this on her own (usually the mother), this could be stressful, and upsetting for the children. Information about the offence was usually shared between parents and other close relatives, particularly grandparents, who played important roles in all four countries.

Children's Views
Children generally appreciated being given clear information about their imprisoned parent's situation. A 15-year-old boy in Romania commented: "…it's good to talk so that I feel relieved, I do not hold it in me, I feel much better". A 13-year-old girl saw the value of …"talking
to people you know, I would not mind to take it farther. It would help me". In the UK a 13-year-old girl appreciated her parents' honesty: "Mum and dad had already told me before that they thought he was going to jail, so we were already prepared for it to happen instead of
… it being a shock when it did happen". In Sweden the majority of the children interviewed valued the information they had been given and the general picture is that the children wanted to know

p322   **COPING:** Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health   www.coping-project.eu

www.coping-project.eu   **COPING:** Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health   p323

The Meanings of Experience - In-Depth Interviews, continued

about the crime. Just one child had experienced receiving too much information, in a letter in which the imprisoned parent described in great detail why he had been arrested. This was a letter which the child would rather have received at a later time, as the changes and emotional distress as a result of the arrest and imprisonment was enough for her to deal with at the time.

Figure 3

Impression of the prison from the outside by a boy aged seven (below) and impression of father's prison cell by another boy aged eight (opposite).

This child believed that the razor wire on the perimeter fence of the prison was electrified and was concerned about the consequences for his father if he tried to escape.

This child thought that his father's bed resembled a cage to prevent his escape, and described him being under constant observation, with cameras depicted as "eyes".

Children who received limited information found this hard to cope with. A 13-year-old girl in Sweden explained: "We children are good at imagining when we are not told the truth. The grownups always say that they don't know, but the thing is they know more than what we do and that is what we want to know". Some children
in Sweden and the UK heard conflicting or confusing information and, understandably, found this difficult. A 10-year-old girl in the UK said that her parents "…told me for a bit that he was working away to try to fool me. But it didn't work" and eventually her mother explained what had really happened, which caused the child to
be "very upset". Other children in the UK sample wanted fuller explanations than they received. There were examples in Sweden of a 17-year-old girl who skipped school to attend court, as this

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was the only way she could find out what was happening. (The care giving parent was reluctant to share information). Another Swedish child was lied to about the reason for her father's imprisonment; she found out at school that documents concerning imprisonment could be accessed by the public and she was angry when she found out the truth.

Sharing information with friends

Evidence from Germany, Sweden and the UK is broadly comparable, with accounts of children wishing to talk to friends, often deciding to restrict this to their best and most trusted friends and finding this helpful. The position in Romania appears more constrained.

Information about parental imprisonment is shared "with relatives, neighbours, class mates and (the) community but this is not easily discussed". (Romanian Report, p.14). In Sweden most children had talked to friends about their parent being in prison, expressing a need to tell them and to obtain support from them. Shame, stigma and fears about possible repercussions were reasons for not sharing information too widely. Children described imprisonment as something very personal and not something they wanted everybody to know about.

> "My best friends know about it … the ones I really can trust".
> (boy aged ten)

Children found support from talking to close and trusted friends. They expected friends to keep the information to themselves. One Swedish young woman aged 17 commented: "As a child one can easily be judged for what one's parents have done".

The Meanings of Experience - In-Depth Interviews, continued

Children had concerns that where they shared information with friends they could be hassled with questions about the nature of the crime. Another Swedish young person also aged 17 graphically explained that sharing information could lead to demands for more explanations than the young person wanted to provide.

> "Well it feels like if one is going to tell that the parent is in prison for murder (then) one wants to like explain that he had been submitted to abuse eight years before as an explanation, so it becomes a rather long story. Because otherwise I think it gets very uncomprehending".

In cases where children had to keep information about their imprisoned parent a secret from their friends, they found this stressful, something experienced by two children in Sweden. Children found having to tell lies particularly hard. In Germany, out of the children taking part in the research, about half shared information with friends, and half decided not to do so. Sharing secrets could be dangerous "…especially in the early puberty (where) the circle of friends is constantly changing" (German Report, p.19). Across the four countries, secrecy about parental imprisonment was closely linked to shame and stigma. The authors of the Romanian report observed that children tended not to talk to people outside the family (teachers, colleagues, friends or relatives)

about the imprisoned parent as they did not see that this would be helpful and it could be intrusive. One 15-year-old young woman in Romania was asked: "Were you told it was OK to talk about it or is it a 'secret'"? "I was not told anything, but I think I should not". Where children could talk to close friends, the experience could be helpful. Children in Germany who shared information with their friends seemed to do well.

> "So at first I wanted to keep it to myself. But then, sometimes, it has I'd say … burdened me. Then I told my best friend and she always listens to me when I have problems". (girl aged 12)

> "The closest friend of my oldest daughter knew. I think that was a great support for my daughter". (Mother)

One 13-year-old child in Sweden had been very sad about the imprisonment and used to get upset in school. She told some friends, who were very perceptive and would notice when she was sad and they would support her and "shower her with hugs". Children in the UK sample had similar feelings to those in Germany and Sweden about sharing information with friends. They were cautious about talking to acquaintances, and more confident talking to friends whom they knew well and whom they could trust. Being able to share information with friends could be very

supportive. Children in the UK sample emphasised particularly the value of talking to other children who had experienced the same kind of problems, and who knew at first-hand what it was like to have a parent in prison.

Children of Prisoners' and Families' Experiences of Schools Where children of prisoners and their families told schools about their situation responses from schools were mainly positive in Germany, Sweden and the United Kingdom. There was less of evidence of support from schools in Romania. There has been growing recognition in the empirical and therapeutic literature (primarily in the US) that teachers can provide valuable support to children with imprisoned parents (Clopton & East, 2008; Lopez & Bhat, 2007; Morgan et al., 2011). School is an important factor in the socialisation of a child's life and an essential factor in human development. A child enjoys going to school when s/he feels fairly treated and recognised. The German Report states that every child goes through certain phases in his/her life, such as puberty, disease, difficult family relationships or divorce, which can make
it difficult for children to be happy at school. The same can be said about the impact of parental imprisonment.

A key decision for all families with a parent in prison is to decide

whether to tell the school about their circumstances. Parents are aware that their children may be affected by parental imprisonment, and the signs of this may be evident at school. They also know that there may be times when the school's co-operation may be required, for example when prison visits have to be organised during the school day. Parents also know that schools may be in a position to help their child. The decision to tell the school about parental imprisonment takes some courage and determination and parents may have concerns that the school may respond unsympathetically, or that the children may be subject to bullying or stigmatised reactions. Patterns across the four countries varied considerably. The Romanian report indicates that parents had concerns about stigmatised reactions from schools and there were examples of unsympathetic approaches from teachers and from other children (see Section on Bullying and Stigma, below). In Germany, there was a balance between whether carers and children kept the imprisonment a secret or whether they communicated this with teachers. In Sweden and the UK, participants in the interviews mainly decided to take the step of informing the school, and most of them were pleased that the school responded positively. In the UK, there were examples of junior and secondary schools, special schools and private schools all being able to work well with parents and children. Senior school

staff in several instances demonstrated confidence that they could deal firmly with instances of bullying or inappropriate remarks. Schools were able to offer to be on the lookout where children needed support and to offer understanding if children were upset.

The mother of an eight-year-old boy in the UK sample described the reaction when she went to see the teachers when she had to move from her home town: "I told the teachers in school in case anything was mentioned and the school was brilliant. They let him have days off to go to the prison and they were really good, making sure that other children responded appropriately". Evidence from Sweden is that schools responded positively to parents' telling them about parental imprisonment. Main concerns in Sweden and in the UK were in those instances where schools were not informed, and where schools were therefore not in a position to help. Amongst the research participants in Germany, seven carers and two children informed teachers about the imprisonment, partly to facilitate the child attending judicial appointments, or a father/child group, or visiting the prison, and partly to alert the school in case of the child showing signs of stress. Two carers and one imprisoned carer kept the imprisonment a secret to start with, but later decided they had to tell the teacher because of the child's behaviour and performance. Additionally, four carers and

six children did not communicate the fact of imprisonment with the school because of shame or embarrassment factors and fear of children getting into trouble or being bullied. Two children said that their father was in hospital, to avoid uncomfortable questions.

Attendance
Evidence about the impact of parental imprisonment on children's attendance was mixed. In Germany the majority of the children interviewed reported that imprisonment had had no impact on their attendance at school. In Sweden it was observed that younger children generally did not truant from school. By contrast, older children in Sweden frequently missed school, particularly at times close to the arrest of their parent. Reasons for avoiding school were school fatigue, spending time with friends or sleeping in. Two teenagers (a 16-year-old young woman and a 17-year-old young man) had problems resulting in them dropping out of school. (At the time of interview the young woman was going through the 8th grade again, and the young man was attending a special needs school more suited to his needs). Another 13-year-old girl, whose family circumstances were complex, described how she had missed four months school because of issues at home. With help, these children were mainly overcoming school problems by the time of interview. A majority of the children missed school close

to the time of arrest, linked to the children's uncertainty about what would happen to their parent. Seven children said that they would miss school when visiting the imprisoned parent, or when the parent was on furlough. The UK evidence also found examples of children, mainly boys, whose school attendance was adversely affected by parental imprisonment. This included a boy, then aged about ten, who refused to leave his home for eight weeks after his father's imprisonment, a situation that improved once he had re-established contact with him. There were several examples in the UK sample of boys unable to make the transition to secondary school successfully when their parent was imprisoned, in some cases missing long periods at school.

Impact on children's behaviour and well-being
The German report found only a few carers and children who reported no changes regarding the impact of parental imprisonment on the child's behaviour. Frequently this was evident in the child becoming aggressive, including towards classmates. Some children were "stubborn, touchy and lose self- control suddenly", because they did not know what to do with
their anger, and some were involved in fights. This behaviour was attributed to parental imprisonment. The Swedish report referred to five parents who spoke about their children having more serious

behaviour problems or having difficulty concentrating. Sweden also reported on two children, one of whom who did not feel well at school, and another who showed signs of depressive and inconsistent behaviour, as well as two children who dropped out of school for a period after the arrest. Evidence from the UK sample was mixed. Some children continued to do well at school, and in these cases there was evidence of children being well supported by their caregiver. Other children's (mainly boys') behaviour was clearly impacted adversely by having a parent in prison. Although there were exceptions, a number of schools lacked understanding and the skills needed to help boys whose aggressive behaviour could be traced to their parent's imprisonment.

School Support
There were more examples of school support for children of prisoners in Sweden and the UK than in Germany and Romania. While, in a small number of cases, parents in the Romanian sample spoke positively about their children talking to teachers, there was recognition that there were no child support services available in Romanian schools. Indications from Germany were that the main responses from teachers for children with imprisoned parents was supportive, although less evidence was found about therapeutic interventions from schools in Germany. In Sweden the majority of

children in the sample received some form of support from school (children who did not receive support had not told the school about the imprisonment). Younger children mainly relied on their class teacher for support with their feelings and emotions about having a parent in prison. Teachers listened sympathetically, and there were instances of teachers making sure that sensitive classroom issues were handled sympathetically. One seven-year-old girl commented: "I used to get sad when classmates would say the word
'prison', but my teacher talked to the class about it". Older children were able to obtain support from a school counsellor or school nurse, either having regular sessions where they could speak about emotional problems connected with parental imprisonment, or more informally. Care giving parents commented positively about school support and most expressed satisfaction with the help received. Some looked for help in case of potential problems with school absence or prison visits, while others looked for more intensive support for their children. Imprisoned parents' knowledge about support from school mainly came from the care giving parent or from the children. They referred to six care giving parents who said that they felt it was positive that school was informed so that the children could get proper support. One imprisoned parent commented: "they seem to have good support
and help when they need it". In one case it was the imprisoned

parent who suggested informing school about the situation, acknowledging that "… the child acts differently in certain situations. So it might be good if the teachers know, so she (the care giving parents) actually told the teachers, so they know". Parents' views are reproduced below.

> "I got a really good response from school. Her teacher has been wonderful,…. she has had an extra teacher that she (the daughter) has been able to sit with during the mornings and talk and be cosy with. They have made a proper job."
>
> Another parent commented "…. even the Principal knows. When they were feeling that bad, I thought that it was just as good telling (the school). If (the children) would want to go away or be home from school, then everybody would know, and then you don't have to make up excuses."
>
> Another parent commented: "When my son has cried, then he has had the teacher that knows, and if he has been low or sad then he has been able to go to her and she has known why."

There were few criticisms about the support available from schools in Sweden. One child had to be transferred to a new counsellor who forced the pace "…she asked too many hard questions … she

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asked questions immediately that I found strenuous. It's much easier when you go forward slowly". In another case a parent had concerns about counsellor sessions being stopped without explanation. In the UK, both caregivers and children gave examples of positive support from teachers, and there were a number of references to children who were able to access counselling as well. One mother with a ten-year-old daughter had talked to the head teacher who passed on her concerns to class teachers "… they couldn't have been better. They have been very supportive both to me and to (daughter aged 10) without giving her too much fuss. Because I don't want her sitting feeling sorry for herself, but they do need to make allowances … because she is so temperamental".

A number of children were able to confide in trusted teachers and school staff. Where the school was informed about parental imprisonment they were able to be helpful if the child was upset. A nine-year-old boy commented: "(My teacher) just said if you come in in a bad mood just say 'Miss, I am in a bad mood' and then she will understand". A ten-year-old girl at a private school described her favourite teacher: "she has been so kind and every time I got upset … I could always talk to her … and she would just really help me … because sometimes I just bottle it up and I just want to tell people, but I am too scared". A 12-year-old boy had been able to speak to a counsellor

every week "…it's good. It's easier to let out your feelings … somewhere I can feel safe". Teachers combined emotional support helping with children with their behaviour. A nine-year-old girl described how her teachers would let her talk about her mother who was in prison. They would probably say: "calm down and go and wash your face because you have been crying … and sit down and carry on with your work. There is nothing for you to worry about".

There were also examples in the UK of schools concerned that children of prisoners would somehow impact on the overall academic standards of the school. One school fined a mother with a seven-year-old daughter for taking the child out of school for prison visits. Another (secondary) school responded extremely unsympathetically to a mother with two teenage sons, whose father had been convicted of assaulting a child at the school. Previous research in the US by Dallaire and Wilson (2010) also found that some teachers had lowered expectations for pupils' competency when they knew that the child's mother was imprisoned and that this could lead to additional stigmatisation from some teachers. Whilst our findings lend some support to this, our evidence was more balanced, including evidence that some children had positive school experiences and felt supported by teaching staff.

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The Meanings of Experience – In-Depth Interviews, continued

Children's performance at school

A consistent finding in the national and international research literature is that many children with imprisoned parents struggle academically. Longitudinal data from the Cambridge study of delinquency showed boys whose father had previously been imprisoned showed lower IQ scores and lower achievement on standardised tests at age ten compared to those who did not experience parental imprisonment (Murray & Farrington, 2005). Young children with imprisoned mothers have also demonstrated lower IQ scores in comparison to published norms. About half of children with an imprisoned parent in one survey experienced behavioural problems at school, leading to suspension, and/or showed little or no interest in school (Hanlon, Blatchley, & Bennett-Sears, 2005). Trice and Brewster (2004) found that adolescents with a mother in prison were more likely to drop out of school, experience suspension, to fail classes, and to have extended absences from school. The research evidence shows that children of imprisoned parents often face complex risk laden environments, chaotic family life with attachment disruptions, behavioural and emotional difficulties, and feelings of being stigmatised in school, which can all help to explain why children of prisoners experience a heightened risk of academic failure and greater indiscipline at school. Children's school performance provides important

evidence about their resilience. Their performance is likely to be closely related to their intellectual ability, their motivation and their commitment to their school work. A sudden and potentially traumatic event such as parental arrest and imprisonment is likely to contribute towards a downturn in children's performance at school. This may be only temporary if children adjust to their changed circumstances and receive support where needed. Poor performance at school may be linked to longstanding socio-economic problems, including poverty and the level of parental engagement with, and support for, their children's studies. The data relevant to children's school performance varied considerably between the four countries.

Romania reported that children's academic skills were affected minimally by parental imprisonment: no dramatically adverse consequences regarding children's progress at school linked to parental imprisonment were observed, unless children had to move home as a consequence of their parent being imprisoned. Care givers in Romania talked about children's school achievements and encouraging children to learn. Parents believed that children were their most important achievement. Children reported that their own achievements tended to be about school progress or success (artistic or sports awards). Evidence from Germany about children

The Meanings of Experience – In-Depth Interviews, continued

of prisoners' performance at school was mixed. Eight carers, one imprisoned carer and two children reported that imprisonment had impacted on children's performance at school. One carer stated that the arrest had had a positive effect, where a child had promised his step-father to be good at school and wanted to show this by achieving good marks. Otherwise this group of carers considered the impact of parental imprisonment detrimental as regards school performance, and examples included loss of concentration, loss of interest, phases of defiance and poor school marks. Children who already had problems at school deteriorated further. One carer reported that their child was still very good at school, but was now prone to losing self-control and was easily upset. In another family a child had been previously helped by her father in mathematics; now that he was in prison her school marks in this subject were worse. Care-giving parents appreciated that children needed more attention, for example, homework being done under supervision, but they had less time to assist because they were stressed, overworked or powerless. The mother of a nine year old child in the UK expressed similar sentiments, missing her partner's contribution to helping with her son's homework and not being able to make good this deficiency. In Germany a larger group of participants (11 carers, one imprisoned carer and nine children) considered that the child's school performance had not changed

due to parental imprisonment. Three children and four carers reported that school performance had either always been bad or had deteriorated, but that this was not due to the imprisonment. Reasons included children paying insufficient attention at school. One 12-year-old boy attributed his lack of progress at school to the fact that he was now living in a children's home, no longer with his family. Carers were committed to ensuring that the imprisonment had as little impact on children's school performance as possible. German families (ten carers and two children) who had noticed a lack of performance at school were unsure whether there was a causal connection with the parent's imprisonment. Other possible factors were changes in school and general lack of motivation. Puberty could be another contributory factor. Nonetheless, a picture emerges from the German data of somewhat depressed academic performance by children of prisoners in Germany. Rather less evidence was obtained about the impact of parental imprisonment on children's performance at school in Sweden. As noted above, the general picture regarding school in Sweden was positive, although two children reported having dropped out of school, and one described having been forced to leave school for two months as the family had to move as a result of the imprisonment. It was quite common for children in Sweden to miss some time at school when their parent was arrested, no doubt with some adverse impact

on their progress. Care giving parents mainly spoke about positive aspects of their children's school performance. Five parents spoke of their children having more serious behavioural problems citing that they had difficulty concentrating or having a bad attitude. However these problems pre-dated the imprisonment, and only two parents worried about the imprisonment having negative impact on their children's performance. Evidence from imprisoned parents in Sweden was more mixed. Seven of them were very well informed about their children's school performance. Four of these commented that their children were doing well in school and that their work had not been affected. Others noted that children's school performance had been adversely impacted at the time of arrest, but had improved with time. Three imprisoned parents viewed their imprisonment as having had a bad effect on their children's school work, caused by the children's negative feelings and distress. One imprisoned parent had been able to keep track of his son's performance at school and provided help with homework before his imprisonment. Then things got worse "it went to hell straight on. And a lot of it had to do with what happened to me absolutely".

The main evidence from the interviews in the UK is that the largest group of children performed well at school, clearly indicating resilience. Their success was linked to their own ability, and positive relationships with one or both parents. Eight children from seven families appeared to be performing particularly well at school, not hindered by parental imprisonment. A further group of six capable children had experienced some issues at school related to parental imprisonment and although their performance had dipped at times, they were still making positive progress. A further three children needed additional support, including with their school work, and this had been provided either by the school or by care givers. In four families children's performance at school had actually improved. These improvements were linked to a combination of responsibility and determination demonstrated by the children, parental support and positive responses from schools. Other children's education was at risk or had suffered. Nine out of this group of 11 children were boys. For those whose education was at risk, relevant factors included having had to move to a new school, lack of stimulation from parents/carers, and limited motivation linked to family circumstances. Five out of the six children whose education had suffered were boys. Relevant factors included the quality and openness of communication between parents and children, and transition to secondary school, for three of the boys. In each of these cases evidence from the interviews was that parental imprisonment was an important contributory factor to their being unable to make progress at school. Transition

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The Meanings of Experience – In-Depth Interviews, continued

from junior to secondary school in the UK tests children's resilience. Secondary schools are much bigger than junior schools; children have to adapt to new demands, new subjects and new relationships. Four children (all boys) in the UK sample made the transition successfully and each of them had a strong and positive relationship with their parent/carer. For five other boys in the sample the transition to secondary school presented serious challenges. Problems included seriously disruptive behaviour, and missing substantial amounts of time from school. For children with imprisoned parents, particularly boys, transition to secondary school presents considerable challenges, only likely to be overcome with consistent and reliable support from their care giver, and a positive response from schools. The importance of this transitional phase between primary and secondary school was recognised by a recent UK study examining the support offered by schools to children of prisoners This was found to be a be a particularly difficult and potentially vulnerable time for children, in part due to the more impersonal nature of larger secondary schools, and their risking losing key support mechanisms and being faced with uncertainty as to where they might turn for further support, guidance and understanding (Morgan et al., 2011).

Stigma and Bullying

Results from our analysis across the four COPING countries show some marked differences in children's experiences of victimisation and bullying as a direct result of having a parent in prison. The UK had the highest proportion of children (15 of 67) reporting being victimised and/or bullied (either verbally or physically) with the majority of reports being corroborated by one or more parent. This figure rises to 20 (30 per cent of the cohort) when additional reports by parents are taken into account, although this too may be an underestimate as several cases were unclear on this question. By comparison, only two children in the Swedish sample[52] (N=29) reported being bullied or victimised with some corroboration from parents. Similarly within the Romanian cohort only two children reported any victimisation, rising to six (from 38 or nearly 16 per cent) of the sample of children with the addition of parents' accounts. In Germany less evidence of stigma was found. There were 16 statements on this subject, seven from the children, eight from the non-imprisoned, and one from the imprisoned parents/carers. In nearly all cases children did not report stigmatising behaviour at school, in the neighbourhood or in their circle of friends and acquaintances. The German data suggests that in most cases the main problem could be some kind of self-stigma. Where bullying did occur, unsurprisingly, the main site for this was within the school and was conducted by other children. In most cases the bullying was a result of the shared secondary

[52] For the purposes of this analysis we are only concerned with stigma and bullying as a direct result of having an imprisoned parent, or where this was a contributory factor in the victimisation. This means we have discounted those reported cases where children were victimised for some other reason(s), for instance an attribute about themselves (being overweight, wearing braces etc.).

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social stigma which had a 'contaminating' effect on the child. The victimisation usually took the form of verbal bullying by name calling, teasing, sarcastic remarks and other verbal abuse. In rarer cases there were incidents of physical assaults involving children in the UK, Romania and Sweden. Whilst few, these were more prominent within the UK with several cases seeing victimisation escalating into fights breaking out at the school, generally as a result of retaliation by the child to verbal taunts, as was also the case for a child in Sweden. In Romania there was one instance of a child being slapped. The UK also saw several more serious cases of bullying, where a child had been physically attacked and beaten up by his peers because of the parent's serious index offence. In one instance the parent reported that her second son (who was not available for interview) was also routinely bullied at his secondary school and physically assaulted. There was only one reported case of on-line verbal abuse and teasing which occurred in the UK perpetrated by some of the child's listed friends on Facebook.

For most of the children in the UK the reaction to bullying was age dependent, with children's responses ranging between experiencing sadness, annoyance and anger. For some of these children the victimisation was relatively short lived, dying down after a few weeks, whereas in other cases the parents felt it necessary to change schools for the child as this was seen as the only way of overcoming the stigma. In the two Swedish cases one girl had been subjected to other forms of bullying throughout her school career, with the parental imprisonment occurring later and being an additional reason for children to tease her. The bullying she had received had seriously affected her, although she had learned to cope. The only other Swedish child who had been bullied had got angry and physically fought back against verbal attacks, something she now regretted.

In Germany in most of the cases children were worried about the possibility of stigma at school. On the other hand, no stigmatisation or bullying at school was actually reported. In just one case a teacher recommended that the child concealed the imprisonment of the father. In the cases where children had reported bullying, the majority of parents in the UK (n=14) had acted to inform the school about what had occurred, although the timing of this disclosure was not always clear (whether it was

The Meanings of Experience - In-Depth Interviews, continued

as a response to the bullying, or parents advising the school prior to bullying taking place). For many, alerting the school allowed teachers to give the child additional support, whilst being vigilant and decisive when dealing with bullying, with the majority of UK parents and children being pleased with the help and support that they had received after informing the school. However, the disclosures to the schools by UK parents tended to be selective, usually through approaching a head teacher or a form teacher, with the expectation of confidentiality amongst the wider staff group. This is in contrast to the majority of parents in the Romania cohort, who generally appeared more reluctant to inform schools in the first place, irrespective of their children's experiences. Furthermore, most Romanian parents advised their children not to tell their peers at the school, fearing that their children might be stigmatised or picked on by other children. Alternatively some children misinformed the school stating that their parent was working abroad to avoid the issue. The reaction to the fear of bullying and stigma appears to have been paramount in the minds of many Romanian parents. This same parental fear along with a sense of embarrassment and shame also prevented nearly half of German families from informing the school about the imprisonment or providing misinformation. Several of the German children espoused fears that they would be victimised or if they

informed others, knowledge of the imprisonment would not remain confidential, fearing it being spread around the school.

As mentioned, only two Swedish children (or parents) reported any victimisation or bullying. One child had repeatedly informed her class teacher but failed to receive any assistance or support. This is an isolated example in Sweden, although several other children in the UK reported similar experiences of their victimisation being ignored by school staff or parents had found the schools to be unsympathetic. In addition, there was some evidence in the UK of additional stigmatisation and lowered expectancy from some teachers. In addition, there were several reports from Romanian families of teachers acting 'aggressively' towards children with imprisoned parents. However, it should be stressed that only a minority of the children bullied in the UK reported these lowered expectations; the majority of teachers were found to be sensitive and understanding about their needs. Indeed, many of the children in the UK who had suffered bullying found it valuable to have an identifiable person who was dependable within the school and whom they could turn to in discussing any difficulties they were having. Other children's experiences in Sweden similarly found school staff to be a valuable source of support. This finding is confirmed by other empirical and therapeutic studies (Clopton &

The Meanings of Experience – In-Depth Interviews, continued

The Meanings of Experience – In-Depth Interviews, continued

East, 2008 and Lopez & Bhat, 2007 in the US and Morgan, Leeson & Dillon, 2011 in the UK) that teachers can provide valuable support to children with imprisoned parents through providing a protective function.

More generally, the majority of Swedish children had informed close and trusted friends about the imprisonment, being discerning in whom they told. Again, this was motivated by a concern that this should not become common knowledge, in part due to apprehensiveness about possible repercussions, including bullying and stigmatisation. A similar situation was found in the UK with those children who had experienced bullying. Many of those that did confide in close friends stressed the importance of this informal support from their peers, but were generally discerning about whom they confided in.

Experiences of Criminal Justice Systems
In the UK, children, carers and imprisoned parents had many points to make about their experiences of the different stages of the Criminal Justice process. In the other partner countries there was not the same emphasis on these different stages, with more emphasis being placed on services and interventions than in the UK. Below is a comparison of the key points highlighted. In the UK the potential distress caused if the arrest of a parent was witnessed by children was very evident. It was also apparent that the level of distress could be lessened significantly by sensitive Police practice. In the UK there were examples of both heavy handed and sensitive child centred Police practice. In Germany there was not the same focus on Police practice, but the distress that followed in the wake of the arrest of a parent was clear. In Germany, research participants reported that children experienced rage, helplessness and behavioural problems after the arrest of their parent; one child feared that the stress caused by the arrest of his parents might cause them to engage in a conflict between themselves involving physical violence. In Romania there was less detailed information about the event of arrest highlighted, although in one case a 14-year-old girl alluded to her brother being assaulted by the Police during the arrest of her parent. In all countries the arrest was the start of a period of emotional upheaval for families.

The Meanings of Experience – In-Depth Interviews, continued

The Meanings of Experience – In-Depth Interviews, continued

In the UK, stress caused by the uncertainty during periods on bail was regarded as significant. In some cases the bail period could be as long as three years, during which time the parent facing imprisonment might resort to alcohol to alleviate their anxiety and depression, with very negative consequences for the other family members. Stress during the bail period was not highlighted as such a significant factor in the other partner countries. In the UK, children reported that when their parent was remanded straight into custody they found it particularly difficult as they did not have the chance to say "good bye". UK young people had the benefit of being able to visit their parent who had been remanded in custody, on a daily basis if they were able to. By contrast in Sweden many parents remanded in custody awaiting trial are not allowed to have any contact with their families at all under Swedish law, either in person or by telephone. The stress arising from this legal constraint for Swedish children was highlighted by participants. From interviews with some families in the UK, the time when children need the most reassurance that their imprisoned parent is coping with being in prison appears to be when that parent is first admitted into prison.

In Sweden and the UK parent carers reported that children missed school following arrest and during court hearings. In Sweden some parent carers also highlighted that children would also often miss school when their parent came out of prison for a period of home leave, although these home leaves were regarded as beneficial.

Contact with imprisoned parent/carer

Of the 163 children who participated in interviews across the four countries, most had a positive relationship with their parent prior to imprisonment (this finding is influenced by sampling procedures, since most children were recruited through NGOs that facilitate contact with imprisoned parents), and regular contact was generally found to be crucial in maintaining their emotional well-being and capacity for resilience. There were a small number of children who, despite their good relationship with their imprisoned parent, found visiting distressing, and so it was in their best interests not to visit or to visit less frequently. In these cases phone calls and letters provided an alternative and important source of communication with their imprisoned parent. There were a total of ten children in the UK, Romania and Germany who had no contact at all with their imprisoned parent. (In Sweden all, except for one child, had at least some form of contact).

The Meanings of Experience – In-Depth Interviews, continued

There were also a few children in each of the four countries who experienced infrequent or haphazard contact. These children had often experienced fraught relationships with their parent prior to his/her imprisonment, often characterised by multiple periods of separation due to imprisonment, substance misuse, domestic violence, and in a small number of cases sexual abuse. In other cases the relationship had become fragile because the child was experiencing difficulties in coming to terms with the offence or imprisonment itself. In these cases the absence of, or minimal levels of contact, tended to be in the best interests of the child, and attempts to encourage contact caused undue distress.

Of the children who had maintained at least some contact with their imprisoned parent, most were accessing prison visits (UK 92.9 per cent, Romania 87.9 per cent, Germany 81.5 per cent, Sweden 75.9 per cent, the lower percentage of visits in Sweden was linked to a higher proportion of imprisoned parents in the interview sample being entitled to "furlough" or home leave, at which stage, as noted below, there was less need for children to visit), although there were some noticeable differences in the typical frequency of visits across countries. Visits were most frequent in the UK and Germany, where children tended to visit as often as permitted by the prison regime, usually weekly or fortnightly. Children in

Sweden visited slightly less often, around once or twice a month. Visits were least frequent in Romania, with children seeing their imprisoned parent just a few times a year. In all countries families experienced long, tiring and stressful journeys to attend prison visits, although in the UK and Germany the distance to prison was generally not so great to make visits on a regular basis unfeasible. In Sweden, the imprisoned parent's transfer to a less secure establishment was beneficial in terms of more generous visiting hours, but often meant that s/he was located further from home so that visits were less frequent or ceased altogether. Prisoners in Romania were located furthest from home, posing the greatest difficulty for families. It was not unusual for Romanian families to spend up to two days travelling to prison visits. In all countries there was a high cost associated with the journey to prison. This was an unwelcome burden, exacerbating families' already precarious financial position and adding to their stress levels. The financial implications of visiting were most apparent in Romania where families were living in impoverished conditions and experiencing restricted lifestyles. In Romania, as noted above, it was not unusual for families to have to choose between visiting prison or meeting basic needs (food and clothing) and purchasing school equipment for children. In some families siblings took turns to visit their parent to reduce travel expenses. In the UK, the

Assisted Prison Visits Scheme provides financial support to attend visits, but there are strict eligibility criteria and the funds awarded do not necessarily cover the full cost of visiting. In Sweden, families are entitled to financial assistance through the local municipality if they are below the minimum norm in income, and because of this are entitled to financial support from social services, although families are often unaware that this is available.

Meeting the imprisoned parent

Children's experiences of actually meeting their imprisoned parent did not vary greatly across counties. Prior to visits it was not unusual for children to experience mixed feelings: anxiety about entering the prison environment but also excitement at the prospect of seeing their parent. Children often admitted that the first few visits to prison were upsetting or frightening, but once the initial shock had diminished most found them manageable. There was a small minority of children who continued to find visiting difficult throughout the duration of their parent's imprisonment. This typically stemmed from feeling upset at seeing their parent in prison, or from the discomfort experienced in the prison environment (see "prison environment" below). For some children the need to see their parent outweighed the challenges associated with visiting, and they continued to visit regardless. For just a small

number of children their negative feelings were so intense that they visited less frequently or stopped visiting altogether. Although the majority of children enjoyed their visits, it was not uncommon for them to find saying "goodbye" at the end of visits difficult. Some of the difficulty was associated with a sense that they were leaving the parent behind or knowing that it would be a long time until they saw their parent again (most apparent for families who visited infrequently due to distance and cost). Some children became increasingly upset towards the end of their visit, and others employed coping strategies to deal with saying goodbye, for example saying a brief goodbye and departing quickly. For a lot of children, visits were found to 'actualise' the fact that their parent was in prison, bringing to the forefront of their mind their current situation and exacerbating their sense of loss for the imprisoned parent. After returning home from a visit one child was reported to say: "So now we are alone again". There were a small number of children who experienced very severe levels of distress in the days following a visit. The period after visits could also be a time of increased curiosity about the imprisoned parent's situation and/or offence, and it was not unusual for the non-imprisoned parent to be faced with a series of awkward questions. In the UK ten prisoners were in receipt of "Release on Temporary Licence", and in Sweden five were allowed to leave the prison on "furlough". Once

The Meanings of Experience – In-Depth Interviews, continued

The Meanings of Experience – In-Depth Interviews, continued

the parent was allowed home, visits typically became less frequent or ceased altogether. In Sweden, furlough was an enjoyable experience for children and appeared to have positive implications for their mental health. Contrastingly, in the UK, although children enjoyed spending time with their parent, this was arguably outweighed by the distress that they experienced when they said "goodbye" to their parent on their return to prison and in the days that followed.

Restrictions on physical contact during visits varied between countries, between prisons and as a consequence of the imprisoned parent's offence and perceived risk level. On the whole, Romanian prisons do not permit any physical contact between the prisoner and his/her visitors. As a general rule in the UK, physical interaction tends to be forbidden at more secure establishments, but as the security rating of the prison decreases the rules are usually relaxed. In Sweden, there are very few rules regarding physical contact, although this may be prohibited for the most serious offences pending a risk assessment. Restrictions on physical interaction in Germany are more variable; it is not unusual for some family members to be allowed contact but not others. Where restrictions on physical contact were employed, this was one of the main causes of dissatisfaction for children and

families. Restrictions were clearly difficult for younger children to comprehend, and where they were only applied to some individuals it led to misconceptions that family members were in conflict, instilling worry into the child. The absence of physical contact clearly contributed to artificial interaction between parent and child; natural tendencies to hug the parent following a period of separation and to engage in physical play (e.g. tickling) were prohibited.

Facilities
There were notable variations in children and families' perceptions of prison facilities and physical security measures across countries. In the UK and Sweden there was a small number of children who felt uncomfortable in the prison environment, but on the whole they were not fazed for long by the unfamiliar surroundings and unfamiliar security measures. Children in the UK and Sweden expressed similar opinions about security measures, acknowledging that as the security rating of the prison decreased, the environment became less intimidating and they were afforded more freedom. As a result, less secure establishments were found to be more conducive towards quality interaction between children and their imprisoned parent, as highlighted by one boy aged 12: "You feel as if you can go in there and be yourself and you're more

focusing on your communication than you are on 'oh I'm in a prison' kind of thing…". Families in the UK reported very few issues with availability of amenities, cleanliness or general upkeep of prison visiting facilities. The quality of visiting environments in Sweden was more variable; some were reported to be comfortable and well equipped, whilst others were poorly maintained and in need of renovation. Perceptions of prisons in Germany and Romania were more negative, and although children were pleased to see their parent they were often relieved to leave the prison. The atmosphere was often perceived to be hostile and it was not uncommon for children to be frightened by physical security measures (e.g. "the barbed wire scared my children away"). Visiting rooms were also described as cold and drab, and in Romania
there were no waiting facilities for families who had often made a long journey to the prison. Several children in the UK and Sweden had participated in Family Days, and in Germany in Father-Child groups. Efforts to reduce some of the security restrictions and provide a more relaxed atmosphere were clearly appreciated by children and families, and they reported that it made them feel more at ease and able to enjoy their visit. Romanian prisons do not currently provide Family Days, but interviewees reported that they would welcome the opportunity to celebrate special occasions in this way.

Searches
Children in the UK, Germany and Sweden admitted that they found the first few searches daunting, but most soon became accustomed to the procedures and displayed little or no unease. There were just a small minority of children who continued to find the process frightening or intrusive during subsequent visits. Children's resilience could be a consequence of developing familiarity with search procedures over time; indeed several children (even younger children) in the UK were able to describe the process in intricate detail. Children in the UK also seemed to be well informed about the purpose of searches and acknowledged these as a necessity. In comparison, children in Romania expressed more discomfort at being searched, and their anxiety did not seem to diminish during the course of subsequent visits.

Meaningful activities
The provision of child-friendly activities varied between countries and also between prisons. In Sweden, toys and games are commonly provided for families to use together during visits and were found to contribute to children's enjoyment of visits, although in some prisons they were reported to be old and worn. Prison visiting halls in the UK and Germany typically incorporate children's play areas, but these are rarely attractive to older children. In most

The Meanings of Experience - In-Depth Interviews, continued

instances the imprisoned parent is not allowed to enter the play area, further restricting the opportunity for interaction between parent and child. In Romania, toys and games are rarely provided for children during visits and those which are tend to be old and damaged. In the absence of suitable activities for children, they often became increasingly bored or agitated throughout the duration of visits. It was also not unusual for children to struggle to engage in conversation for prolonged periods. Children in the UK often reported that they would welcome more freedom to interact with their imprisoned parent, and the opportunity to focus on activities together (e.g. board games or craft activities). Family Days in the UK and Sweden, and Father-Child groups provided by Treffpunkt e.V. NGO's in Germany in cooperation with the local prison, provide activities specifically to encourage interaction between the imprisoned parent and child. Interviewees often reported that these events provided a welcome break from the restrictions that are enforced on some visits, and were thoroughly enjoyed. Activities were also found to promote engagement and support attachment, where bonds had become fragile.

Contact by telephone and letter
Most children in the UK and Sweden were in telephone contact with their imprisoned parent (95.3 per cent and 89.7 per cent respectively) and this tended to be very frequent; many children spoke on a daily basis and several others spoke a few times a week. Families in Sweden did report problems with telephone contact during the remand period, with few, if any, telephone calls permitted by the prison. In Romania and Germany prisoners are required to submit an application to make telephone calls. In Romania this is generally granted; around two thirds (63.6 per cent) of children were in telephone contact with their imprisoned parent, but calls were typically only once or twice a month. In Germany, as noted above, Laender have variable policies about telephone contact. In Bavaria, permission is rarely given, and as a result only one third (33.3 per cent) of children reported ever speaking to their imprisoned parent on the phone. This was difficult for younger children in Germany to comprehend and a key source of complaint for families. In the UK and Romania, prisoners must purchase telephone credit in order to make calls. In Sweden, prisoners with children receive an allowance of free minutes, although if they wish to make additional telephone calls they must purchase their own credit. Despite calls in the UK being amongst the most frequent, families here were much aggrieved by the cost of credit, perceiving

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The Meanings of Experience – In-Depth Interviews, continued

The Meanings of Experience – In-Depth Interviews, continued

it to be extortionate. In the UK, imprisoned parents often spent a significant proportion of their prison earnings on phone credit, and it was not uncommon for this to be supplemented by money sent in from their family, thus adding to their financial pressures. In Romania the financial situation meant that prisoners were not often able to afford telephone credit which drastically restricted the frequency of calls, although they were generally accepting of their predicament. Where telephone contact was permitted and was financially feasible, for virtually all children it was a positive experience. Just a small number of children experienced strained conversations and/or were visibly upset after the call. Regular telephone contact was highly valued by families, as it enabled the parent and child to maintain normal interactions as part of the daily routine, update on daily occurrences and more significant events such as exam results, and also reassure the child about the imprisoned parents' well-being. The duration of telephone calls was often limited, either as a consequence of the cost of credit or a restriction imposed by prisons in some circumstances. Children sometimes reported that they were very conscious of time passing and that conversations were rushed and unsatisfactory. This was exacerbated in larger families where several people wished to speak to the parent. In virtually all prisons across the four countries, only the imprisoned parent can make outgoing calls

to their family. The timing of calls is typically determined by the prison, either at a time that is convenient for the prison regime or a slot that is allocated in response to an application. These times were not necessarily convenient for the child's routine, and if the child wished to speak to their parent urgently to share some exciting news or seek comfort in times of distress, this was generally not possible.

A similar proportion of children in the UK and Germany were communicating with their imprisoned parent via letter (87.5 per cent and 81.5 per cent respectively), with smaller proportions in Sweden (67.9 per cent) and Romania (54.5 per cent). In the UK and Sweden, although letters were important for some children, they were not usually regarded as a main source of communication. Instead letters were superseded by more regular telephone contact that permitted an immediate response. Nevertheless the exchange of cards at special occasions, drawings and poems was significant for several children and young people. Letters held greater significance for children in Germany as they were usually the only available source of communication between visits. In Romania letters were more affordable than telephone contact and provided a valuable source of communication in the absence of regular visits.

Services, Support and Interventions

A major aspect of the COPING Project was to identify and map health care and community-based services and interventions that exist and which are potentially available to these children and their families in the four participating countries. The importance of providing appropriate support services for this group of children is highlighted by evaluation studies into programmes for children of prisoners as well as reviews of evidence of parenting interventions for male young offenders in the United States, UK and Australia which reveal increased interest in school, better relationships, improved knowledge and attitudes to parenting and higher well-being of the children (Aaron & Dallaire, 2010; Bruster & Foreman, 2012; Buston et al., 2012; Laakso & Nygaard, 2012; Loper & Tuerk, 2011; Newman et al., 2011). In this section of the report, the findings of this ambitious mapping exercise are presented. This was carried out on the basis of the mapping methods of mental health care services recommended by Johnson et al. (2000). A distinction is made between services which are designed specifically for children of imprisoned parents and carers, and non-specialised services for children and families with mental health and behavioural problems in difficult situations. In accordance with

the literature, four categories of services and interventions were defined: 1. Prison-based specialised interventions, 2. Community-based specialised services and interventions, 3. Community-based non-specialised services, and 4. Mental-health services for children and adolescents.

Specialised Services and Interventions for Children of Prisoners

Prison-based specialised services and interventions
For the investigation of prison-based interventions, regular prisons throughout each of the four countries were contacted. Prisons in Germany, Romania and Sweden hold males, females and both males and females: in the UK prisons hold either males or females. Some prisons also include specific groups of prisoners. In cases of sexual and violent offenders or prisoners classified as dangerous, special and restricted conditions for contact with their children and family are applied. These prisoners regularly have no access to interventions for children and parents even though their children might be more affected by separation and by adverse consequences.

In Germany, Romania and Sweden, about half of the prison population has children (under the age of 18). Almost 90 per cent

of the female prisoners and two-thirds of the male parents/carers have contact with their children. UK prisons did not provide this information. An unknown, but possibly significant, proportion of children whose parents have been incarcerated have never lived with their imprisoned parents or have no contact, and not all prisoners receive visits or visits take place under very restrictive conditions.

In Sweden and Germany, only about 40 per cent of the prisons provided interventions designed for children of prisoners or in relation to them and their families, and in the UK 60 per cent. Surprisingly, in Romania, this was reported for all prisons, i.e. 100 per cent. About half or more than half (in Sweden) of the prisons, however, provided just one intervention; the minority offered more than three interventions (0 per cent in Sweden, maximum of 18 per cent in the UK). The interventions of prisons in all countries were aimed primarily at the promotion and stabilisation of the parent-child relationship by improving visiting conditions and by organising further (beyond regular visiting hours) customised meetings between children and imprisoned parents in groups or family. As expected most interventions were targeted to children and to prisoners in relation to issues concerning children.

Assessing the ability to meet the needs of prisoners' children, in all four countries this was reported as sufficient mostly for interventions addressing family relations and parents' imprisonment, in Germany and the UK for mental health care issues, and in the UK for social contacts and resettlement (Figure 4).

Figure 4

Needs addressed by prison-based interventions - child related
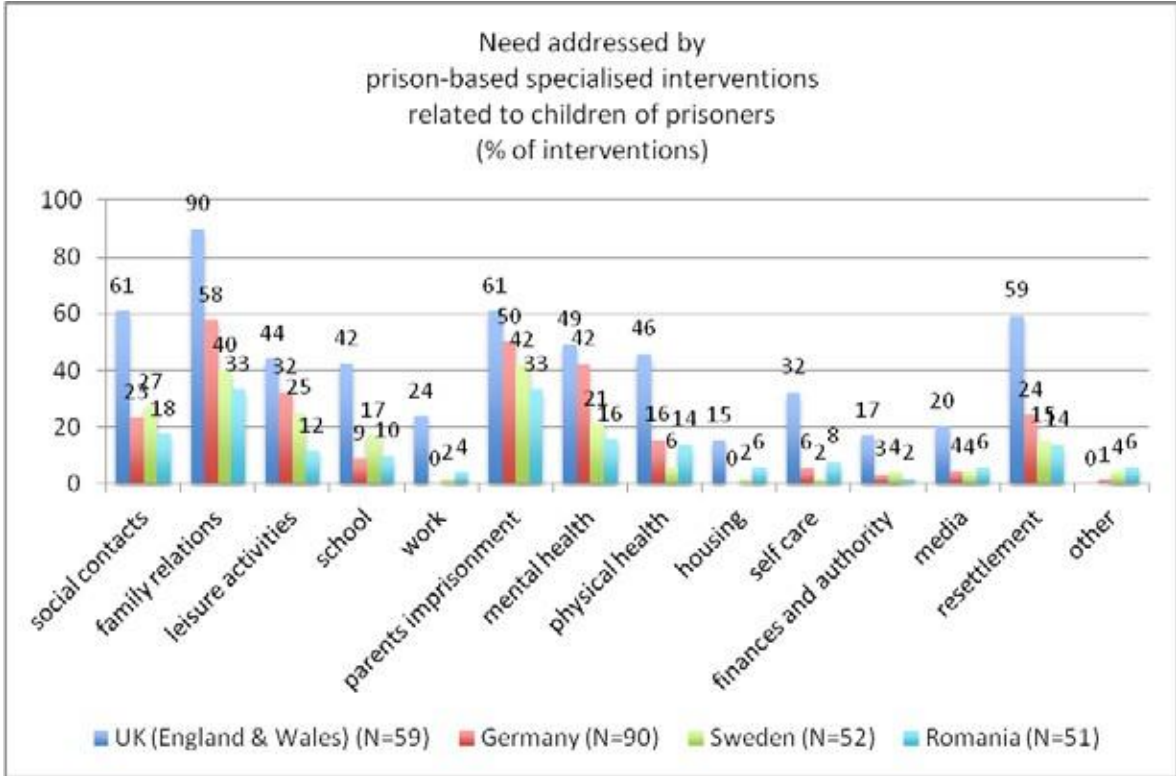
The Meanings of Experience – In-Depth Interviews, continued

The Meanings of Experience – In-Depth Interviews, continued

Most of the interventions were conducted in the form of meetings or group sessions with meetings mostly for both children and prisoners and group sessions preferred for prisoners. The use of counselling sessions and one-to-one sessions was rare, even though one might consider these types of services to be helpful for prisoners having children with emotional problems due to the child/parent separation, relationship, care issues, school related issues, responsibilities.

In the UK, Germany and Sweden the majority of prison-based interventions were offered regularly (at least 70 per cent). The situation is reversed in Romania where two-thirds of the interventions take place as and when required. This perhaps explains the finding that in Romania, 100 per cent of participating prisons reported that they had interventions. The usual frequencies vary by country and intervention type.

As expected, nearly all interventions were designed for early and mid-way stages of imprisonment. However many interventions were also designed for issues related to the stage prior to release. This is an important issue and is reported in the findings of the survey and the in-depth interviews, where parents stated that they did not feel well prepared for handling the arrest stage or post-release stage of imprisonment.

For the evaluation of the interventions, staff and participants applied different strategies and there were no standard evaluation procedures. The effectiveness of existing prison-based interventions in Europe has not yet been tested.

Findings of interviews suggest that there is a lack of information about prison interventions. To raise the usage of available interventions by target groups, knowledge about accessibility and content is required. Participating prisons used various methods to inform people about their interventions including flyers, brochures, oral presentations and posters. In the prison context dissemination via prison journals is of special interest. This strategy was used in Germany and Romania but not at all or less frequently in the UK and Sweden.

Community-based specialised services and interventions
Given the prevalence of mental health problems and special needs of children of prisoners, existing support in their community, i.e. in their living environment, seems insufficient. In Germany and Sweden a small number of services provided special support. In the UK interventions were available through different routes. In Romania no specialised services could be identified. Most services were located in the inner cities where their main offices

The Meanings of Experience - In-Depth Interviews, continued

were. Service providers assessed the accessibility of services by public transport as easy to reach overall. Services are normally contactable via telephone and provided websites. That means, if there is a specialised service, there are different means of accessing them. The problem is rather that many regions have no specialised services and interventions of participating services cannot be used due to locations of the prisons, in many cases these are not easy for children to reach.

The interventions of participating services were aimed primarily at the improvement and stabilisation of children's coping abilities and mental health, promotion of social inclusion and family relationships and the improvement of visiting conditions. As expected most interventions were targeted at children. Compared to prison-based interventions mental health and behavioural problems are more targeted.

Assessing the ability to meet the needs of affected children in all four countries, most services reported that they were able to achieve this, especially for those interventions addressing family relations, parents' imprisonment and mental health; in Germany and Sweden this was also the case for social contacts. Surprisingly community-based interventions, contrary to expectations, were

The Meanings of Experience - In-Depth Interviews, continued

considered less able to meet needs in the school context, housing or self-care.

Figure 5

Needs addressed by community-based interventions - child related

The Meanings of Experience – In-Depth Interviews, continued

The Meanings of Experience – In-Depth Interviews, continued
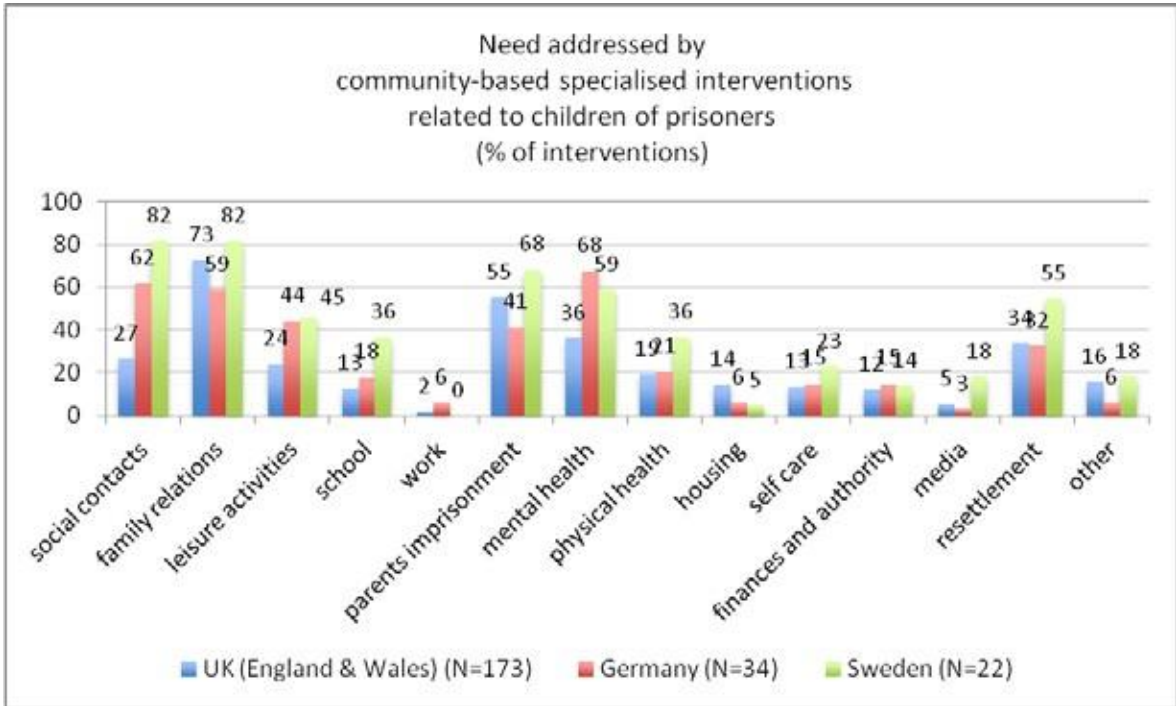
Community-based interventions were mostly conducted in the form of meetings and group sessions, in Sweden by group sessions and leisure activities. Again, counselling sessions and one-to-one sessions, which might be considered as helpful in critical situations, were rare.

In the UK, Germany and Sweden the majority of community-based specialised interventions were offered regularly (about 70 per cent) with frequencies varying by country and type of intervention. It should also be noted that many interventions in Germany are only conducted once a year. Community-based services used flyers sor brochures, Internet and postings to inform people about their interventions.

Non-Specialised Types of Services

Community-based non-specialised types of services
In each country a number of types of community-based non-specialised types of services were investigated to determine the relevance to children of prisoners and their families. The usage of these services is indicated for slightly and moderately impaired children and adolescents in difficult situations. Across the countries community-based non-specialised services were

structured differently. The accessibility of non-specialised community-based services varied between the countries depending on authorities and services regulations.

Mental health services for children and adolescents
In each country several (five or six) types of mental health care were identified and investigated to determine to what extent they could meet the special needs of children of prisoners. The usage of the mental health services is limited to children and adolescents with higher levels of difficulty. Similar systems of psychiatric and psychotherapeutic care providing services for the treatment of mental disorders and severe behavioural problems were found in all countries. The benefit for children of prisoners is not a specific one, but could be delivered with high intensive acute and continuing care and treatment, if parental imprisonment resulted in severe mental health and behavioural problems, which in turn would require knowledge about these options. Normally parental consent is required under specific conditions for usage and access of these facilities, and often the usage of mental health care services is affected by stigma and self-stigma.

Mapping of services and interventions
In the UK, 135 prisons were identified. All were contacted, the

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The Meanings of Experience – In-Depth Interviews, continued

The Meanings of Experience – In-Depth Interviews, continued

response rate was 61.5 per cent, i.e. 83 prisons replied to the initial contact; 42 prisons did not respond or refused (n = 10), 79 prisons reported interventions meeting the criteria as defined above. This results in a minimum of 78.5 per cent (i.e. 79 of 135 prisons) and a maximum of 97 per cent (i.e. 131 of 135 prisons) prisons with specific interventions for children or families of prisoners. To find out further details about the interventions, 35 prisons (reporting that they provided at least one intervention) were contacted and the questionnaire was completed by 25 prisons, which corresponds to a response rate of 71.4 per cent.

The majority of the participating prisons in the UK held males (92 per cent), only two prisons held females and no mixed prisons were found. Particular target groups were: short imprisonment terms (up to two years, 4 per cent of the prisons), long-imprisonment terms (two years or more, 24 per cent, pre-trial detention (24 per cent), social therapy, sexual and violent offenders, dangerous prisoners (20 per cent), youth custody (28 per cent), mother-child placements (4 per cent), suicidal and psychiatric prisoners (8 per cent), minorities, prisoners with special needs (4 per cent). In the UK, adult male prisons are categorised according to their security restrictions. "Category A" denotes the most secure type of establishment. Security restrictions decrease in severity through "Category B", "Category C", to "Category D" which is the least

secure type of establishment. Of the 19 adult male establishments that completed an MIQ1, three were category A, nine were Category B and seven were Category C. Adult male establishments are also distinguished according to their function. Seven were "local" prisons which predominantly hold pre-trial prisoners, prisoners that have been convicted but not sentenced, prisoners that have been sentenced very recently, and prisoners serving very short sentences. Nine were "training" prisons which only hold sentenced prisoners. The three high security establishments have mixed functions and hold pre-trial, convicted but un-sentenced and sentenced prisoners. The remaining six prisons were as follows: two female; three Young Offender Institutions holding 18–21 year olds, and one Young Person establishment holding 14-17 year olds. These establishments were not categorised according to security rating and hold a mixture of pre-trial, convicted but un-sentenced and sentenced prisoners. Prisons were unable to provide enough information for us to determine the number of prisoners with minor children and the number of prisoners with contact with their children. Most prisons were located in the inner city or in the suburbs (in sum ca. 60 per cent); however, also 40 per cent were located in the country. Service providers assessed the prisons accessibility by public transport. According to them, two-thirds of the prisons were good, and one-third difficult or very difficult to reach (table 29).

The Meanings of Experience – In-Depth Interviews, continued

The Meanings of Experience – In-Depth Interviews, continued

Table 29

	Number of prisons	%
Structural information		
Category of establishment A B C	3 9 7 6	12.0 36.0 28.0 24.0
Main function of establishment* High security Local Trainin g Open Female Young offenders Young people	3 8 9 0 4 9 2	12.0 32.0 36.0 0.0 16.0 36.0 8.0
Prison places (Mean, SD)	808 (389)	
Prisoners placed (Mean, SD)	763 (351) (11 prisons)	
Gender of prisoners		
Males only	23	92.0
Female only	2	8.0
Males & females	0	0
Accessibility		
Location		
in the inner city	8	32.0
in the Suburbs	7	28.0
in the country	10	40.0
Accessibility by public transport very easy easy moderate difficult very difficult	2 6 9 7 1	8.0 24.0 36.0 28.0 4.0

In all prisons, the children could visit their imprisoned parent or carer, normally in visit halls, but prior arrangement was required. Participating prisons stated that private phones were not allowed (mobile phones or telephones in cells). Public phones for outgoing calls were the only option and usual in all prisons. Communication via Internet was enabled in only four prisons.

Table 30

UK: Description of participating prisons with interventions for children of prisoners

	Number of prisons	%
Visits and contact*		
In visit halls	25	100.0
In private rooms to meet their family	1	4.0
Special rooms for meetings with children	1	4.0
Children allowed to visit the prison	25	100.0
Standard visits unannounced by prior	0 23 2	0 92.0 8.0
Visits in case of special circumstances unannounced by prior arrangement	2 12	8.0 48.0

	Number of prisons	%
Visiting times for children per week Days per week Range Mean (SD) Hours per week Range Mean (SD) 1-3 days per week 4-5 days per week 6-7 days per week	3-7 5.7 (1.1) 5-50 17.6 (12.1) 1 8 16	 4.0 32.0 64.0
Other contact permitted		
Private phone Outgoing	0 0	0 0
Public phone Outgoing	25 0	100.0 0
Internet usage No access Access at any time Access for special purposes Access at times determined by the prison Enable communication with family and children unknown	17 1 1 1 1 4	68.0 4.0 4.0 4.0 4.0 4.0 16.0
* multiple answers possible		

Description of interventions

The 25 investigated prisons carried out 59 interventions. About half of the prisons provided just one intervention, 20 per cent had two interventions, and more than two interventions were provided by ca. one third of the prisons. The interventions aimed primarily at the promotion and stabilisation of the parent-child relationship. Interventions were targeted to four groups: a) Children of prisoners, b) Imprisoned parents/carer, c) Non-imprisoned parents/carer, and d) Other (e.g. grand-parents, step-mothers). Most interventions were targeted to the children and to the prisoners in relation to issues for the children.

About 15 per cent of the 59 included interventions (n = 9) were conducted when needed, i.e. the majority of the interventions were offered regularly. Very few interventions took place less than once per month. Against this background, the greatest capacity was for monthly and quarterly conducted interventions, whereas the number of places of weekly, bi-weekly interventions was relatively low. Surprisingly in this context, prison staff considered the number of places as well as the frequency and duration as sufficient. However the evaluation of interventions was not a regular procedure. Interventions offered on average 23 places (SD 33, range 3-150 places, n = 37). The percentage of usage of

The Meanings of Experience - In-Depth Interviews, continued

The Meanings of Experience - In-Depth Interviews, continued

the interventions was estimated between 70 per cent and 100 per cent (mean 95 per cent, SD 10 per cent = 34). For most of the interventions (64 per cent, n = 38) usually enough places were offered to enable everyone who wished to do so to take part. For 17 interventions (29 per cent), however, long waiting lists were in place.

A more detailed view of the aims of the interventions showed that prison-based interventions had a significant focus on family relations (depending on the reference to children or parents/carers in prison or not-imprisoned parents/carers, with 75-90 per cent) and parents' imprisonment (5-8 per cent). Resettlement (54-61 per cent) and social contacts were also stated as important, the latter especially in relation to the prisoners (61 per cent) (figure UK1).

Figure 6

UK: What is the intervention designed to help with and in relation to whom (N = 59 interventions)
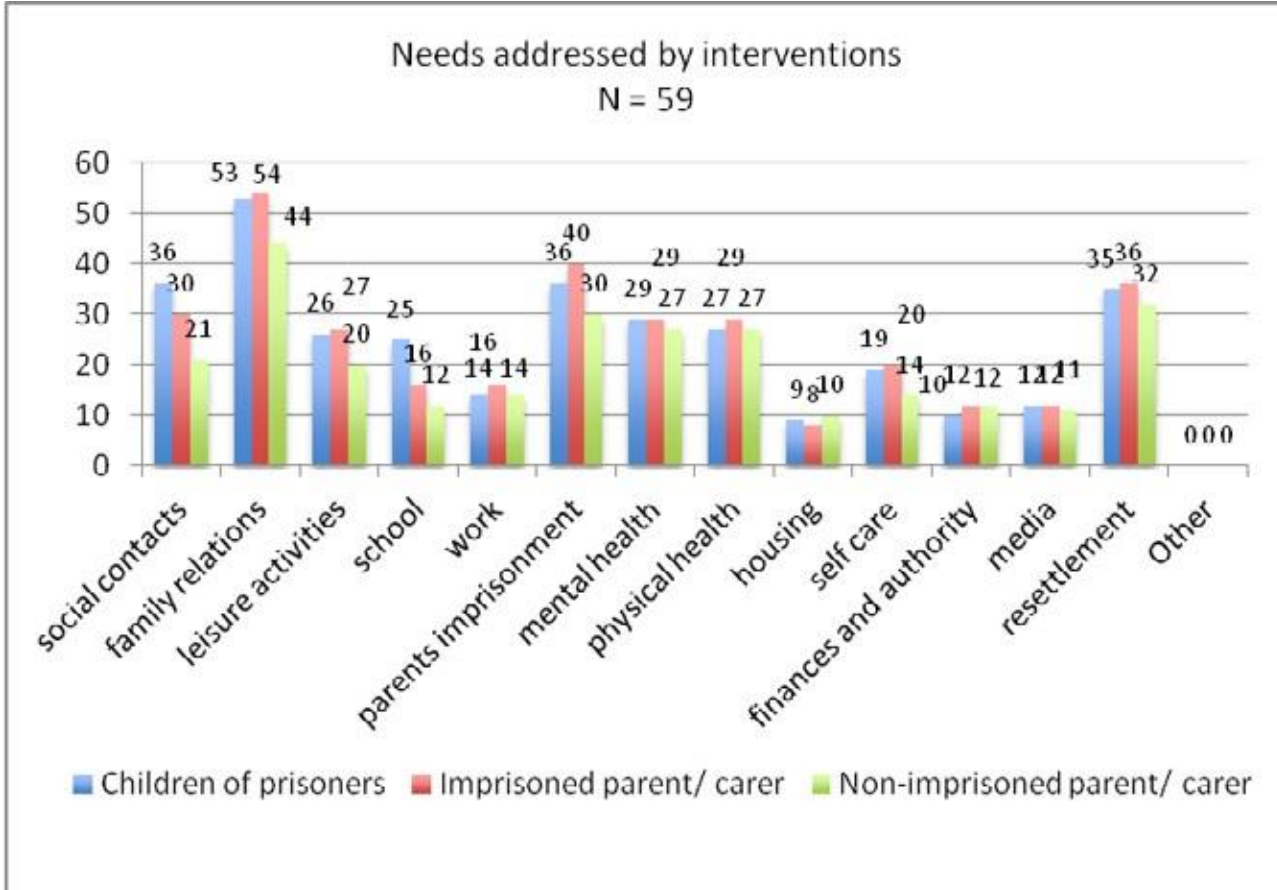
Most of the interventions were conducted in the form of meetings (32 per cent) and group sessions (37 per cent) with meetings mostly for children and prisoners and group sessions preferred for prisoners. There were no counselling sessions and only one information event and one one-to-one session. Five prisons stated that on average 19 per cent of the staff was directly and regularly involved in interventions for children of prisoners and their families. Their professional background was similar across the prisons. Most of the prisons' interventions were conducted or accompanied respectively by prison officers (ca. 80 per cent), and by educator/teachers (ca. 70 per cent), almost one third of the prisons deployed volunteers.

Community-based specialised services and interventions In the UK (England and Wales), 31 services of interest were identified and contacted. Thirty of them (96.8 per cent) provided interventions meeting the criteria and were thus contacted by sending the questionnaire which was completed by 25 services. This corresponds to a response rate of 65.6 per cent. Participating services had their main offices in various counties throughout England and Wales. Most services (main office) were located in the inner city. Service providers assessed the accessibility by public transport as easy to reach. Most services were contactable

via telephone (80 per cent) or answer-phone (84 per cent) and provided a website (88 per cent). Main target groups of these specialised services were the children of the prisoners and non-imprisoned parents/carer. The interventions of participating services were aimed primarily at the improvement and stabilisation of children's coping abilities and mental health, promotion of social inclusion and family relationships and the improvement of visiting conditions. Examples of aims provided were "promotion and stabilisation of the parent-child relationship", "support for handling with the imprisonment", "contact to children in similar situations", "emotional and social stabilisation of the children". Interventions were targeted to four groups: a) Children of prisoners, b) Imprisoned parents/carer, c) Non-imprisoned parents/carer, and d) Other (e.g. grand-parents, step-mothers). Most interventions were targeted at children and at prisoners in relation to issues for the children.

Intervention places were indicated only for 100 of the 173 interventions (58 per cent). It was assessed by the staff of the community-based services that there are usually enough places to enable everyone who wishes to take part to do so (67 per cent, n = 116). The degree of capacity utilisation was estimated between 20 per cent and 100 per cent (mean 89 per cent, SD 17 per cent,

The Meanings of Experience – In-Depth Interviews, continued

n = 106). For 50 interventions (29 per cent), however, long waiting lists were managed. About 29 per cent of the interventions were conducted when needed, i.e. the majority of the interventions were offered regularly. Most interventions took place once per month or more frequently (about 40 per cent). Against this background, the greatest capacity for those interventions was found for weekly and quarterly conducted interventions, whereas the number of places of less frequently offered interventions was relatively low. Prison staff considered the number of places, as well as the frequency and duration, for the most interventions as sufficient. The evaluation of interventions was a regular procedure for the majority of interventions; services stated, that by using different strategies 76 per cent (n = 131) of the interventions were evaluated by participants, and 78 per cent (n = 134) by staff.

A more detailed view at the aims of the interventions showed that prison-based interventions had their significant focus on needs regarding mental health (32–39 per cent), family relationships (67–73 per cent) and parental imprisonment (50–59 per cent). Issues related to resettlement were also stated as important, especially in relation to the prisoners (50 per cent) (Figure 7).

Figure 7 UK 3

Needs addressed by interventions

Needs addressed by interventions N = 173

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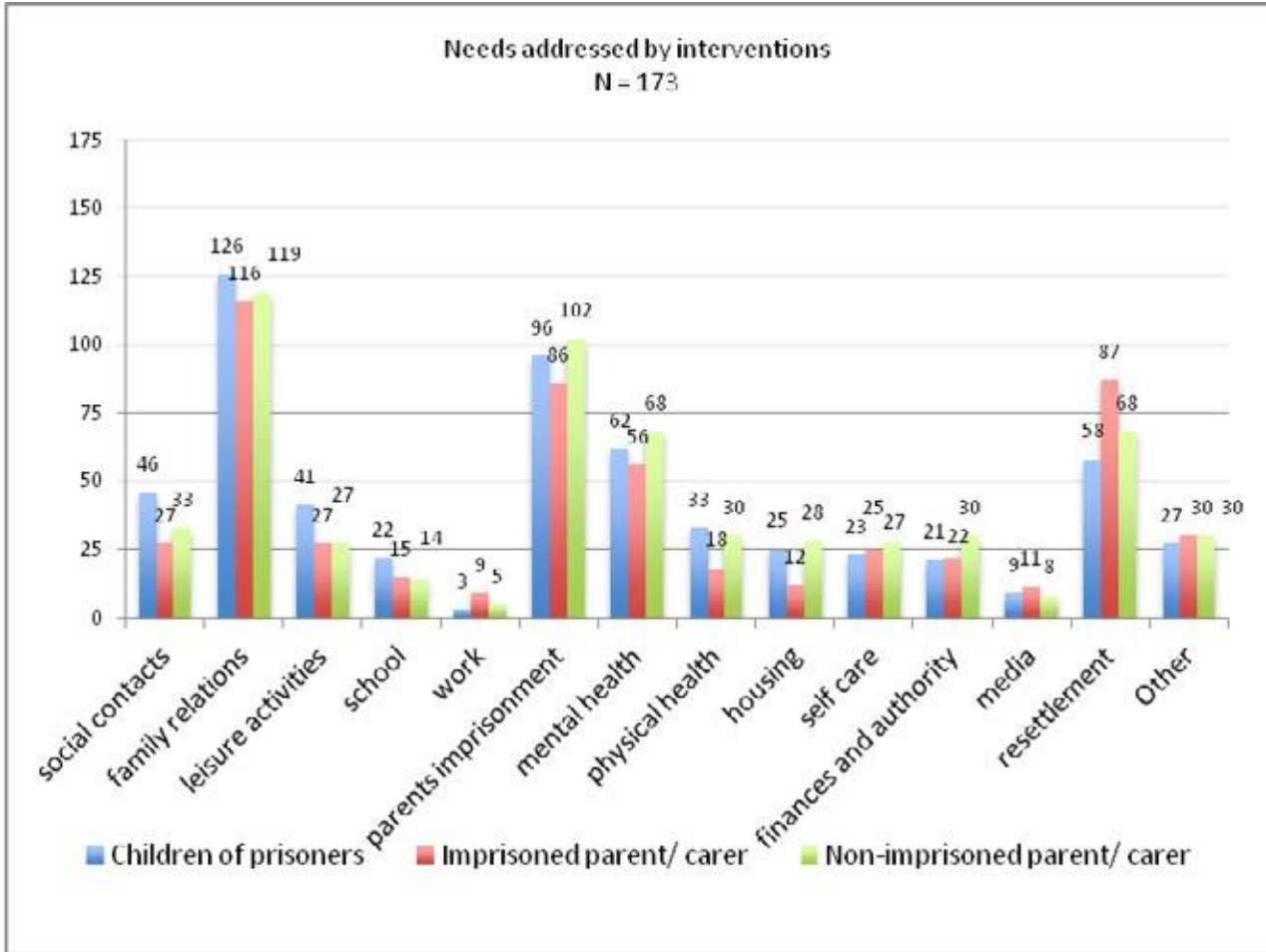
Most of the interventions were group sessions (32 per cent) and meetings (25 per cent targeted at the children, prisoners and non-imprisoned parents similarly. Surprisingly only two interventions were conducted as counselling sessions, but counselling is also part of combined interventions, which are subsumed in the category other (Figure 8).

Figure 8 UK

Number of interventions by nature and target group
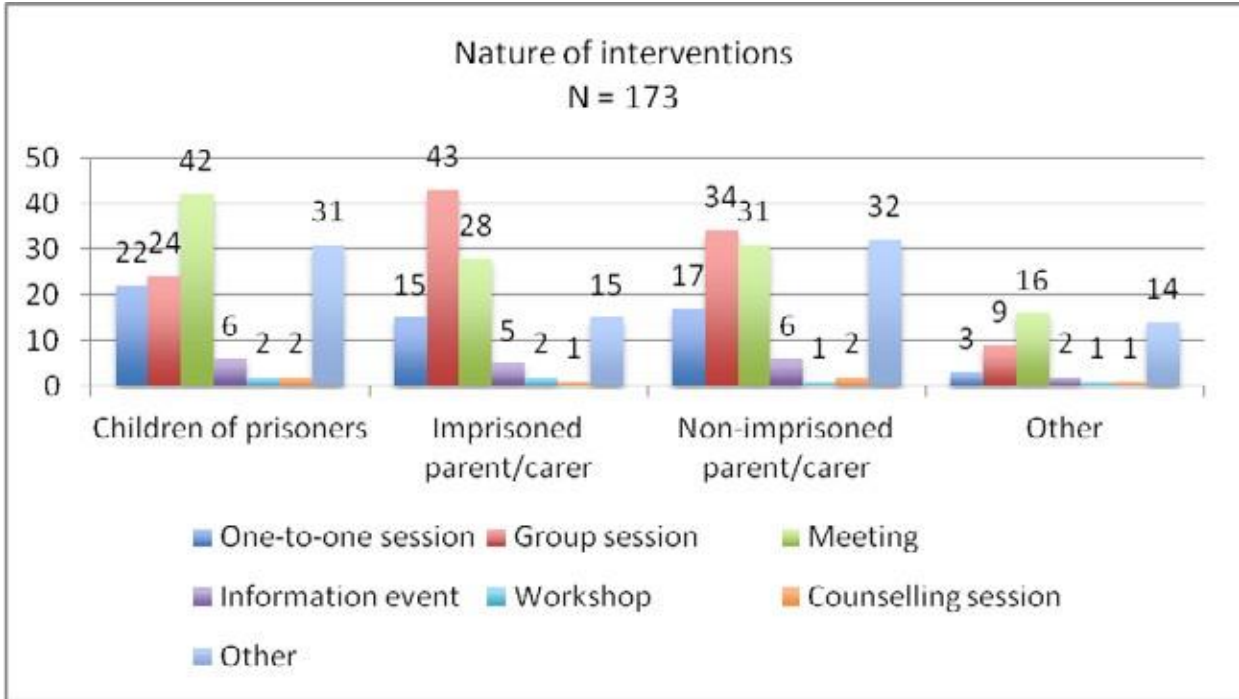
The professional background of the staff of the participating services, who were directly and regularly involved in interventions for the children of prisoners and their families, differed to that of the prisons. Most involved in the work with children of prisoners were unqualified support workers (44 per cent) and volunteers (ca. 52 per cent).

Non-Specialised Services for Children of Prisoners and their Families

In the UK seven types of community-based services could be identified. Most of them mainly provide counselling services for children and adolescents as part of a generic service and aim to support children and young people with mental health problems, critical behaviour or in difficult and emergency situations. In addition, youth and community workers often played a role in supporting children of prisoners and their families. Access to these services is normally free and affected children can self refer for the service. These services include MIND, Sure Start, National and on-line Help Lines, Youth Services, and Counselling provided through schools and colleges. Five types of services, which are associated with the mental health care system and could be supportive for children of prisoners were also identified. Most care for young people aged 12 to 19 or younger who have mental health disorders

The Meanings of Experience - In-Depth Interviews, continued

or learning and behavioural disabilities. The benefit for children of prisoners is not a specific one, but could be delivered with high intensive acute and continuing care and treatment, if parental imprisonment resulted in severe mental health and behavioural problems. Normally parental consent is required under specific conditions for usage and access of these facilities.

Table 31

Types and capacity of mental health services in UK (England and Wales)

	Type of service Name	Number services of this type	Sources or calculation strategy for estimations of number of services
1	NHS General Adolescent Unit and General Child Unit: (CAHMS)	66	figures provided by the Royal College of Psychiatrists Child and Adolescent Inpatient Mental Health Units Directory. http://www.rcpsych.ac.uk/workinpsychiatry/ qualityimprovement/qualityandaccreditation/ childandadolescent/inpatientcamhsqnic/ camhsdirectory.aspxIndependent
			Independent (commercial) providers (n=13) have been included in the count of provision because some NHS Primary Care Trusts or the National Commissioning Group refer patients to independent providers and will fund the admission and subsequent inpatient episode.
2	Adolescent Forensic and Adolescent Secure Units	12	Idem

	Type of service Name	Number services of this type	Sources or calculation strategy for estimations of number of services
3	Adolescent Learning Disability Unit and Secure Service Learning Disability Service	7	Idem
4	Child and Educational Psychologists	1412	No central government agency keeps records of the number of child and educational psychologists employed within the NHS or indeed in private practice in the UK. The numbers of child and educational psychologists are supplied from the main professional organisation, the British Psychological Society. The BPS keeps up to date records of its licensed members, however this is a record of membership so likely underestimates the true number. The figures also include all those child psychologists and educational psychologists working in private practice who are members of the BPS, not simply those working within the state sector.
5	Counselling psychologists	1161	BPS – no central government agency keeps records of the number of counselling psychologists employed within the NHS or indeed in private practice in the UK.

The Meanings of Experience - In-Depth Interviews, continued

Table 32

General target groups of mental health services in UK (England and Wales)

	Type of service	General target groups
1	NHS General Adolescent Unit and General Child Unit: (CAHMS)	12-18 years old although there is some variation in the starting ages across the different units. Young people can be admitted informally, by parental consent (if under 16), or detained under the Mental Health Act.
2	Adolescent Forensic and Adolescent Secure Units	Those young people who have been legally found to be either Not Criminally Responsible (NCR) or unfit to plea for trial having committed a criminal offence, with all patients having disposition orders from the ORB detaining them on a Secure Forensic Unit. Patients are admitted with the goal of being rehabilitated and, when permitted, transferred to an alternate general forensic programme. Secure Units detain young people under either part 2 or part 3 of the Mental Health Act 1983.
3	Adolescent Learning Disability Unit and Secure Service Learning Disability Service	The patient population includes young people aged 12-19 with a mental health problem (or more likely a complex or atypical mental health clinical presentation) who also have some form of cognitive impairment (i.e. Autistic Spectrum Disorder; mild to extreme challenging behaviour; complex epilepsy, cerebral palsy or hyperkinetic difficulties (ADHD / ADD).
4	Child and Educational Psychologists	Children and young people (generally from compulsory school age; 5 up to 16, but can extend to 18 year olds).
5	Counselling psychologists	Counselling psychologists work with children and young people, although the exact age range will be dependent upon a test of Gillick competency (this is a legal term emanating from medical law when deciding whether a child of 16 years or younger is able to consent to their own 'medical treatment' without the need for either parental permission or knowledge) therefore these ages are approximate guidelines and subservient to Gillick.

Germany

In Germany 143 prisons were identified (remand prisons and youth arrest were not included). All were contacted, the response rate was 95.8 per cent, i.e. 137 prisons replied to our initial contact; six prisons did not respond, 60 prisons reported interventions meeting the criteria. The results show that a minimum of 42 per cent (i.e. 60 of 143 prisons) and a maximum of 46.2 per cent (i.e. 66 of 143 prisons) had specific interventions for children or families of prisoners. To find out further details about the interventions, the 60 prisons which reported providing at least one intervention were contacted; the questionnaire was completed by 52 prisons, which corresponds to a response rate of 86.7 per cent.

All participating prisons were main prisons, about half of them with pre-trial detention units and more than two thirds held males only, ca. a quarter both males and females (table 33). Some prisons also covered specific groups of prisoners: short imprisonment terms (up to two years, 17 per cent), long imprisonment terms (two years or more, 21 per cent), pre-trial detention (15 per cent), preventive detention/imprisonment for public protection (6 per cent), social therapy, sexual and violent offenders, dangerous prisoners (19 per cent), youth custody (8 per cent), open prison (14

The Meanings of Experience – In-Depth Interviews, continued

per cent), mother–child placements (2 per cent), drug abusers (4 per cent). In total, from the point of the providers' view, about 45 per cent of the prisoners, 41 per cent of the male prisoners, and 60 per cent of the female prisoners had children; 63 per cent of the male prisoners with children (n = 25 prisons) and 72 per cent of the female prisoners (n = 11 prisons) with children had contact with their children. Most prisons were located in the inner city or in the suburbs (each ca. 20 per cent). Service providers assessed the prisons' accessibility by public transport and access to most prisons was said to be good.

In all prisons, the children could visit their imprisoned parent or carer, normally in visit halls, but in some prisons also in private rooms for family visits. Participating prisons stated that private phones were not allowed (mobile phones or telephones in cells). Public phones for outgoing calls were options in nearly all prisons. Communication between prisoners and their children via Internet was enabled only in two prisons.

Table 33

Germany: Description of participating prisons with interventions for children of prisoners

	Number of prisons	%
Visits and contact*		
In visit halls	49	94.2
In private rooms to meet their family	16	30.8
Special rooms for meetings with children	4	7.7
Children allowed to visit the prison	52	100.0
Standard visits unannounced by prior	42 9 1	80.8 17.3 1.9
Visits in case of special circumstances unannounced by prior arrangement	41 10 1	78.9 19.2 1.9
Visiting times for children per week Days per week Range Mean (SD) Hours per week Range Mean (SD) 1-3 days per week 4-5 days per week 6-7 days per week	1–7 5.2 (1.6) 3–51 27.0 (13.7) 8 18 26	15.4 34.6 50.0
Other contact permitted		
Private phone Outgoing	0 0	0 0
Public phone Outgoing	47 7	90.4 13.5
Internet usage No access Access for special purposes Enable communication with family and children	44 9 2	84.6 17.3 3.8
* multiple answers possible		

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p396

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p397

The Meanings of Experience – In-Depth Interviews, continued

Description of interventions

The 52 investigated prisons carried out 92 interventions. About 55 per cent of the prisons provided just one intervention, 25 per cent had two interventions, and more than two interventions were provided by ca. 20 per cent of the prisons. The interventions were aimed primarily at the promotion and stabilisation of the parent-child relationship. Interventions were targeted at four groups: a) Children of prisoners, b) Imprisoned parents/carer, c) Non-imprisoned parents/carer, and d) Other (e.g. grandparents, stepmothers). Most interventions were targeted at children and prisoners in relation to issues for the children. About 30 per cent of the 92 interventions (n = 27) were conducted when needed, i.e. the majority of the interventions were offered regularly. Very few interventions took place at least once per month. Against this background, the greatest capacity for those interventions was found for annually conducted interventions, whereas the number of places of weekly, bi-weekly or monthly building interventions was relatively low. Surprisingly in this context, prison staff considered the number of places as well as the frequency and duration as sufficient. However the evaluation of interventions was not a regular procedure; prisons stated that by using different strategies 29 per cent (n = 26) of the interventions were evaluated by participants, and 37 per cent (n = 33) by staff; 60 per cent of the interventions were not evaluated.

Interventions were offered on average 14 places (SD 28, range 1-206 places, n = 70). The percentage of usage of the interventions was estimated between 50 per cent and 100 per cent (mean 89 per cent, SD 14 per cent, n = 70). For most of the interventions (71 per cent, n = 65) usually enough places were offered to enable everyone who wishes to take part. For 20 interventions (22 per cent), however, long waiting lists were managed.

As expected, nearly all interventions assessed were designed for early and mid-way stages of imprisonment. However, 80 per cent of the interventions were also designed for issues related to the stage prior to release. Only 3 interventions (3 per cent) were specifically to prepare families for the time after prison.

A more detailed view of the aims of the interventions showed that prison-based interventions had a significant focus on family relations (51-68 per cent), parents' imprisonment (50-61 per cent), and mental health (33-48 per cent). Resettlement was also stated as important, especially in relation to the prisoners (44 per cent) (Figure 9).

The Meanings of Experience - In-Depth Interviews, continued

Figure 9

Germany: What is the intervention designed to help with and in relation to whom (N = 90 interventions)
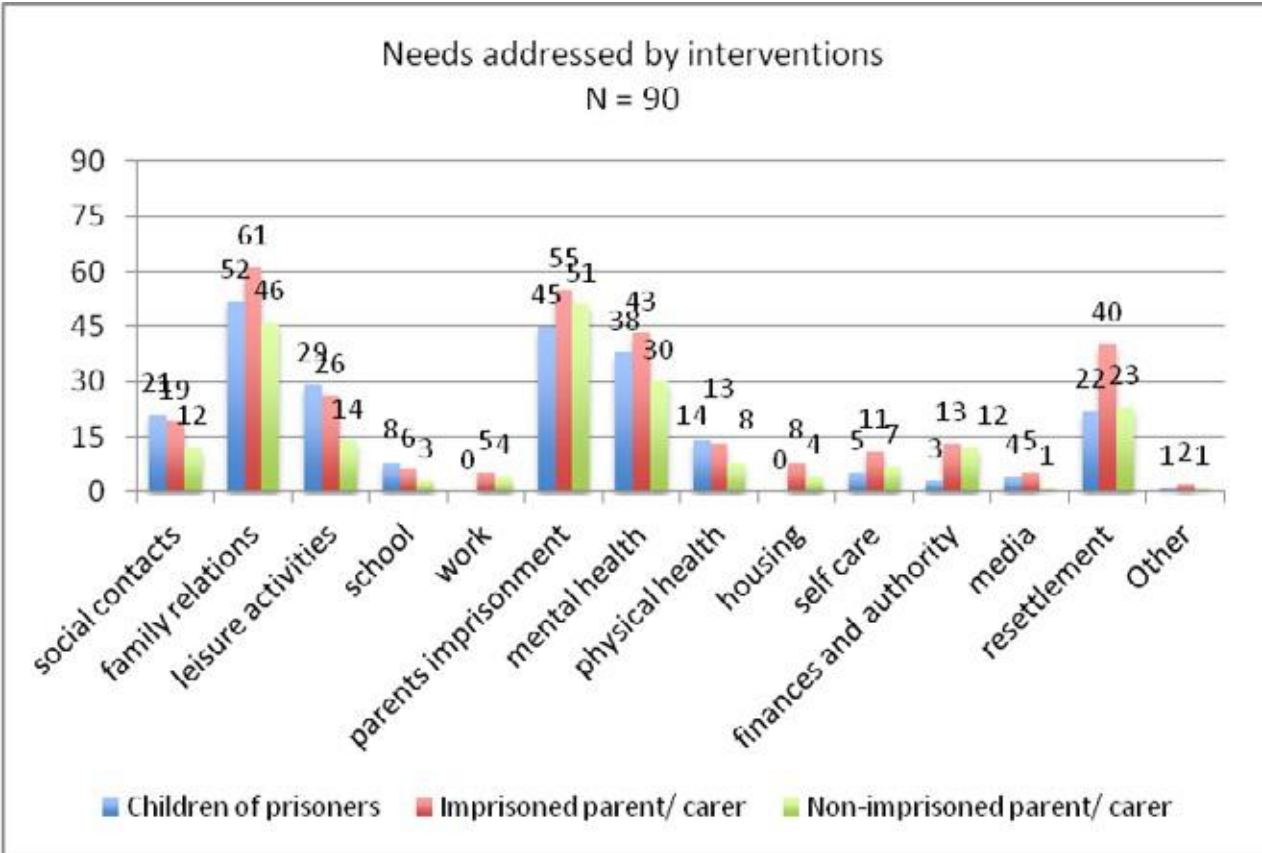
Most of the interventions were conducted in form of meetings (41 per cent) and group sessions (20 per cent), mainly conceptualised to promote the relationship between the children and the imprisoned parents (80 per cent). There were no information events and only four interventions were conducted as one-to-one sessions (figure 10).

Figure 10

Germany: Number of interventions by nature and target group
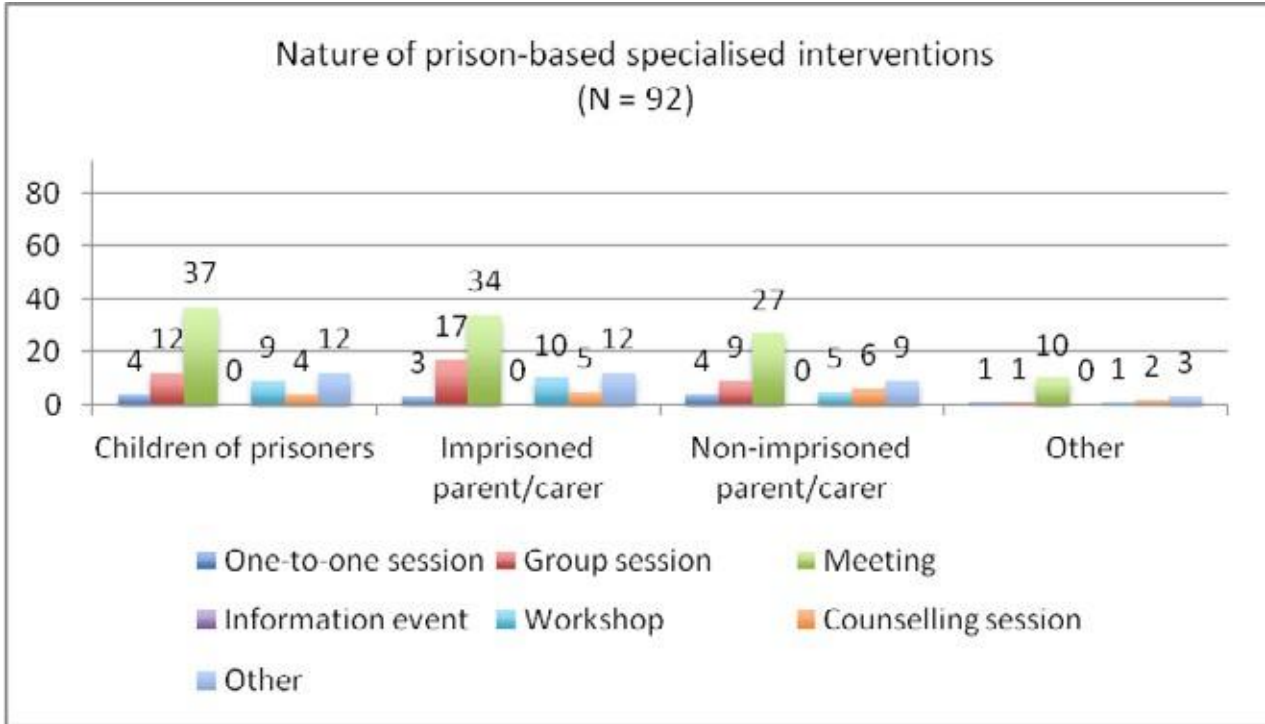
The Meanings of Experience - In-Depth Interviews, continued

On average 10 per cent (SD 13 per cent, range 0 to 70 per cent, n = 41 prisons) of the staff was directly and regularly involved in interventions for the children of prisoners and their families. Their professional background was similar across the prisons. Most of the prison interventions were conducted or accompanied respectively by social workers and prison officers (each about 75 per cent), and by psychologists or social pedagogues (45 per cent and 50 per cent).

Community-based specialised services and interventions

Mapping of services and interventions
In Germany, 66 services of interest were identified and contacted. Thirty-two of them (48 per cent) provided interventions meeting the criteria. The questionnaire was completed by 21 services. This corresponds to a response rate of 65.6 per cent.

Description of participating services
Services had their main offices in eight states of Germany. Most services (main office) were located in the inner city. Service providers assessed the accessibility by public transport as easy to reach. Nearly all services were contactable via telephone or answer phone and provided a website. Main target groups of these specialised services were the children of the prisoners and the imprisoned and non-imprisoned parents/carer. The 21 investigated services carried out 47 types of interventions. Half of the services provided just one intervention, about 20 per cent had two interventions, and more than two interventions were provided by one third of the services.

Community-based specialised services and interventions, continued

The interventions of participating services were aimed primarily at the improvement and stabilisation of children's coping abilities and mental health, promotion of social inclusion and family relationships. Examples of aims given were "promotion and stabilisation of the parent-child relationship", "support for handling with the imprisonment", "contact with children in similar situations", "emotional and social stabilisation of the children". Interventions were targeted at four groups: a) Children of prisoners, b) Imprisoned parents/carer, c) Non-imprisoned parents/carer, and d) Other (e.g. grandparents, stepmothers). Most interventions were targeted at children and at prisoners in relation to issues for the children (table 3-10).

Intervention places were indicated only for 23 of the 47 (49 per cent) interventions. These interventions each provided between four and 105 places (mean 27, SD 30). It was assessed by the staff of the community-based services that there are usually enough places to enable everyone who wishes to take part to do so (50 per cent, n = 21 of 42). The degree of capacity utilisation was estimated between 60 per cent and 100 per cent (mean 90 per cent, SD 12 per cent, n = 32). For 11 interventions (28 per cent), however, long waiting lists were in place.

About 28 per cent of the interventions were conducted when needed, i.e. the majority of the interventions were offered regularly. Very few interventions took place more frequently than once per month. Against this background, the greatest capacity for those interventions was found for annually conducted interventions, whereas the number of places of the other interventions was relatively low. Surprisingly in this context, prison staff considered the number of places, as well as the frequency and duration, as sufficient. However the evaluation of interventions was not a regular procedure; services stated, that by using different strategies 34 per cent (n = 16) of the interventions were evaluated by participants, and 36 per cent (n = 17) by staff.

A more detailed view of the aims of the interventions showed that prison-based interventions had a significant focus on needs regarding mental health (25-49 per cent) and family relationships (32-43 per cent). Social contacts were also stated as important, especially in relation to the children (45 per cent) (Figure 11).

Community-based specialised services and interventions, continued

Figure 11

Germany: What is the intervention designed to help with and in relation to whom (n = 34 interventions, n = 13 unknown)
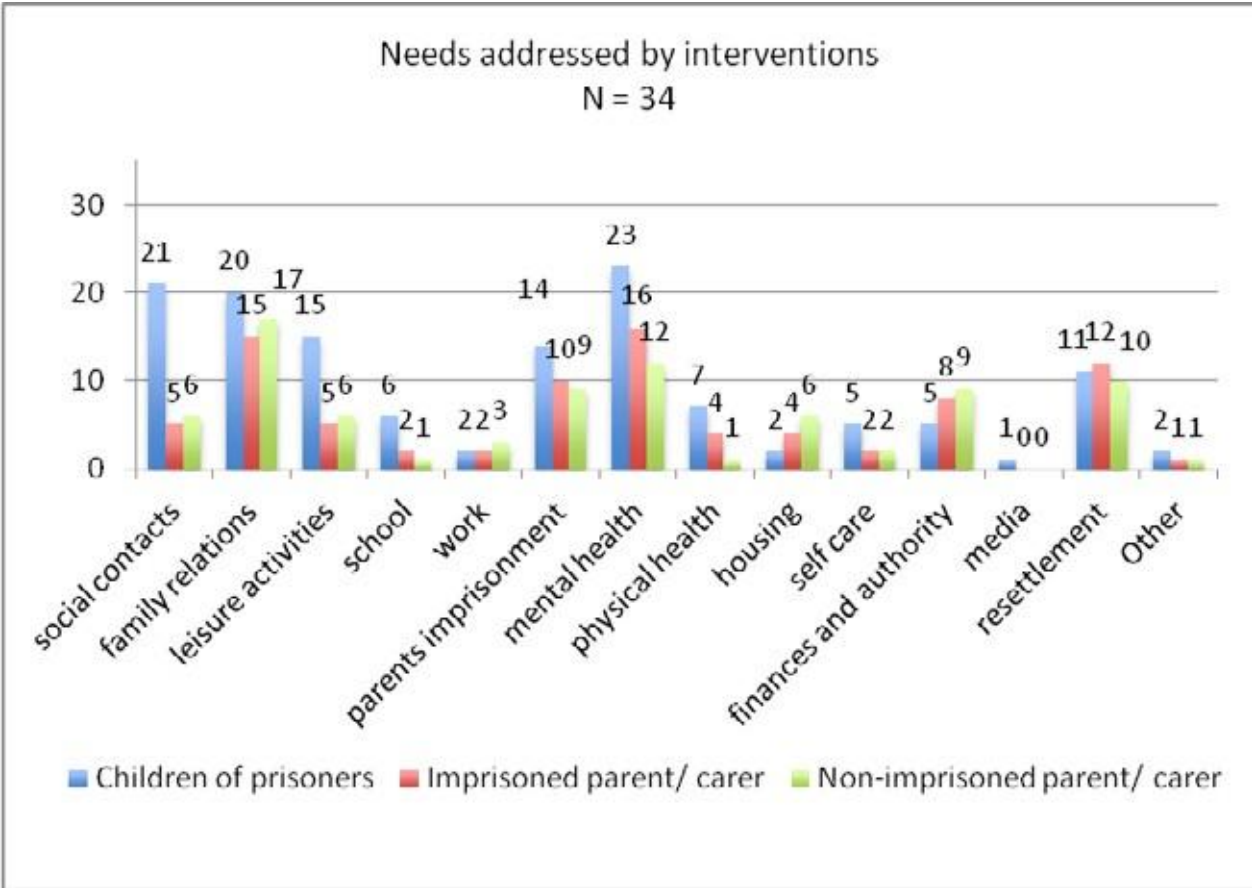
Most of the interventions were meetings (28 per cent) and group sessions (17 per cent) mainly conceptualised to promote family relationships (60 per cent), coping abilities/mental health (ca. 50

Community-based specialised services and interventions, continued

per cent), and social inclusion/contacts (ca. 50 per cent). There were no information events and only four interventions were conducted as one-to-one sessions (Figure 12).

Figure 12

Germany: Number of interventions by nature and target group.
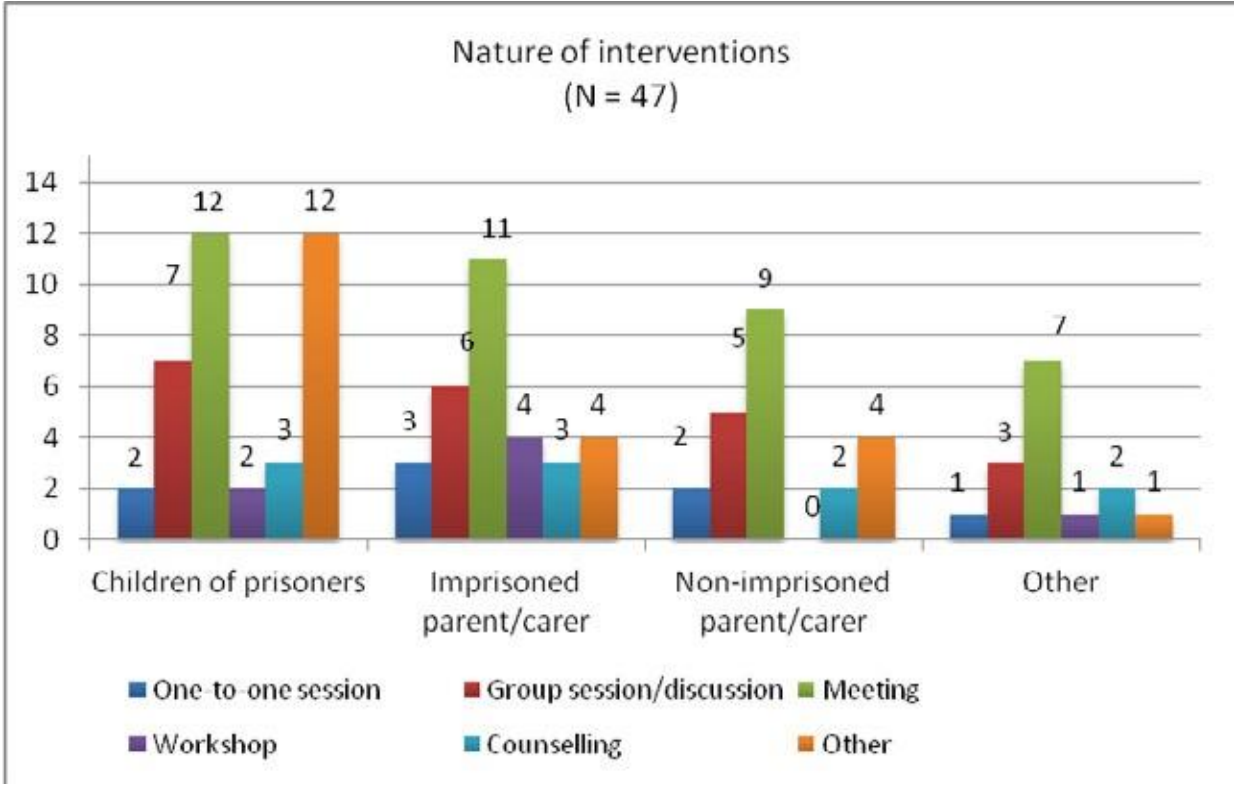
The professional background of the staff of the participating services, which was directly and regularly involved in interventions

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Community-based specialised services and interventions, continued

for the children of prisoners and their families, differed to that of the prisons. Most involved were social pedagogues (67 per cent), volunteers (ca. 62 per cent), and social workers (33 per cent).

Non-specialised services for children of prisoners and their families

In Germany nine types of community-based services were identified. They mainly provide counselling services, youth care and emergency assistance and support children and young people with mental health problems, critical behaviour or in difficult and emergency situations. Their aims include the protection, promotion, social integration, and compensation or reduction of disadvantages, and could cover the needs of prisoners' children in this manner. Access to these services is normally free and affected children can self refer for the service. The types of service were: youth welfare, child and youth emergency services, youth outreach, detached youth work, school counselling, academic (school-based) social work, Hotlines and on-line services. In addition, six types of services which could be supportive for children of prisoners with mental health problems were identified.

Community-based specialised services and interventions, continued

Mental health care services for children and adolescents in Germany are typically psychiatric and psychotherapeutic institutions or social paediatric centres, providing diagnostic and inpatient and outpatient treatment for children up to 18 years with severe mental health and developmental problems.

Service types and capacities

Table 34

Types and capacity of mental health services in Germany

	Type of service Name	Number number of services of this type	Capacity Total number of places/beds	Sources number Data sources or calculation strategy for estimations of number of services	Sources capacity Sources of capacity data
1	Child and adolescent psychiatric and psychotherapeutic departments	133	5208	Federal Statistical Office (2009). Gesundheit. Grunddaten der Krankenhäuser, p. 23	Federal Statistical Office (2009). Gesundheit. Grunddaten der Krankenhäuser, p. 23
2	Medical practitioners for child and adolescent psychiatry and psychotherapy	1 587 (incl. 843 in private practice)	n/s	Federal medical association (2009) http://www.bundesaerztekammer.de/page.asp?his=0.3.8175.8176 federal psychotherapist association http://www.bptk.de/themen.html	

Community-based specialised services and interventions, continued

Continued from page 409

Type of service Name	Number number of services of this type	Capacity Total number of places/beds	Sources number Data sources or calculation strategy for estimations of number of services	Sources capacity Sources of capacity data
3 Child and adolescent psychotherapists	3 110	Ca. 100000	Association of statutory health insurance physicians (2009) http://www.kbv.de/publikationen/125.html	n/s
4 Social paediatric centres	ca. 130	n/s	German society for social paediatrics and adolescent medicine http://www.dgspj.de/index.php?option=com_content&view=article&id=69&Itemid=63	
5 Hospitals for child and adolescent psychiatric/ psychotherapeutic day care	151	n/s	German Association for Child and Adolescent Psychiatric, Psychosomatic and Psychotherapeutic Medicine www.dgkjp.de/de_kliniken-tageskliniken_174.html	
6 Child and adolescent psychiatric outpatient services	189	n/s	German Association for Child and Adolescent Psychiatric, Psychosomatic and Psychotherapeutic Medicine www.dgkjp.de/de_kliniken-ambulanzen_172.html	

Community-based specialised services and interventions, continued

Table 35

General target groups of mental health services in Germany

	Type of service	General target groups
1	Child and adolescent psychiatric and psychotherapeutic departments	Children and adolescents aged from about 6 to 18 years; in some cases from 3 to 18 years (e.g. in severe cases like abuse or when parents stay in the clinic with their child); in some cases up to 21 years (e.g. mental development disorders)
2	Medical practitioners for child and adolescent psychiatry and psychotherapy	Children and adolescents aged from about 6 to 18 years. In some cases the treatment may start earlier (therapy with child and parent) or last up to 21 years.
3	Child and adolescent psychotherapists	Children and adolescents aged from about 5 to 21 years
4	Social paediatric centres	Children and adolescents aged 0 to 18 with or threatened by disabilities, if necessary the treatment persists beyond the age of 18
5	Hospitals for child and adolescent psychiatric/ psychotherapeutic day care	Children and adolescents aged about 3 to 18 years. Younger Children (about 3-12) are treated in family day care institutions in presence of their parents
6	Child and adolescent psychiatric outpatient services	Children and adolescents aged 3-18 the younger children are treated in presence of their parents

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Community-based specialised services and interventions, continued

Romania

Prison-based specialised services and interventions

In Romania 32 prisons were identified. All were contacted, the response rate was 100 per cent, i.e. all 32 prisons replied to our initial contact. All prisons reported interventions meeting the criteria, i.e. 100 per cent of the prisons stated that they had specific interventions for children or families of prisoners. To find out further details about the interventions, the 32 prisons were contacted; 29 prisons completed the questionnaire, which corresponds to a response rate of 90.6 per cent.

Description of participating prisons

About 60 per cent of the prisons had pre-trial detention units. The prisons indicated different main functions. More than two thirds held males only, about a quarter both males and females. In Romania there are 32 prisons out of which only one is for women only. The other prisons administered by the National Prison Administration include four prisons for minors and six hospital prisons. The functions of the prisons are different according to the prison's regime: maximum security, closed, semi-open, and open. The Government Order no 2714/C (October 20th, 2008) regarding the duration and periodicity of visits stipulates in Article

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Community-based specialised services and interventions, continued

4, the number of monthly visits to which a prisoner is entitled to according to the detention regime: five visits per month in the case of the open regime; semi-open – four visits; closed regime – three visits, and maximum security regime – two visits per month. Prisons reporting that they also cover specific groups of prisoners were as follows: long imprisonment terms (two years or more, 41 per cent), drug abusers (21 per cent), youth custody (31 per cent), elderly prisoners (17 per cent), suicidal and psychiatric disorders (31 per cent), and minorities/prisoners with special needs (17 per cent).

From the point of the providers' view, about 50 per cent of the prisoners, 46 per cent of the female prisoners, and 50 per cent of the male prisoners had minor aged children; 62 per cent of the male prisoners with children (n = 14 prisons) and 98 per cent of the female prisoners with children had contact with their children (n = 6 prisons). Most prisons were located in the inner city (ca. 60 per cent) or in the suburbs (each ca. 30 per cent). Service providers assessed the prisons' accessibility by public transport. According to them, most prisons were easy to reach.

In nearly all prisons, the children could visit their imprisoned parent or carer, normally in visit halls, but in some prisons also in private

Community-based specialised services and interventions, continued

rooms for family visits (Table 36). Participating prisons stated that private phones were not allowed (mobile phones or telephones in cells). Public phones for outgoing calls were options in nearly all prisons. Communication between prisoners and their children via Internet was enabled only in two prisons and restricted to special circumstances.

Table 36 (opposite)

Romania: Description of participating prisons with interventions for children of prisoners

Description of interventions

The 29 investigated prisons carried out 51 interventions. About [...] intervention ca 40 per cent [...] half of the prisons provided just one [...] in two interventions were [...] had two interventions, and more th [...] provided by 10 per cent of the prisons.

The interventions were aimed primarily at the promotion and stabilisation of the parent–child relationship. Interventions were targeted to four groups: a) Children of prisoners, b) Imprisoned parents/carer, c) Non-imprisoned parents/carer, and d) Other (e.g. grand-parents, step-mothers). Most interventions were targeted to children and to prisoners in relation to issues concerning [their] children. The majority of the interventions, i.e. about two thirds of the 51 interventions (n = 34) were conducted when need[ed] place. The other third was provided regularly, most of them took place weekly. Interventions offered on average 15 places (SD 15, [range] 1–50 places, n = 14). The percentage of usage of the interventions was estimated between 50 per cent and 100 per cent (mean 93 per cent, SD 13 per cent, n = 20). For most of the interventions (88 per cent, n = 45) usually enough places were offered to enable everyone who wishes to take part to do so. For eight interventions (16 per cent) long waiting lists were in place.

Visits and contact*		
In visit halls	28	96.6
In private rooms to meet their family	8	27.6
Special rooms for meetings with children	4	13.8
Children allowed to visit the prison	24	82.8
Standard visits unannounced	0	0
by prior arrangement	24	82.8
Visits in case of special circumstances unannounced by prior arrangement	19	65.6
unknown	4	13.8
Visiting times for children per week		
days per week Range Mean (SD)	5–7	6.9 (0.4)
Hours Range Mean (SD)	28–84	76.5 (15.7)
1–3 days per week	0	0
4–5 days per week	1	3.4
6–7 days per week	25	86.2
Other contact permitted		
Private phone Outgoing	0	0
Incoming	0	0
Public phone Outgoing	28	96.6
Incoming	3	10.3
Internet usage		
No access	26	89.7
Access for special purposes	2	6.9
Enable communication with family and children	0	0
unknown	1	3.8

* multiple answers possible

Community-based specialised services and interventions, continued

Community-based specialised services and interventions, continued

As only six prisons reported on the capacity of interventions, the total number of places is not known, but prison staff considered the number of places as well as the frequency and duration as sufficient.

The evaluation of interventions by staff was a regular procedure; prisons stated that by using different strategies 35 per cent (n = 18) of the interventions were evaluated by participants, and 98 per cent (n = 50) by staff. As expected, nearly all interventions assessed were designed for early and mid-way stages of imprisonment. However, 90 per cent of the interventions were also designed for issues related to the stage prior to release. Only three interventions (6 per cent) were specifically to prepare families for the time after prison.

A more detailed view of the aims of the interventions showed that prison-based interventions had a significant focus on family relations (22-59 per cent depending on the target group) and parents' imprisonment (27-59 per cent). Resettlement was also stated as important, especially in relation to prisoners (57 per cent) (Figure 13).

Figure 13

Romania: What is the intervention designed to help with and in relation to whom (N = 51 interventions)
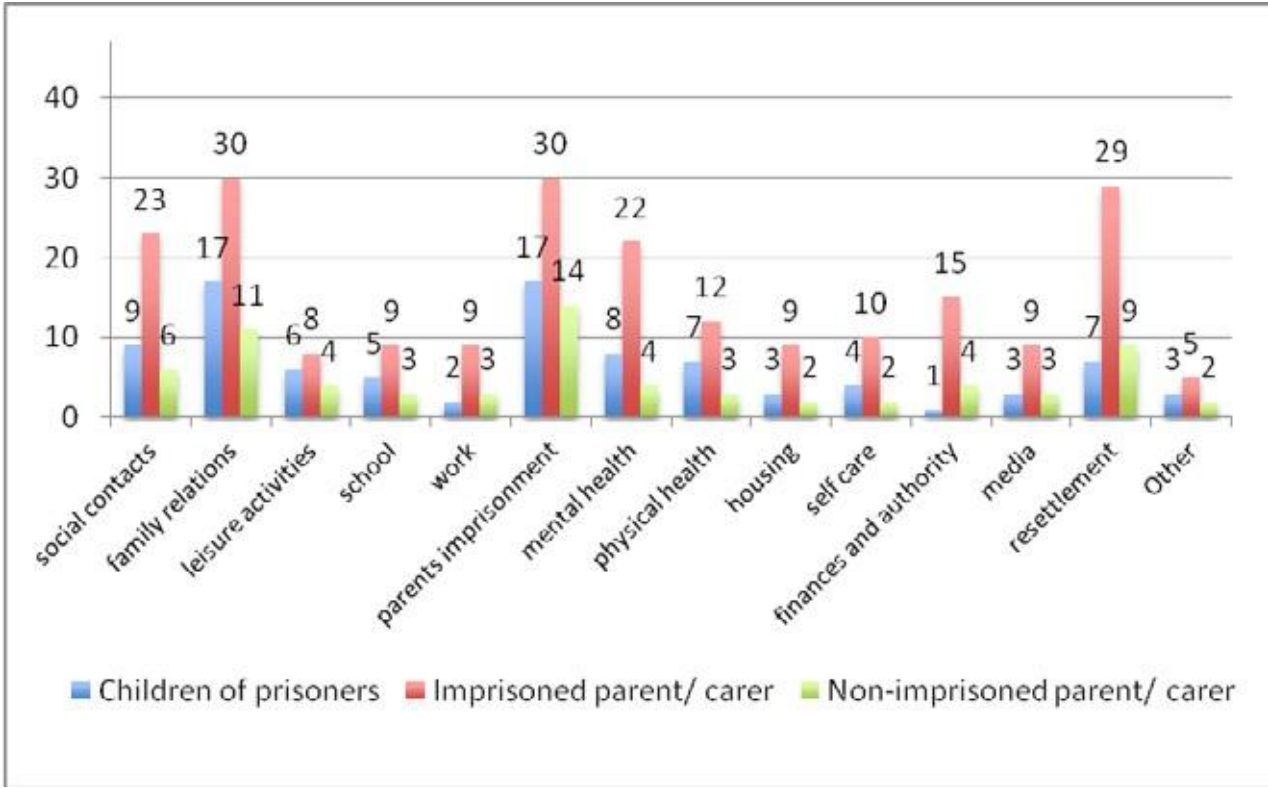
Most of the interventions were conducted in the form of meetings (27 per cent), and one-to-one (25 per cent) or group sessions (29 per cent), when targeted at the prisoners. There were no interventions in the form of information events or workshops (Figure 14).

Community-based specialised services and interventions, continued

Figure 14

Romania: Number of interventions by nature and target group
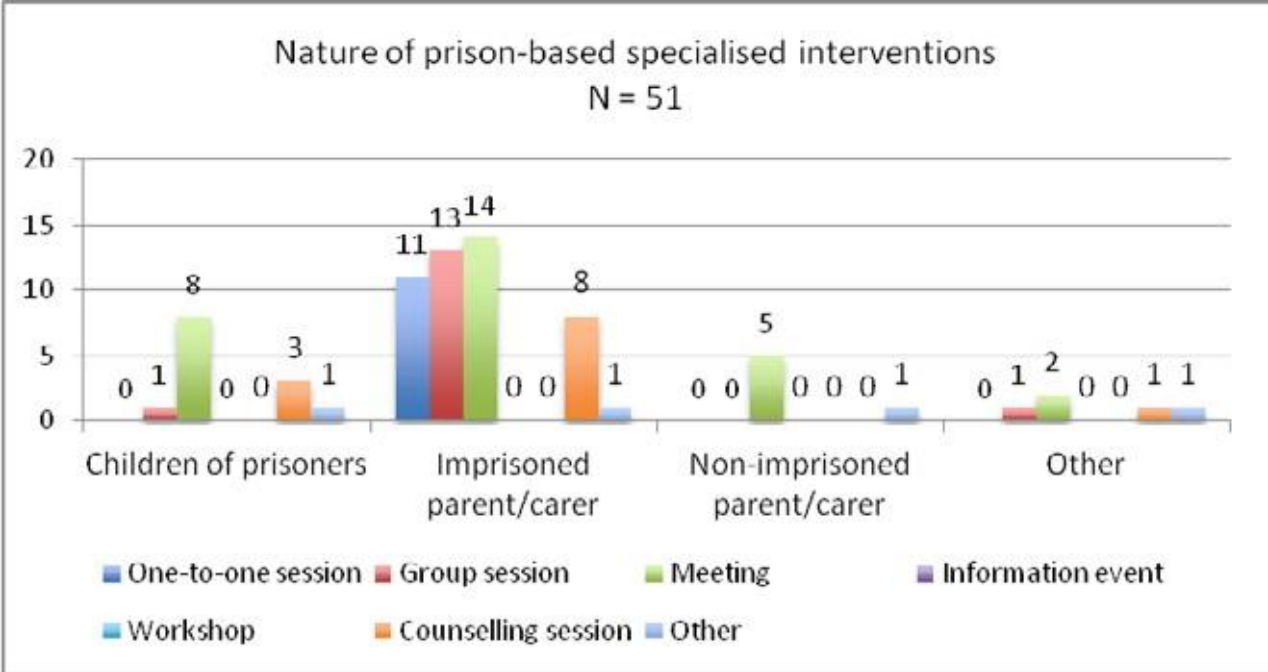
On average three per cent (SD three per cent, range 0 to 14 per cent, n = 28 prisons) of the prison staff was directly and regularly involved in interventions for children of prisoners and their families. Their professional background was similar across the prisons. Most of the prison interventions were conducted or accompanied respectively by social workers (86 per cent), prison officers and staff in the visiting sector (ca. 55 per cent), and psychologists or educators/teachers (41 per cent, 45 per cent).

Non-specialised services for children of prisoners and their families

In Romania, five types of community-based services were identified. These mainly provide counselling services, family care, residential care and emergency assistance and aim to support children and young people up to age 18 with mental health problems, critical behaviour and in difficult and emergency situations. Children of prisoners could benefit from security and healthcare, emergency services and guardianship as well as from counselling services and psychosocial professional interventions for their families. Access to these services varies and depends on authority regulations. The types of service are: residential facilities, family support services, day services, educational psychology, school and vocational counselling.

Mental health services for children and adolescents

Similar to those in Germany, mental health care services for children and adolescents in Romania are typically psychiatric and psychotherapeutic institutions supplemented by complex assessment services, providing diagnostic and inpatient and outpatient treatment of children up to 18 years with severe mental health and developmental problems. Five types of services were identified, which could be supportive for children who are severely impacted by parental imprisonment.

Community-based specialised services and interventions, continued

Table 37

Types and capacity of mental health services in Romania

	Type of service Name	Number number of services of this type	Capacity Total number of places/ beds	Sources number Data sources or calculation strategy for estimations of number of services
1	Specialised centres for children and adolescents with anxiety disorders	61	n/a	www.ceecc.ro http://www.adhd.ro/ RO_ADHD_Content_2. jsp?page=35
2	Psychiatric Clinics for children and adolescents	15 clinics (until the enforcement of GD 303/2011	n/a	Cercetări, analize – Salvati Copiii www.ms.ro
3	Mental health community centres for children and adolescents	20 centres (until the enforcement of GD 303/2011)	n/a	idem
4	Clinic psychology and psychotherapy offices	946	n/a	www.copsi.ro
5	Complex Assessment Service (DGASPC – County Social Services)	42	n/a	The number of services is one per each county in Romania

Community-based specialised services and interventions, continued

General target groups of the service types

Table 38

General target groups of mental services in Romania

	Type of service	General target groups
1	Specialised centres for children and adolescents with anxiety disorders	Children and adolescents aged 0 to 18
2	Psychiatric Clinics for children and adolescents	Children and adolescents aged 0 to 18
3	Mental health community centres for children and adolescents	Children and adolescents aged 0 to 18
4	Clinic psychology and psychotherapy offices	Children and adolescents aged 0 to 18
5	Complex Assessment Service (DGASPC – County Social Services)	Children and adolescents aged 0 to 18

Community-based specialised services and interventions, continued

General aims and functions of the service types

Table 39

General aims and functions of mental health services in Romania

	Type of service	Aims	Functions
1	Specialised centres for children and adolescents with anxiety disorders	Mental health care for children and adolescents	Clinical assessment services, psychiatric, psychological, and psychotherapy group for children and adolescents Counselling and educational programs for parents Social skills development programs for pre-schoolers and school children and emotional low Social services
2	Psychiatric Clinics for children and adolescents	Mental health care for children and adolescents	Clinical assessment services, psychiatric, psychological, and psychotherapy group for children and adolescents
3	Mental health community centres for children and adolescents	Mental health care for children and adolescents	Identification of beneficiaries Psychological Assessment of beneficiaries Planning the intervention Psychological Intervention Information for parents Advising parents
4	Clinic psychology and psychotherapy offices	Mental health care for children and adolescents	Clinical assessment services, psychiatric, psychological, and psychotherapy group for children and adolescents Counselling and educational programs for parents Social services

	Type of service	Aims	Functions
5	Complex Assessment Service (DGASPC – County Social Services)	Mental health care and diagnosis for children and adolescents	complex assessments in the preparation or diagnosis confirmation complex argumentation relevant to the Committee on Child Protection, the proposals relating to employment in a degree of disability, school orientation, recovery plan, and, if necessary, as the child protection and monitors the situation of the child, in order to fulfil the measures included in recovery plan approved by the Commission for inclusion of children with disabilities.

Sweden

Prison-based specialised services and interventions

Mapping of services and interventions

In Sweden 83 prisons were identified. All were contacted, the response rate was 62.7 per cent, i.e. 52 prisons replied to the initial contact. Thirty-five of them reported interventions meeting the criteria. This results in a minimum of 42.2 per cent (i.e. 35 of 83 prisons) and a maximum of 79.5 per cent (i.e. 66 of 83 prisons) of prisons with specific interventions for children or

p422   **COPING:** Children of Prisoners, Interventions and Mitigations to Strengthen Mental
Health

www.coping-project.eu

Community-based specialised services and interventions, continued

Community-based specialised services and interventions, continued

families of prisoners. All 35 prisons that reported providing at least one intervention were contacted; all of them completed the questionnaire.

Description of participating prisons
Almost 80 per cent of the participating prisons in Sweden hold males only, 10 per cent males and females and 10 per cent females only (table SWE3-2). Prisons also covering specific groups of prisoners were: short imprisonment terms (up to two years, 3 per cent), long imprisonment terms (two years or more, 9 per cent), pre-trial detention (3 per cent), social therapy, sexual and violent offenders, dangerous prisoners (17 per cent), youth custody (3 per cent), minorities/prisoners with special needs (4 per cent). In total, from the point of the providers' view, 47 per cent of the prisoners, 46 per cent of the male prisoners, and 62 per cent of the female prisoners had minor aged children; 74 per cent of the male prisoners with children (n = 22 prisons) and 84 per cent of the female prisoners (n = 5 prisons) with children had contact with their children. Prisons were located in the inner city, in the suburbs and in the country (each about one third). Service providers assessed the prisons' accessibility by public transport. According to them, most prisons were easy to reach (75 per cent), but 25 per cent were assessed as being difficult or very difficult to reach.

In almost all prisons (91 per cent), the children could visit their imprisoned parent or carer, normally in private rooms for family visits (69 per cent) or in special rooms for meetings with children (71 per cent); about 25 per cent of the prisons provided apartments for overnight stay, and 30 per cent had the possibility of visits in the prisoners' private rooms; four prisons offered a green area or gardens for the visits. Participating prisons stated that private phones were allowed in eight prisons (mobile phones or telephones in cells). Public phones for outgoing calls were options in nearly all prisons (94 per cent). Communication between prisoners and their children via Internet was enabled for special circumstances by two prisons.

Community-based specialised services and interventions, continued

Table 40

Description of participating prisons with interventions for children of prisoners

	Number of prisons	%
Visits and contact*		
In visit halls	0	0
In private rooms to meet their family	24	68.6
Apartments for overnight/weekend stays	9	25.7
In prisoners' private rooms	10	28.6
Special rooms for meetings with children	25	71.4
Green areas/garden and other common spaces in connection to the prisons	4	11.4
Children allowed to visit the prison only in special	32 3	91.4 8.6
Standard visits unannounced by prior	4 28 3	11.4 80.0 8.6
Visits in case of special circumstances unannounced by prior arrangement	2 31 2	5.7 88.6 5.7
Visiting times for children per week Days per week Range Mean (SD) Hours per week Range Mean (SD) 1-3 days per week 4-5 days per week 6-7 days per week Unknown	2-7 5.1 (1.9) 6-44 19.3 (11.6) 8 9 17 1	 23.5 26.5 50.0 2.9

	Number of prisons	%
Other contact permitted		
Private phone Outgoing	8 1	22.9 2.9
Public phone Outgoing	33 4	94.3 11.4
Internet usage No access Access for special purposes Enable communication with family and children Access by prior agreement only	32 2 0 1	91.4 5.7 0 2.9
* multiple answers possible		

Description of interventions

The 35 investigated prisons carried out 52 interventions. Nearly two-thirds of the prisons provided just one intervention, a quarter had two interventions, about 10 per cent of the prisons provided three interventions (maximum). The interventions were aimed primarily at the promotion and stabilisation of the parent-child relationship. Interventions were targeted to four groups: a) Children of prisoners, b) Imprisoned parents/carer, c) Non-imprisoned parents/carer, and d) Other (e.g. grand-parents, step-mothers). Most interventions were targeted at children and at

Community-based specialised services and interventions, continued

Community-based specialised services and interventions, continued

prisoners in relation to issues concerning children. About one-third of the 52 interventions (n = 17) were conducted when needed, i.e. the majority of the interventions were offered regularly. Most took place twice a year; no intervention was more frequent than quarterly. Against this background, the greatest capacity of places was found for those interventions that were conducted twice a year, whereas the number of places of weekly, bi-weekly or monthly interventions was zero. Surprisingly in this context, prison staff considered the number of places as well as the frequency and duration as sufficient. However the evaluation of interventions was not a regular procedure. Prisons stated that by using different strategies, 56 per cent of the interventions (n = 29) were evaluated by participants, and 46 per cent (n = 24) by staff; 65 per cent of the interventions were not evaluated.

Interventions offered on average 13 places (SD 11, range 1-50 places, n = 43). The percentage of usage of the interventions was estimated between 10 per cent and 100 per cent (mean 85 per cent, SD 24 per cent, n = 21). For most of the interventions (67 per cent, n = 35) usually enough places were offered to enable everyone who wishes to take part to do so. For five interventions (10 per cent), however, long waiting lists were in place.

As expected, nearly all interventions assessed were designed for early and mid-way stages of imprisonment (about 75-80 per cent); over one third of the interventions were also related to the stage prior to release.

A more detailed view of the aims of the interventions showed that prison-based interventions had a significant focus on family relations, according to whether related to children or parents 40-79 per cent, and parents' imprisonment 37-65 per cent). Resettlement was also stated as important, especially in relation to the prisoners (40 per cent) (Figure 15).

Community-based specialised services and interventions, continued

Figure 15

Sweden: What is the intervention designed to help with and in relation to whom

(N = 52 interventions)
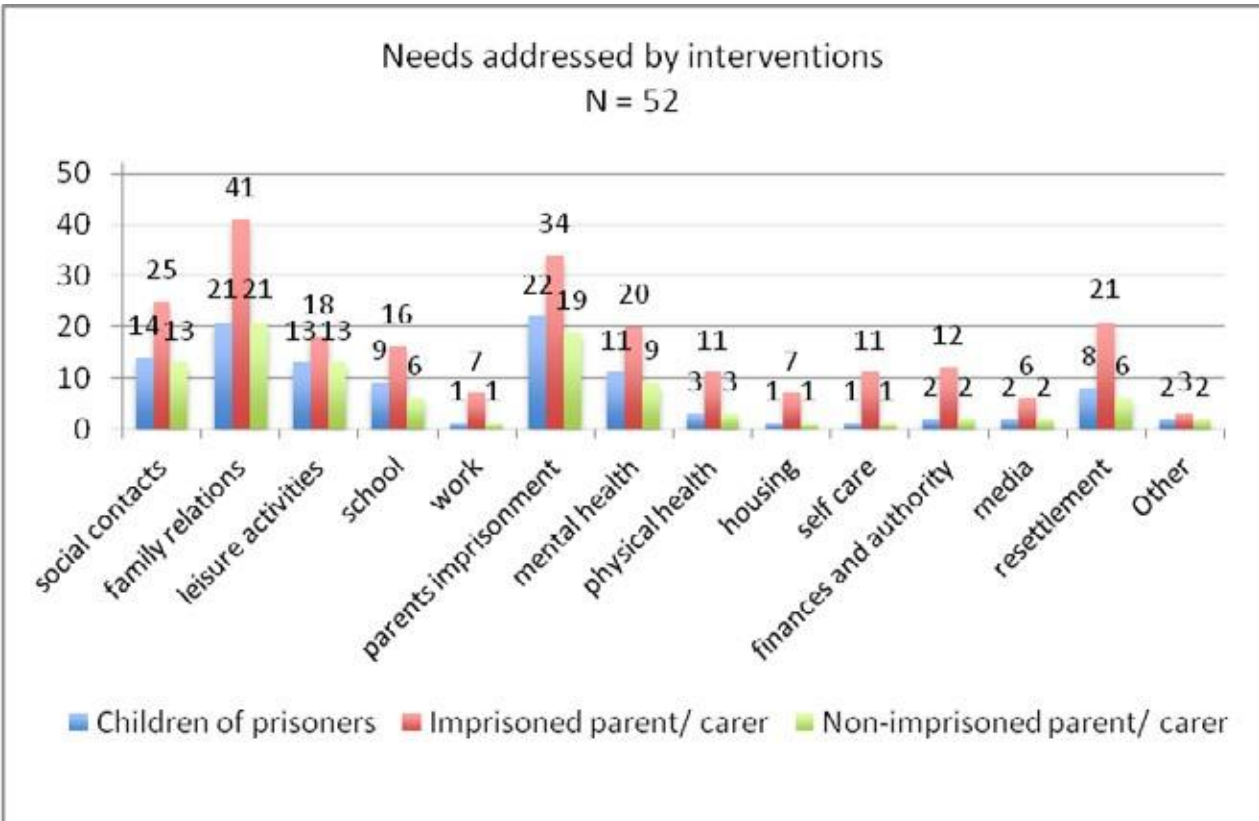
Most of the interventions were conducted in the form of group sessions (60 per cent), mainly targeted at the prisoners to promote the relationship between children and imprisoned parents (62 per cent). Meetings and information events were other frequently used intervention forms (each about 30 per cent) (Figure 16).

Community-based specialised services and interventions, continued

Figure 16

Sweden: Number of interventions by nature and target group
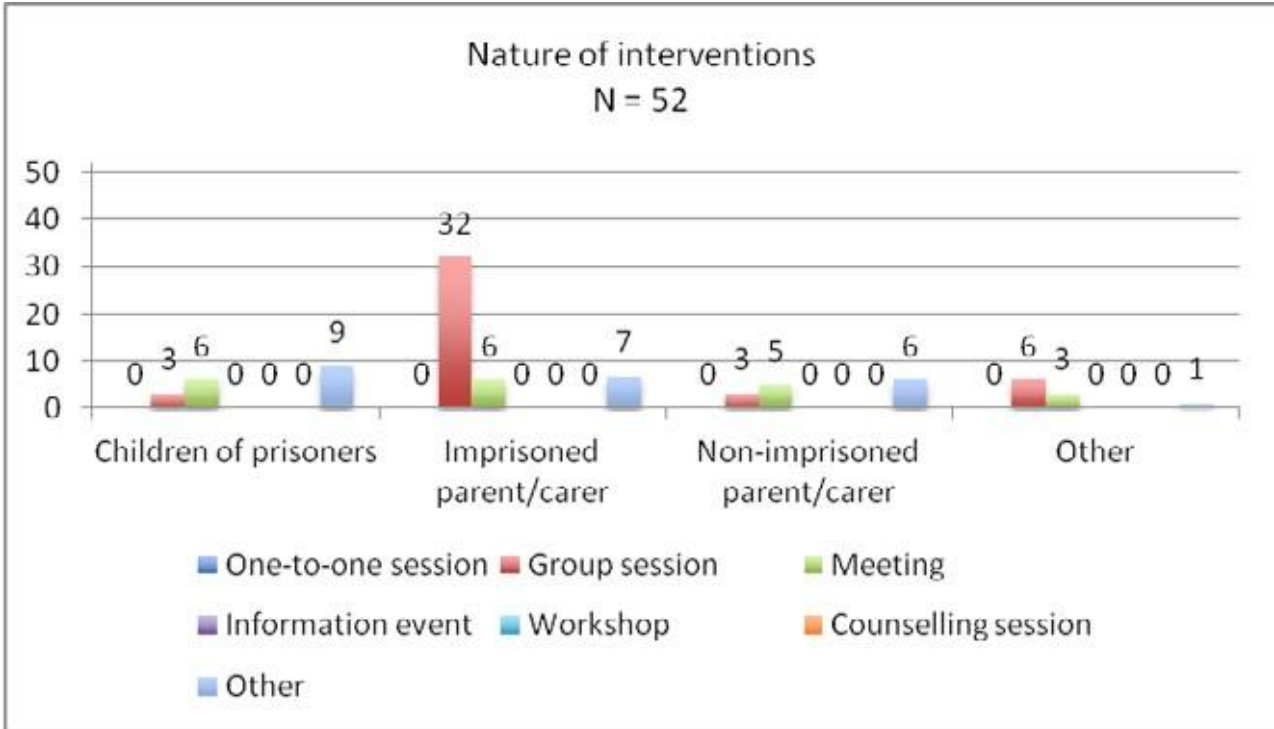
On average 10 per cent (SD 13 per cent, range 0 to 70 per cent, n = 41 prisons) of the staff was directly and regularly involved in interventions for children of prisoners and their families. Their professional background was similar across the prisons. In most of the prisons the interventions were conducted or accompanied respectively by prison officers and chief prison officers.

Community-based specialised services and interventions

Mapping of services and interventions
In Sweden, nine services of interest were identified and contacted. All of them provided interventions meeting the criteria and were contacted; the questionnaire was completed by eight services. This corresponds to a response rate of 88.9 per cent.

Description of participating services
All main offices of the participating services were located in the inner city. Service providers assessed the accessibility by public transport as easy to reach. All services were contactable via telephone and answer phone and seven services provided a website. Main target groups of these specialised services were the children of the prisoners and the imprisoned parent/carer.

Description of interventions
The eight investigated services carried out 22 types of interventions; four of the services provided just one intervention, another four provided three or more interventions.

The interventions of participating services were aimed primarily at the improvement and stabilisation of children's coping abilities and mental health, promotion of social inclusion and family relationships. Examples of aims given were "promotion and stabilisation of the parent-child relationship", "support for handling the imprisonment", "contact with children in similar situations", "emotional and social stabilisation of the children". Interventions were targeted at four groups: a) Children of prisoners, b) Imprisoned parents/carer, c) Non-imprisoned parents/carer, and d) Other (e.g. grand-parents, step-mothers). Most interventions were targeted at children and at non-imprisoned parents/carer in relation to issues concerning children.

Intervention places and percentage of usage were reported only for 11 and 7 interventions respectively. These interventions offered between one and 50 places (mean 21, SD 19, n = 11). It was assessed by the staff of the community-based services that there were usually enough places to enable everyone who wishes to take part to do so (70 per cent, n = 15). The degree of capacity utilisation was estimated between 10 per cent and 100 per cent (mean 70 per cent, SD 35 per cent, n = 7). For 13 interventions (59 per cent) places could be accessed quickly.

Community-based specialised services and interventions, continued

About 27 per cent of the interventions were conducted when needed, i.e. the majority of the interventions were offered regularly. About 60 per cent of the interventions took place once per month or more frequently. Against this background, the greatest capacity for those interventions was found for weekly conducted interventions. NGO staff considered the number of places, as well as the frequency and duration, as sufficient. The evaluation of interventions was not a regular procedure; services stated that by using different strategies, about a quarter of the interventions (n = 6) were evaluated by participants, and about 60 per cent (n = 13) by staff. About 40 per cent (n = 9) of the interventions were not evaluated.

A more detailed view of the aims of the interventions showed that prison-based interventions had a significant focus on needs regarding family relationship, social contacts and parental imprisonment especially in relation to the children, but also on mental health issues and resettlement (Figure 17).

Figure 17

Sweden: What is the intervention designed to help with and in relation to whom (N = 22 interventions)
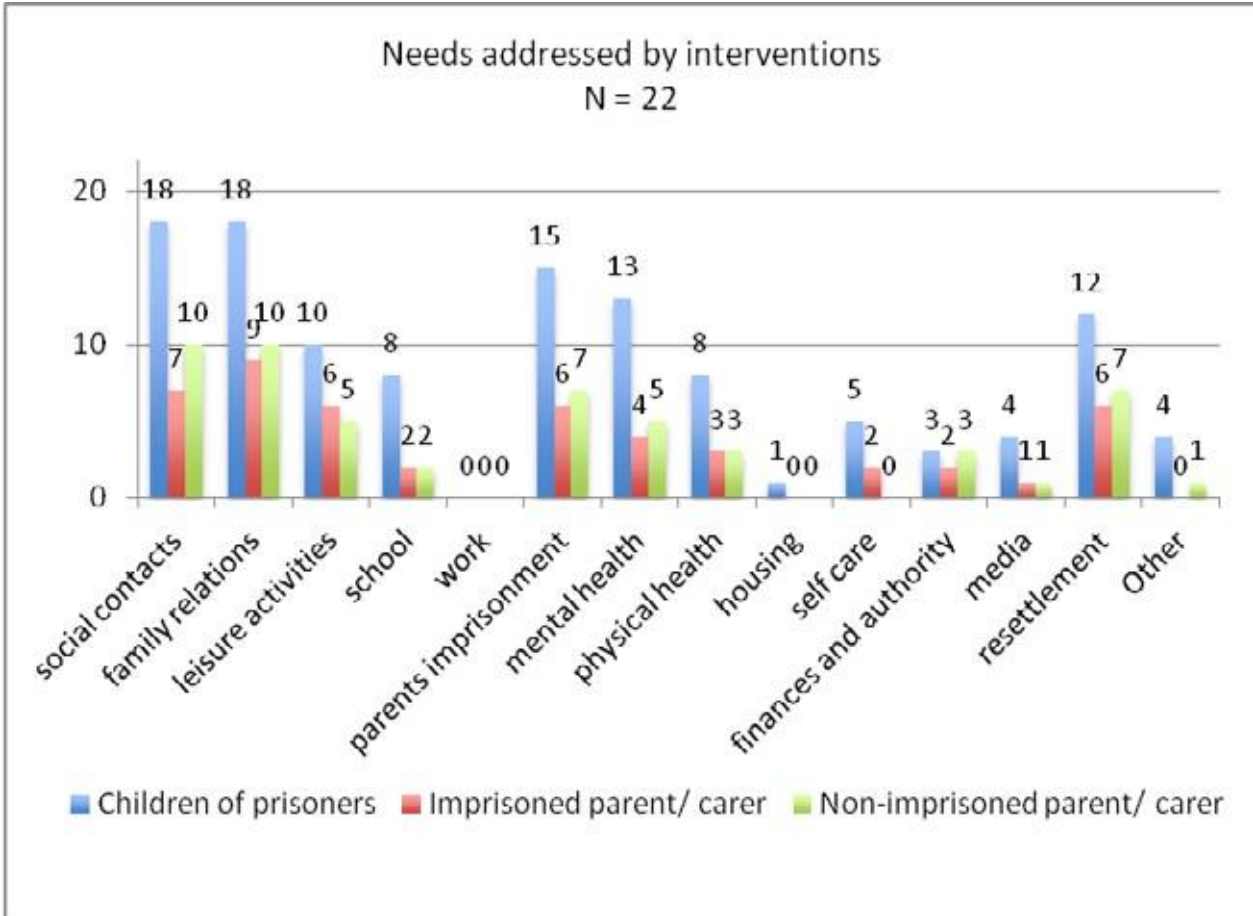
Most of the interventions were leisure activity events (45 per cent) and group sessions (27 per cent), mainly conceptualised for the

Community-based specialised services and interventions, continued

children and non-imprisoned parents. There were no workshops; only one intervention conducted as a one-to-one session was found and only one intervention involving a meeting (Figure 18).

Figure 18

Sweden: Number of interventions by nature and target group
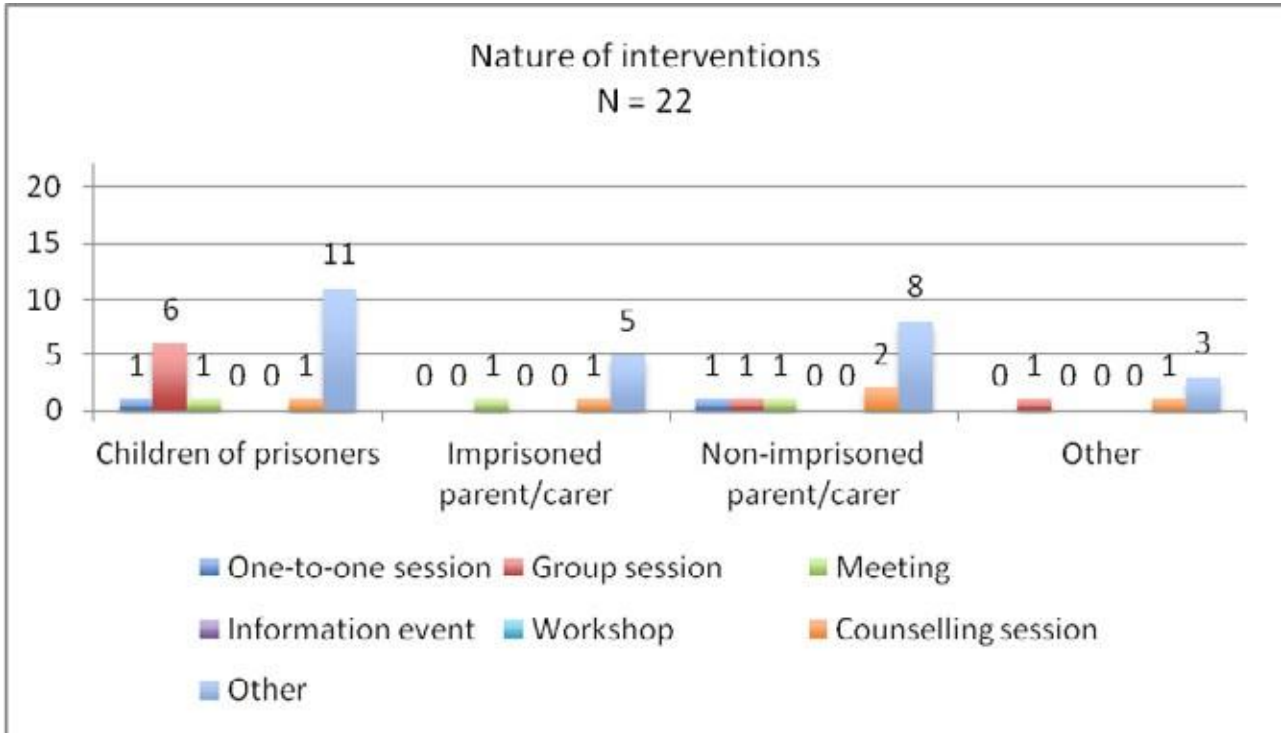
The professional background of the staff of the participating services, which was directly and regularly involved in interventions for the children of prisoners and their families, differed to that of the prisons. Most involved were social pedagogues, educator/teachers, social workers, and volunteers (each 50 per cent).

Non-specialised services for children of prisoners and their families

In Sweden, six types of community-based services were identified. These mainly provide counselling and social work to support children and adolescents with mental health problems and critical behaviour, which in many cases might be highly relevant for affected children of prisoners in difficult and emergency situations. Access to these services varies and depends on regulations. These services are: school counsellors, youth clinics, nationwide and local hotlines and web based services, centres for children and adolescents in crisis, social services and field workers.

Mental health care for children and adolescents in Sweden is typically provided by psychiatric and psychotherapeutic institutions, and also by treatment and care homes, providing diagnostic and inpatient and outpatient treatment supplemented by residential care for children up to 18 years with severe mental health and developmental problems. Five types of services were identified, which could help children of prisoners with mental health problems.

Community-based specialised services and interventions, continued

Table 41

Types and capacity of mental health services in

	Type of service Name	Number number of services of this type	Capacity Total number of places/ beds	Sources number Data sources or calculation strategy for estimations of number of services	Sources capacity Sources of capacity data
1	Child and adolescents psychiatric units (outpatient) *	75	n/a	Figure from register from the National Board of Health and Welfare.	
2	Child and adolescents psychiatric clinics/units (inpatient) *	19 Usually one in each of Sweden's counties/ regions. A few counties have none and some others have more than one	157	The Swedish Association of Local Authorities and Regions. Mapping from 2011 http://modellomraden. skl.se/faktaochstatistik_modellomraden/dokument_och_rapporter [Kartläggning av den psykiatriska heldygnsvården – Barn och ungdomspsykiatri" (2011) Sveriges kommuner och landsting (www.skl.se)]	The Swedish Association of Local Authorities and Regions. Mapping from 2011 (http://modellomraden. skl.se/faktaochstatistik_modellomraden/dokument_och_rapporter)
3	School Psychologist	693 (in 2009)	n/s By law since 2010 every school in Sweden has to have access to a school psychologist	The Swedish National agency for Education numbers from 2009) (www.skolverket.se) A mapping by the Union for psychologists (2011) estimated that there are about 624 school psychologist. (www.psykologforbundet.se) ["Tillgång till skolpsykolog? – En kartläggning av landets kommuner" (2011) Psykologförbundet]	

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Project
COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental
Health   p439

	Type of service Name	Number number of services of this type	Capacity Total number of places/ beds	Sources number Data sources or calculation strategy for estimations of number of services	Sources capacity Sources of capacity data
4	Private child psychologist / psycho-therapists.	193	n/s	Figure from register from the National Board of health and welfare (www.socialstyrelsen)	
5	HVB-homes (Homes for treatment and care)	ca. 125	ca. 1480	Figures from register from the National Board of health and welfare (http://hvb.socialstyrelsen.se/Default.aspx); Specialised in mental health problems. The number of HVB-homes is in constant change since new homes are establishing as others are closing down.	This is an estimation from calculating the mean of places in 15 of these homes and multiplying with the total number of homes (125)
* Service number 1 and 2 are organised by the same public organ					

Community-based specialised services and interventions, continued

General target groups

Table 42

General target groups of mental health services in Sweden

	Type of service	General target groups
1	Child and adolescents psychiatric units (outpatient) *	Children and adolescents 0-18 years old
2	Child and adolescents psychiatric clinics/units (inpatient) *	Children and adolescents 0-18 years old
3	School Psychologist	Children in school, i.e. age 6-18
4	Private child psychologist / psychotherapists.	Children and adolescents 0-18 years old
5	HVB-homes (Homes for treatment and care)	Children and adolescents in different age category depending on home. For adolescents there is often an age limit from 13-18 and sometimes up to 21

General aims and functions of the service types

Table 43 (opposite)

General aims and functions of mental health services in Sweden

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	Type of service	Aims	Functions
1	Child and adolescents psychiatric units (outpatient) *	Mental health care for children and adolescents	Counselling, individual therapy, group therapy, investigation of mental disorders
2	Child and adolescents psychiatric clinics/units (inpatient) *	Mental health care for children and adolescents in need for extensive and advances care	Care and treatment of children with different mental health problems. Typical tasks differs between units but examples are social and functional training, specialised schools at some units, environmental therapy with focus on family and network
3	School Psychologist	Mental health care for children and adolescents in school	Individual and group counselling with pupils, contact with parents regarding their child, investigation of mental disorders and school problems, tutoring of school staff
4	Private child psychologist / psychotherapists.	Mental health care	Therapy and investigations of mental disorders
5	HVB-homes (Homes for treatment and care)	Mental health care and accommodation for children and adolescents	A child/adolescent is placed in a HVB-home by the social service when it is considered that his/her special needs not can be fulfilled when staying in his/her family. The care of the child/adolescents is therefore temporally the responsibility of the Social Service and The HVB-home. Typical task includes treatment, therapy, and investigation of mental disorder, school and care, depending on focus of the HVB-home.

Community-based specialised services and interventions, continued

Aligning Interventions with the Needs of Children of Prisoners

An existential definition of needs was proposed as a theoretical foundation for the needs analyses in the COPING project. Physical, social, psychological/personal and spiritual needs are shared by all human beings. The needs COPING children were asked about concerned physical/survival needs (money, home), family and school needs which can be seen as a combination of social and psychological/personal needs (child's own behaviour, feelings, spare time activities, friendships, and school) and, finally, health and social service needs, which can also be seen as a combination of social and psychological/personal needs (the area the child lives in and how the family relate to each other). Parent-assessed needs coincided with the needs expressed by children for the first three categories: physical/survival needs, family and school needs, health/social service needs. Three additional need categories were identified: mental health needs, needs related to the imprisoned parent and school stigmatisation. The family/school and social service need categories corresponded to existential social needs, whereas mental health needs corresponded to psychological/ personal needs. The need categories concerning the imprisoned parent and school stigmatisation might reasonably be sorted under spiritual needs concerning the need for life meaning.

Overall, about three-quarters of the children of prisoners in COPING stated that they had received some kind of help because their parent was in prison. Also, three-quarters of all the parent/carers in COPING indicated that their child had at least one need for help and support. Interestingly, differences between countries occurred on only three of ten child-expressed needs, whereas country differences occurred for all parent-assessed needs. The top needs as expressed by children and parents differed, with children's top needs concerning money, school and their homes. Parent/carers, on the other hand, assessed the top needs as visiting the imprisoned parent/carer, strengthening family relationships, and help with homework. Children and parents seemed to agree primarily regarding the need for help with school-related matters.

The top individual parent-assessed needs differed by country, but if the categories of need are examined it becomes evident that children of prisoners in all four countries had needs related to having an imprisoned parent and family and school needs. German children also had needs in the mental health category and Romanian children had top needs related to the physical/survival need category. See the Table 44 below for a summary.

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Table 44

Categories of existential need for the top three parent-assessed needs of children of prisoners in the four COPING countries

Country	Physical/ survival needs	Family and school needs	Health/ social service needs	Mental health needs	Needs related to imprisoned parent	School stigmatisation
Germany		×		×	×	
Romania	×	×			×	
Sweden		×			×	
UK		×			×	

Children of prisoners' difficulties as measured by the Strengths and Difficulties Questionnaire (SDQ) co-varied with having at least one parent-assessed need, such that the greater the difficulty score, the more likely the child was to have at least one need. This was particularly notable for Romanian children, where almost all were assessed by parents as having at least one need, in contrast to three-quarters of the German children, over half of the UK children, and half of the Swedish children.

Parental quality of life was generally lower than the country-

specific population mean in all four dimensions measured except for environmental and physical quality of life for UK parent/carers, and social quality of life for Swedish parent/carers. Particularly notable were the lower physical quality of life for Romanian parent/carers and the lower psychological quality of life for German parent/carers. Lower psychological and social parent/carer well-being were significantly related to having children who were considered to have difficulties with their "emotions, concentration, behaviour or being able to get on with other people"(SDQ). Interestingly, lower physical social and environmental parent/carer well-being (but not psychological well-being) were related to parents assessing their child as having at least one need.

Analysing overall family well-being in relation to top needs showed that children's lower physical well-being, school satisfaction, self-esteem and higher difficulties predicted the need for help in strengthening family relationships. The juxtaposition of top needs with prison- and community-based services and interventions showed that countries with higher levels of prison- and/or community based services in a particular area had lower levels of parent-assessed need. The opposite was true for countries with low intervention levels: there, parent-assessed need was higher relative to countries with high intervention levels.

Identifying children's specific needs

Analysis of child-expressed needs

A sample of 737 children seven to 17 years old were asked if they wanted help with life areas specified in nine variables. The nine variables loaded on three components following oblique rotation: physical/survival needs, family and school needs, as well as health/social service needs, explaining 54.7 per cent of the variance. See Table 45 below.

Table 45

Principal component analysis of child-expressed need of help (n=298). The component loadings shown are those over 0.40 following oblique rotation, Eigen values over 1.0 (multiple component loadings not shown). Total variance explained 54.7 per cent.

Child wants help with…	Physical/ survival needs	Family and school needs	Health/social service needs
How much money my family has	,820		
The home I live in	,650		
My behaviour		,726	
How I am feeling		,700	
What I do in my spare time		,596	
My friendships		,508	
Things to do with school		,502	
The area I live in			-,748
How my family get on with each other			-,646

Identifying children's specific needs, continued

Analysis of parent-assessed needs

Parents were asked to assess whether their child or children had needs in 30 different areas. These areas were selected following an iterative procedure to derive appropriate needs for children of prisoners based on the Camberwell Assessment of Needs questionnaire. The 30 variables used in the survey loaded on six components following Varimax rotation: physical/survival needs, family and school needs, health/social service needs, mental health needs, needs related to having an imprisoned parent as well as school stigmatisation, explaining 66.4 per cent of the variance. See Table 46 opposite.

Table 46 (opposite)

Principal component analysis of parent/carer-assessed children of prisoners' needs (n=572). The component loadings shown are those over 0.40 following Varimax rotation, Eigen values over 1.0 (multiple component loadings not shown). Total variance explained
66.4 per cent

Project
p448 COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health

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www.coping-project.eu Project
COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health p449

Parent-assessed needs	Physical/ survival needs	Family & school needs	Health/social service needs
Eating well enough	,415		
Basic body care (personal hygiene)	,449		
Physical health problems	,457		
Contraception (if old enough)	,686		
Managing own money	,511		
Using the internet	,724		
Using telephones (mobile or other)	,637		
Contact w/social welfare authorities	,597		
Being with family after school		,792	
Being with children during school		,826	
Being with children after school		,742	
Playing sports		,665	
Going on vacation		,651	
Help with homework		,661	
Following rules at school/ work		,683	
Getting to school/work		,728	
Info on mental health care system			,713
Comm. w/mental health services			,722
Visiting child or family doctor			,614
Info on general health care system			,736

Project

Identifying children's specific needs, continued

Child-expressed need hierarchy

Overall, 73.7 per cent of the children answered yes when asked if they had ever received help because their parent was in prison, with significant differences between the countries. Also, 47.2 per cent of the children in the COPING sample indicated that they still wanted help with at least one area, differing significantly between the countries. The level of overall help wanted in each area is shown in Figure 1 below. Significant country-wise differences occurred for "how much money my family has" and "the home I live in", as well as "how I am feeling"(χ2- test, p<0.001). About twice as many Romanian and German children said the family needed money (57 per cent; 50 per cent), in comparison to Swedish and UK children (27 per cent each). Needing help for the home they were living in was a significant need for Romanian children (51 per cent) followed by Swedish (28 per cent), UK (19 per cent) and German children (7 per cent). In contrast, needing help for how they were feeling was highest for Swedish children (72 per cent), followed by German (56 per cent), UK (44 per cent) and Romanian children (19 per cent).

Project

Identifying children's specific needs, continued

Figure 19

Children of prisoners indicating they needed help of some kind in %, by area of need (n=298). Areas where significant differences between countries occurred are indicated by
***, see previous text.

% Children of prisoners indicating they would like help in specific areas
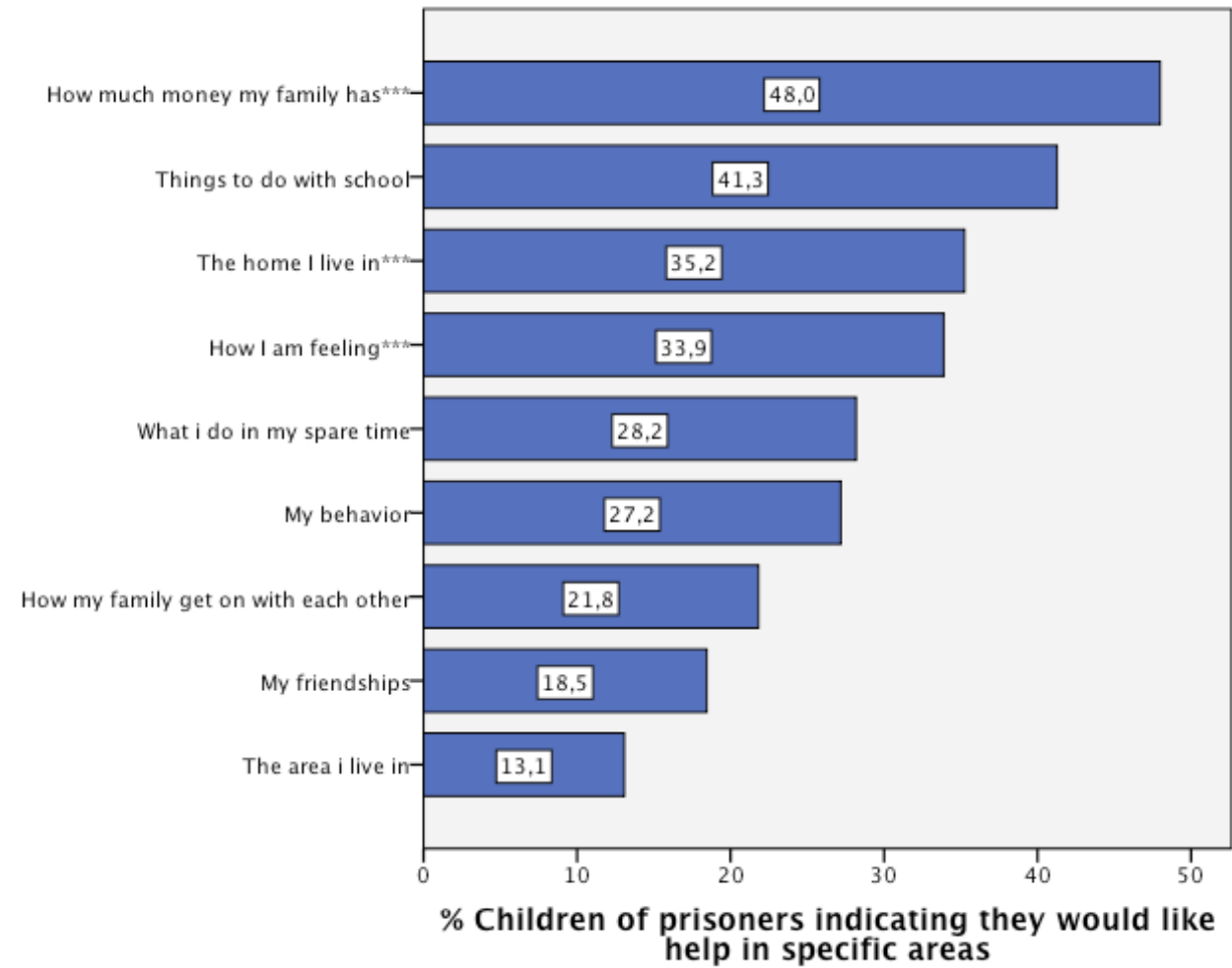
Identifying children's specific needs, continued

Parent-assessed need hierarchy

Parents were asked to indicate whether their child needed help in each area, whether the child had received help and, if help had been received, whether they were satisfied with this help. In practice, parents in all countries seemed to have some difficulty understanding how they were to fill in this questionnaire. In order to maximise the usefulness of these data, whether or not the child had a need was expressed in a dichotomous variable (yes/no). The child was coded as having the need if: a) the parent stated that the child had a need; or if b) the child was indicated as having received help or not, even if the respondent had not indicated that a need existed; or c) if the parent indicated satisfaction or not with help received, whether or not the respondent had indicated that a need existed and/or that help had been received. Only cases where the parent indicated that the child did not have the need, were coded as "no need". Cases where no data were given were coded as missing. Data were obtained for 687 of the 737 children.[53] Overall, 73.8 per cent of the parents indicated that their child had at least one need, with significant differences between the countries: in Romania, this was the case for 97.2 per cent of the children, followed by 74.5 per cent for Germany, 57.4 per cent in the UK and 50 per cent in Sweden (χ2– test, p<0.001). The level of need indicated in each area is shown in Figure 2 below. Significant

country-wise differences occurred for every single one of these variables (χ2 – test, p<0.001), while the level of significance was lower for contraceptive needs (p<0.002). Due to limitations of space and time, only the top three needs are reported by country in this report.

The top need, "visiting the imprisoned parent/carer," was indicated for 47.2 per cent of the children and 69.7 per cent of the Romanian parents assessed this need as highest, followed by 48.9 per cent of the German parents, 30.1 per cent in the UK and 18 per cent in Sweden. However, this top overall parent-assessed need was ranked differently in each country. In Germany, visiting the parent/carer in prison was the top need, whereas this need was 3rd in rank in the UK, 4th in Sweden, and 5th in Romania. For the second top need, "being with family after school," indicated for 45.7 per cent of the children,[54] Romanian parents assessed this need as highest at 76.2 per cent, followed by Germany (34.6 per cent), UK (31.9 per cent) and Sweden (4 per cent), ranked 2nd in the UK, 3rd in both Germany and Romania, and 12th in Sweden. For the third top need, "help with homework," indicated for 45.2 per cent of the children, 65.5 per cent of Romanian children were assessed by parent/carers as having this need, followed by 36.4 per cent of UK children, 33.8 per cent of German children and 20.4 per cent of

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[53] Please note that there were 479 families and therefore 479 unique parents responding to the survey. In some cases parents responded for more than one child. In 60 cases, children parent survey data were not collected or needs table data were completely missing, in some cases (e.g., Sweden) because the child was 15 or over. Some needs had missing data; Figure 1 has only 572 respondents because the factor analysis included only respondents with complete data for all needs.

[54] The numbers reported in the text are somewhat higher than in Figure 2, because the figure included cases with missing data while the chi-square test excluded these cases. .

Identifying children's specific needs, continued

Swedish children. The ranking of this need was 1st in the UK, 2nd in Sweden, 5th in Germany and 8th in Romania.

Figure 20

Children of prisoners' needs as assessed by parents, in %, by area of need (n=687). Significant differences between countries occurred in all areas (see text)
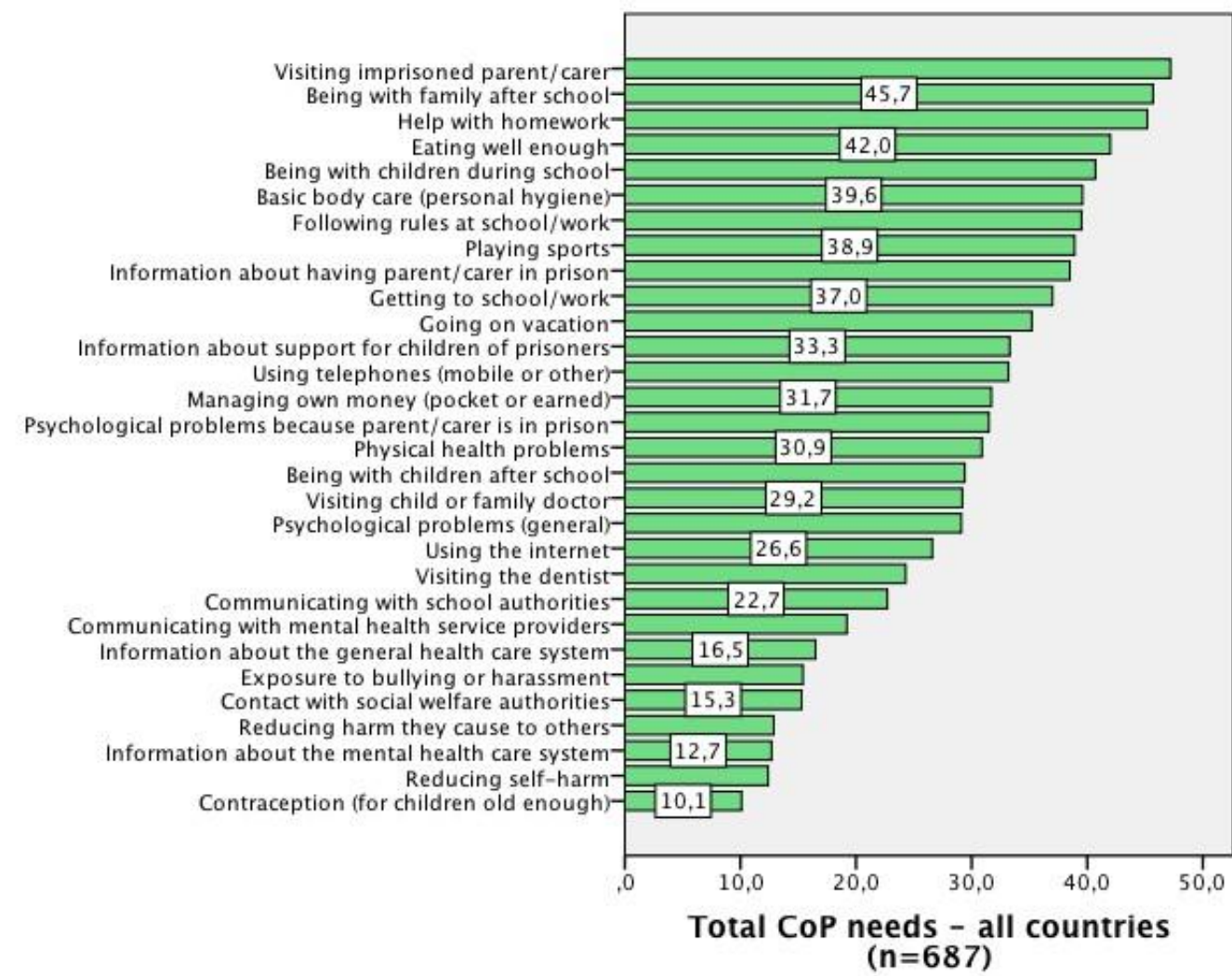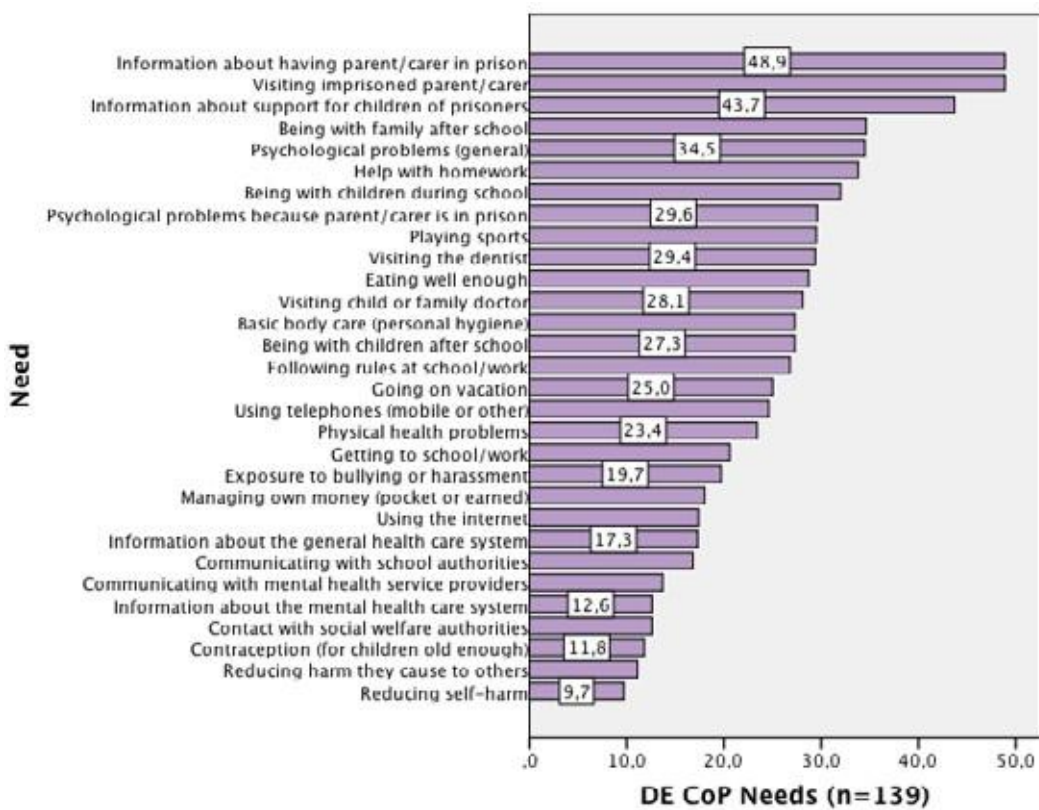
Identifying children's specific needs, continued

Top parent-assessed needs per country

Comparing the top needs per country, the results showed that for German children, information on having a parent/carer in prison ranked 1st, followed by visiting the imprisoned parent/carer in prison, with information about support for children of prisoners ranking 3rd. Being with family after school and needing help with psychological problems followed. See Figure 21 below.

Figure 21

German children of prisoners' needs as assessed by parents, in %, by area of need (n=139)

www.coping-project.eu   **Project**
COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental   p455
Health

Identifying children's specific needs, continued

For Romanian children, the top need concerned eating well enough, a need indicated by parents for 80.2 per cent of the children. The 2nd top need concerned basic body care, indicated for 77.6 per cent of the Romanian children, followed by being with family after school (76.2 per cent). This was followed by a need for help with being with children during school and then the need for help to visit the imprisoned parent/carer. See Figure 22.

Figure 22

Romanian children of prisoners' needs as assessed by parents, in %, by area of need

(n=246)

RO CoP needs (n=246)
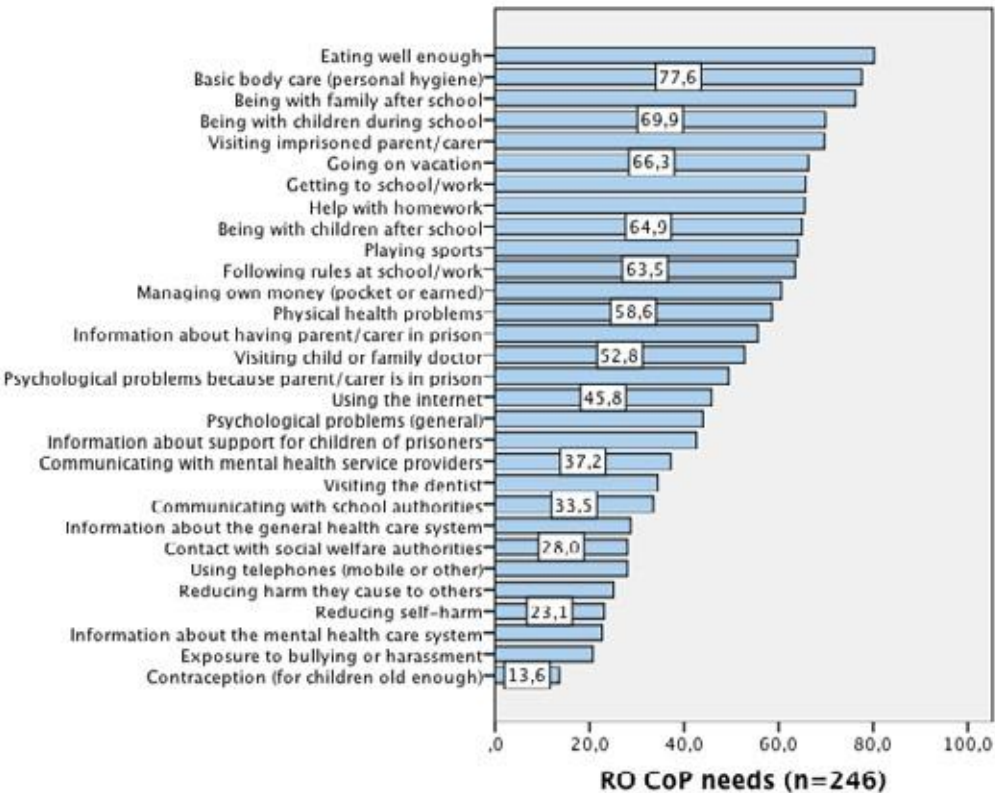
Identifying children's specific needs, continued

For Swedish children, the top ranked need as assessed by parents was information about support for children of prisoners, with the need for help with homework ranked 2nd. The 3rd ranked need was information about having a parent/carer in prison. Needs for visiting the imprisoned parent/carer in prison and playing sports followed. See Figure 23.

Figure 23

Swedish children of prisoners' needs as assessed by parents, in %, by area of need
(n=50)

SWE CoP needs (n=50)

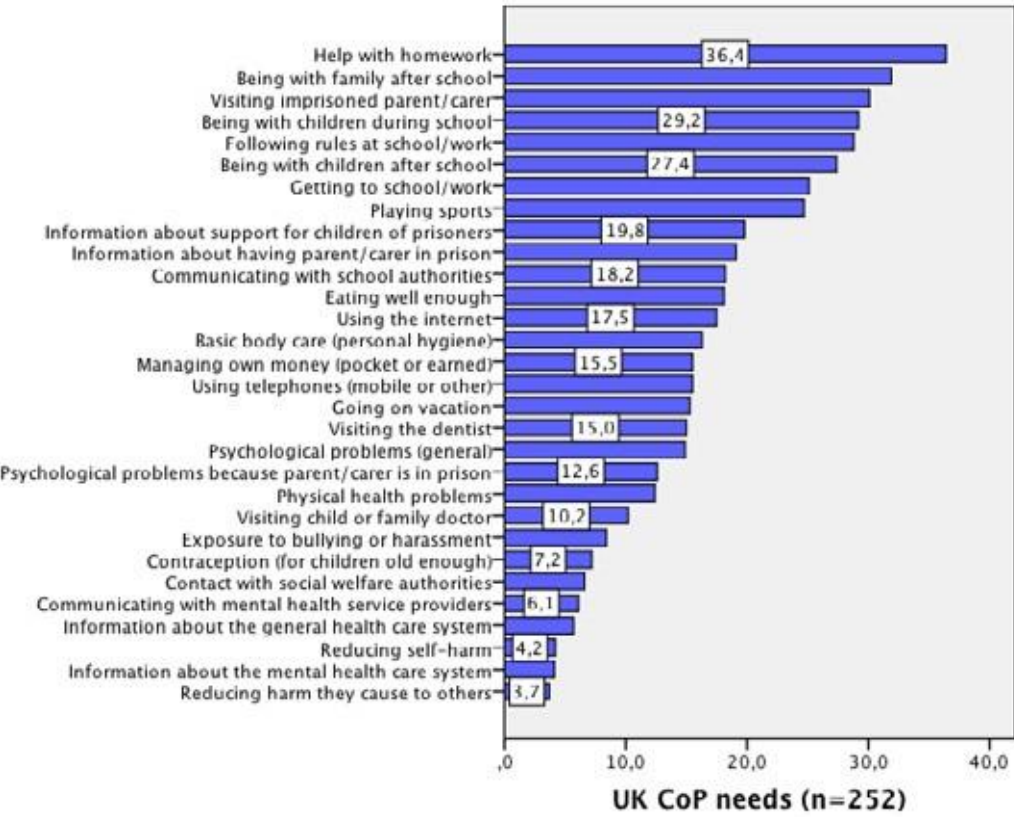Identifying children's specific needs, continued
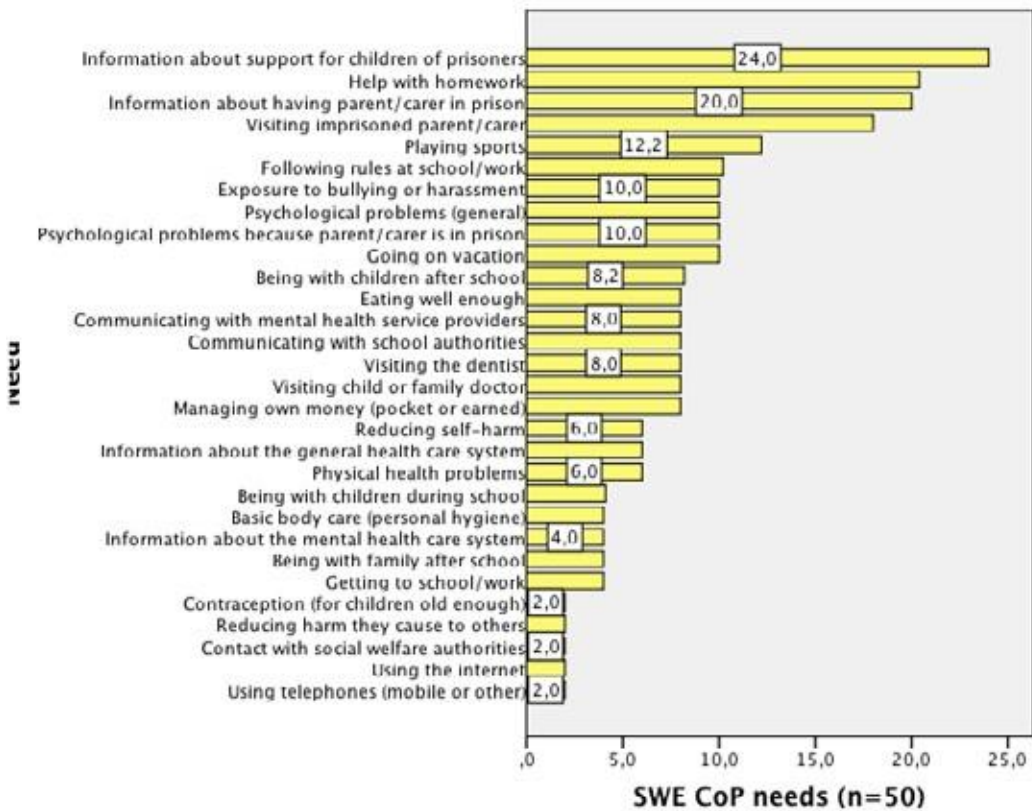
Identifying children's specific needs, continued

Parents of UK children of prisoners ranked help with homework

1st, followed by being with family after school as 2nd, with the need for help with visiting the imprisoned parent/carer ranked 3rd. Being with children during school ranked 4th with 29.2 per cent of parents assessing this need for their children, and 28.8 per cent assessing the need for help in following rules at school (or work) 5th.
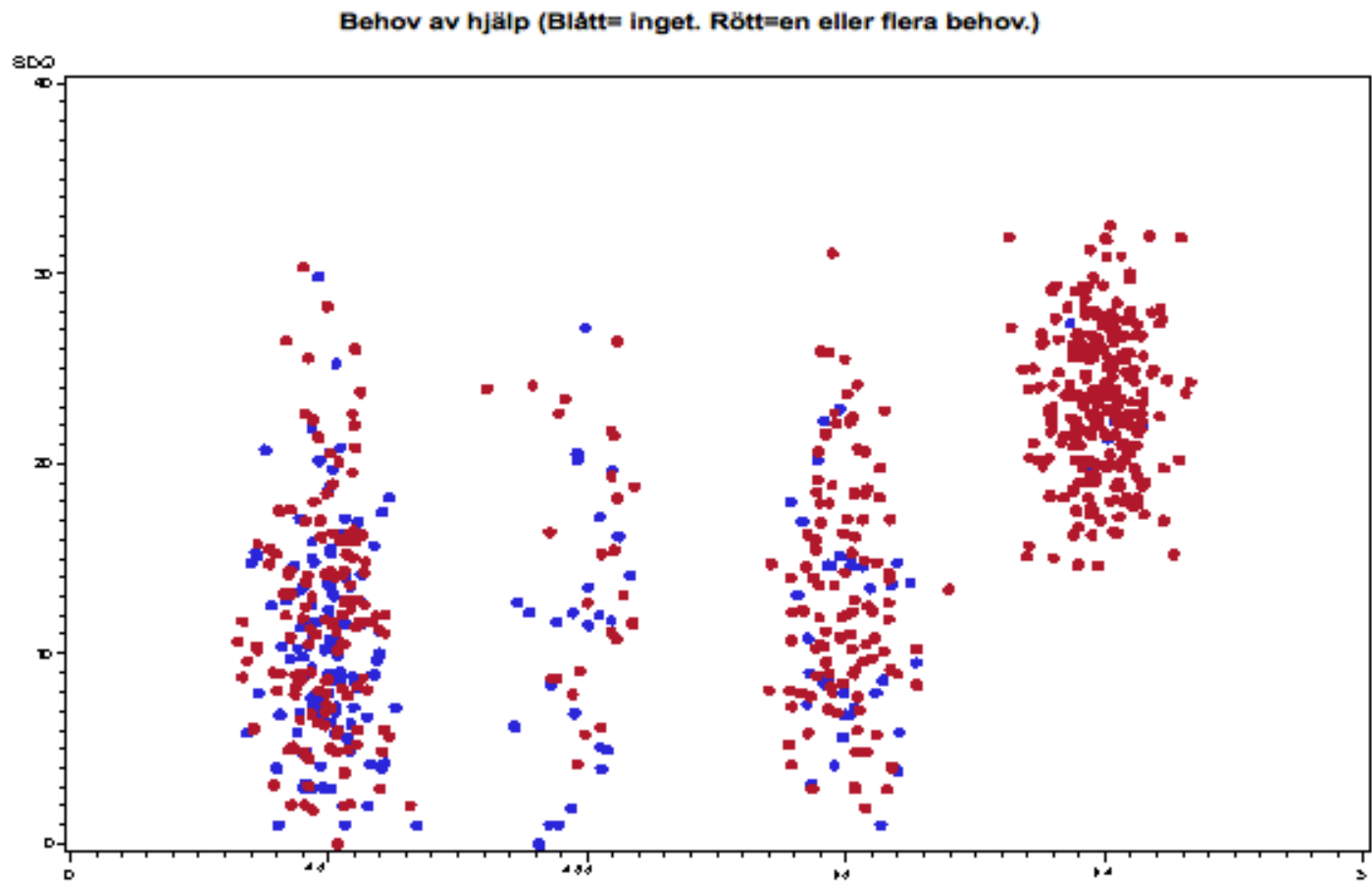
Figure 24

UK children of prisoners' needs as assessed by parents, in %, by area of need (n=252)

UK CoP needs (n=252)

Association between well-being variables and needs

It was conjectured that the children of prisoners' well-being, as expressed by the Strengths and Difficulties Questionnaire (SDQ), would correlate with the existence of at least one of the 30 parent-assessed needs. A correlational analysis yielded the finding that indeed the SDQ did correlate with having at least one need. The higher the SDQ score, the greater the child's difficulties. Here, country differences occurred such that a much larger proportion of Romanian children had at least one need compared to children in the other countries (as noted above, 97.2 per cent of the Romanian children had at least one need, followed by 74.5 per cent for Germany, 57.4 per cent in the UK and 50 per cent in Sweden [χ2- test, p<0.001]). In addition, SDQ scores were higher for the Romanian children compared to the others. The Figure 25 below shows the relationships between the SDQ and having at least one need, by country.

Identifying children's specific needs, continued

Figure 25

Children of prisoners having at least one parent-assessed need, in relation to SDQ scores (n=702)

Identifying children's specific needs, continued

Parent/carer well-being in relation to parent-assessed children's needs

Parent/carer physical well-being in relation to environmental well-being is shown for the four countries in the Figure below. Comparing the situation between the countries, physical quality of life (energy level, capacity for work, sleep satisfaction etc.) was generally higher in the UK, where parent/carers also indicated higher environmental quality of life (expressed in feelings of safety, sufficient money, satisfaction with living place, etc.). In contrast, Romanian parent/carers indicated low physical quality of life, despite a spread in the environmental quality of life in Romania (see Figure 26).

Identifying children's specific needs, continued

Figure 26

Physical quality of life in relation to environmental quality of life among parent/carers of children of prisoners in the UK, Sweden, Germany and Romania according to the WHOQOL- Bref questionnaire. Items corresponding to Physical and Environmental dimensions are specified in the figure

Identifying children's specific needs, continued
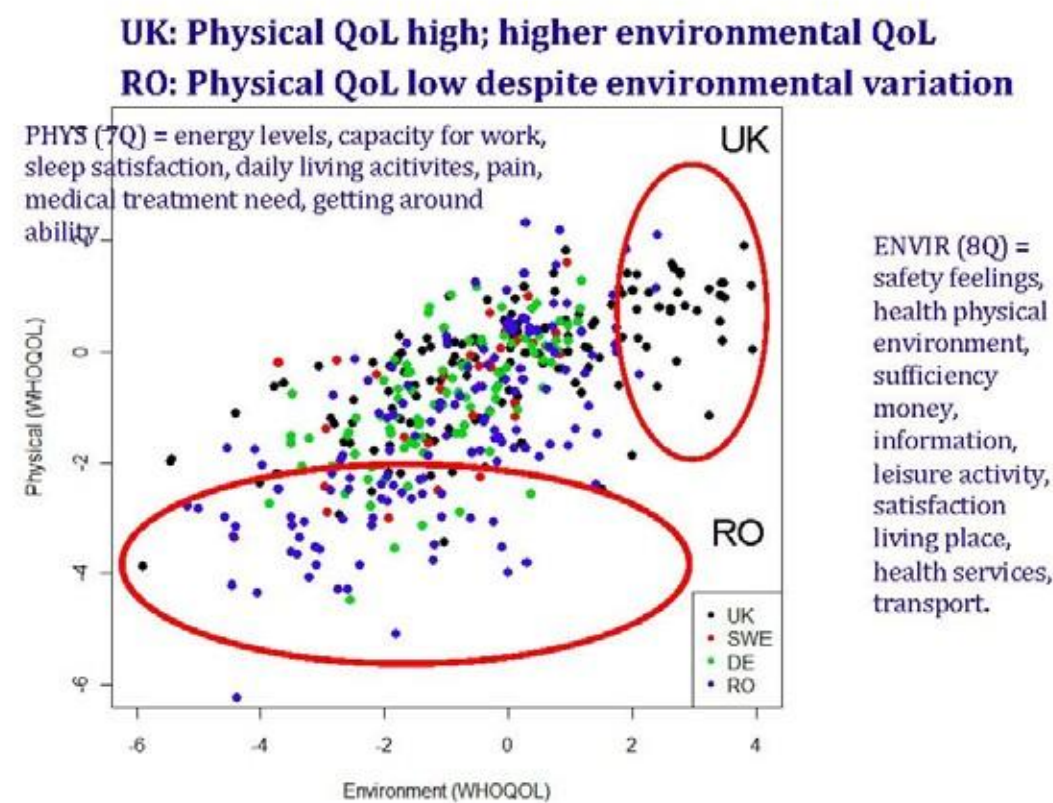
More specifically regarding physical quality of life, population means were calculated and transformed into Z-scores adjusted for country-specific norms, except for Sweden, where no norms were available and Danish norms were used instead.

For psychological quality of life, the same procedure with calculation of Z-scores in relation to country-specific norms was carried out. An analysis of variance with posthoc tests indicated that psychological well-being was better for parent/carers in the UK, Sweden and Romania in relation to Germany. Here, Romanian parent/carers were approximately similar to the country-specific mean, while UK and Swedish parent/carers were in the population third directly below the mean. German parent/carers, on the other hand, were in the zone between 1 and 2 standard deviations below the mean; i.e., in the 13.4 per cent segment of the population with significantly reduced psychological well-being (see Figure 27).

Identifying children's specific needs, **continued**

Figure 27

Psychological quality of life according to the WHOQOL-Bref in Z-scores calculated for each individual in the sample by subtracting the norm mean (Mn) from the individual's score (I) and dividing by the norm SD (SDn), i.e., $Z = (I - Mn)/SDn$

Identifying children's specific needs, **continued**
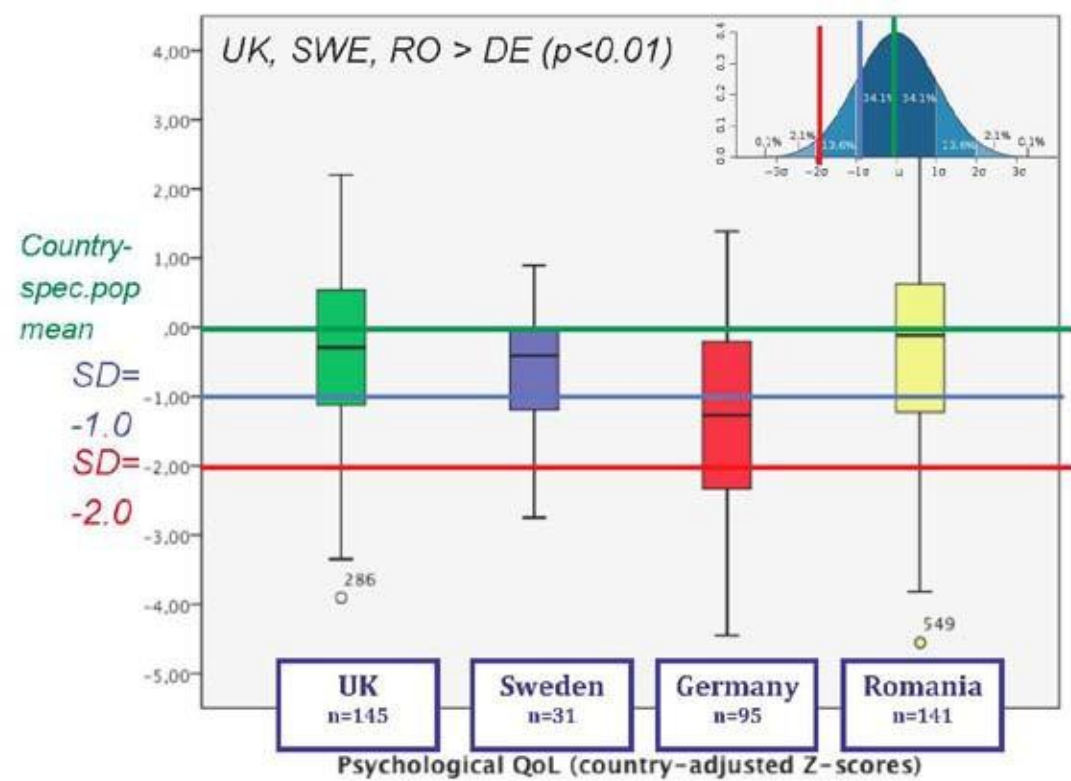
To summarise, physical well-being was significantly worse for Romanian parent/carers, whose environmental quality of life ranged from poor to better. Psychological well-being was significantly worse for German parent/carers.

A 4 x 4 analysis of variance (ANOVA) to identify whether or not parent/carer well-being was related to child well-being according to the SDQ, as well as a 4 x 2 ANOVA on whether or not the child had at least one need, were conducted. The former analysis showed that parent/carers' psychological ($p<0.001$) and social ($p<0.01$) well-being significantly affected the child's parent-assessed severity of difficulties according to the SDQ. Psychological well-being differed significantly between parent/carers whose children were not considered to have any difficulties, and those that had minor, definite or severe difficulties. Social well-being differed significantly between parent/carers whose children had none or minor difficulties, and those who had severe difficulties, with no difference between having definite difficulties and any of the other categories.

Identifying children's specific needs, continued

Figure 28

In answer to the question "Overall, do you think that the child has difficulties in 1 or more
of following: emotions, concentration, behaviour or being able to get on with other people",
children's severity of difficulties varied in proportion to parent's lack of psychological well-
being ($p<0.001$)
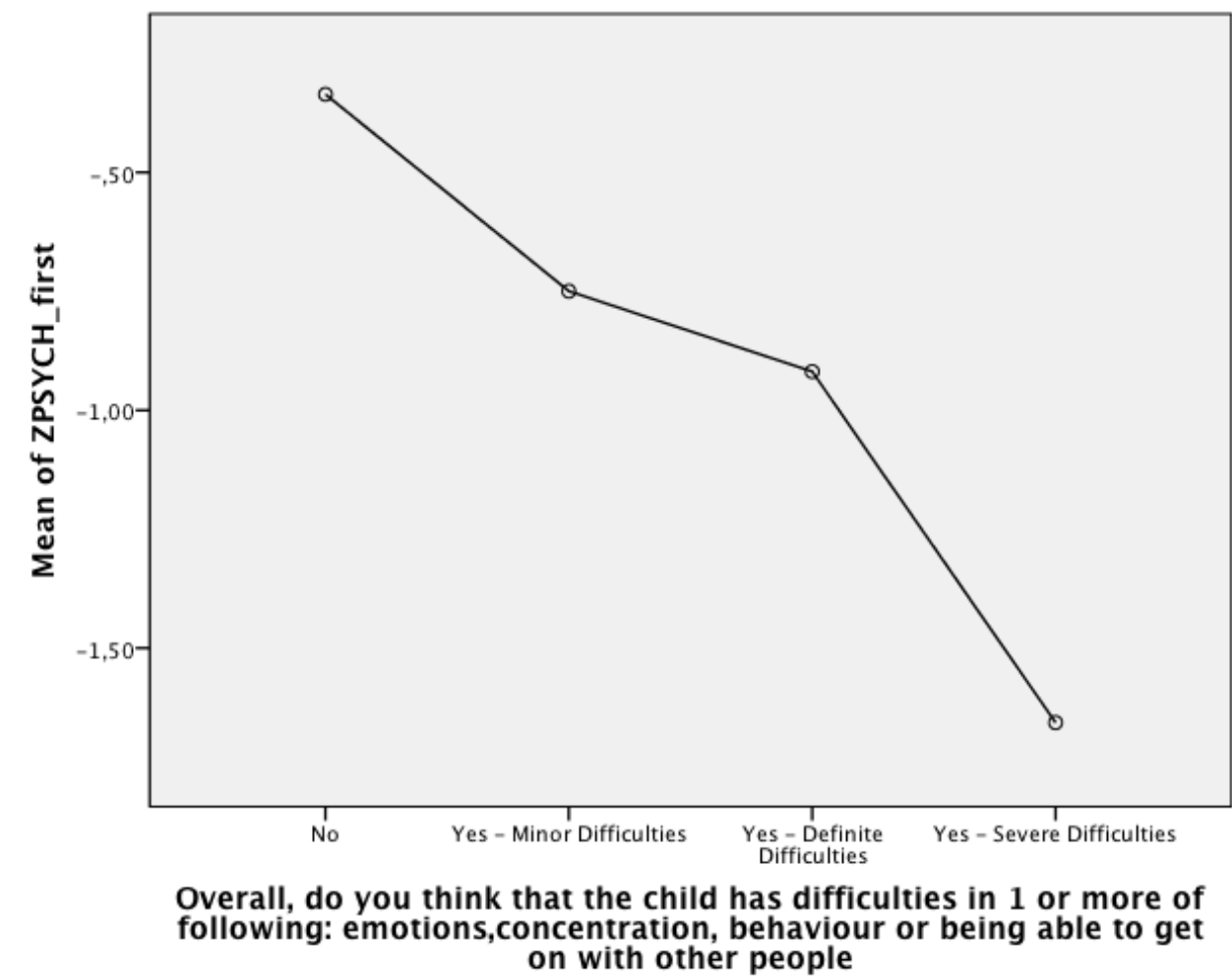
Identifying children's specific needs, continued

Figure 29

In answer to the question "Overall, do you think that the child has difficulties in 1 or more
of following: emotions, concentration, behaviour or being able to get on with other
people", children's severity of difficulties varied in proportion to parent's lack of social
well-being ($p<0.01$)
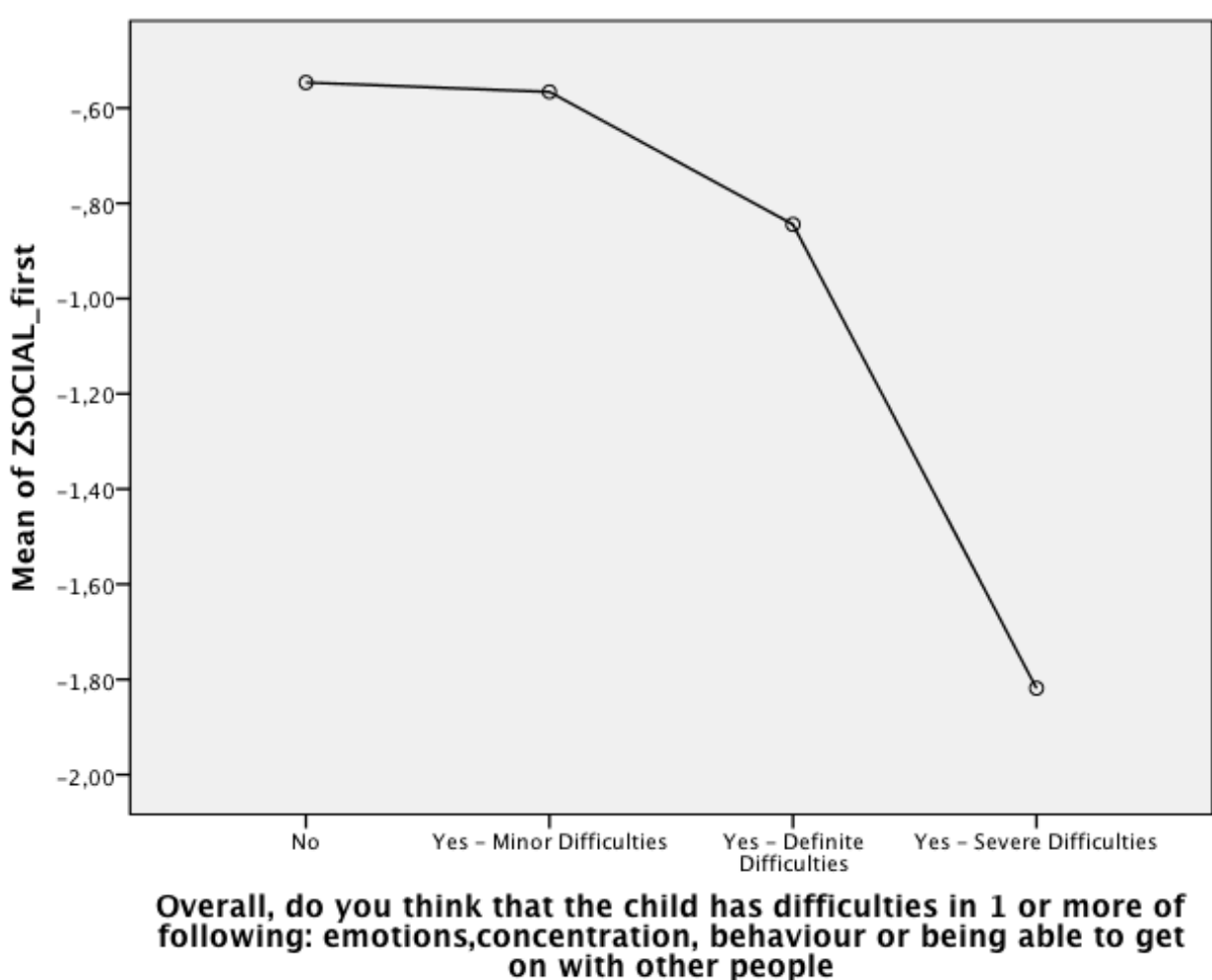
p466   **COPING:** Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health   www.coping-project.eu

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Identifying children's specific needs, continued

Physical, social and environmental parent/carer well-being – but not psychological well-being – were related to whether or not the child was assessed as having at least one need. Lower well-being was associated with the existence of need. The larger differences were for physical and environmental well-being, see the following Table 47.
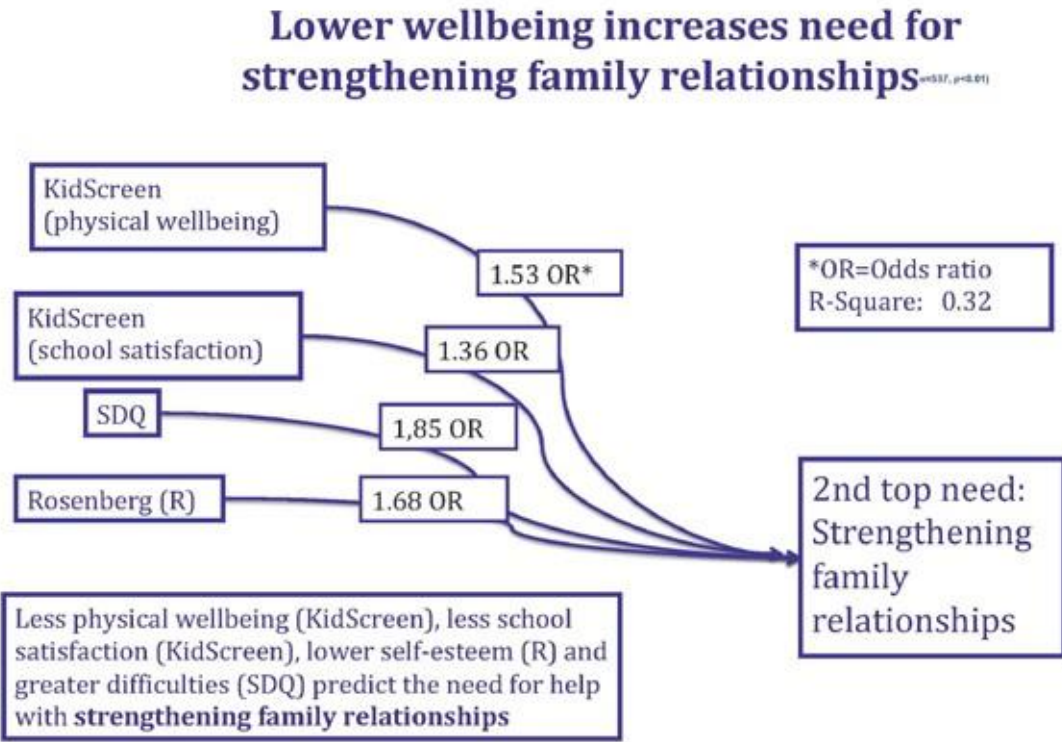
Table 47

Parent/carer well-being in Z-scores based on country-specific population norms according
to WHOQOL-Bref dimensions by parent-assessed children's need. Population mean = 0.00.
***p<.001, **p<0.01

Parent/carer well-being by parent-assessed need (≥ 1 need /no need) in children of prisoners		N	Mean	Std. Deviation
Physical well-being***	≥ 1 need	530	-1,0920	1,51
	No need	110	-,3520	1,14
Psychological well-being	≥ 1 need	532	-,6410	1,36
	No need	112	-,5189	1,21
Social well-being**	≥ 1 need	532	-,6941	1,48
	No need	110	-,3408	1,44
Environmental well-being***	≥ 1 need	532	-,9279	1,86
	No need	112	-,2524	1,81

Identifying children's specific needs, continued

Prediction of needs by well-being variables
Child and parent well-being variables, including the KIDSCREEN dimensions, the SDQ total score, the Rosenberg Self-esteem scale total score, and the parent/carers' well-being according to the WHOQOL-Bref were entered into logistic regression models for the top three parent-assessed needs identified, in order to explore possible predictors of need. Only the need entitled "strengthening family relationships" generated a robust prediction model. Children's well-being significantly predicted the need for strengthening family relationships, using physical well-being and school satisfaction according to the KIDSCREEN questionnaire, their self-esteem based on the Rosenberg questionnaire and, again, the SDQ, see below.

This robust model explained about 30 per cent of the variance in the parent-assessed need for children to strengthen family relationships. Less physical well-being (KIDSCREEN), less school satisfaction (KIDSCREEN), lower self-esteem (Rosenberg SES) and greater difficulties (SDQ) predicted the need for help with strengthening family relationships. The OR (odds ratio) means that if for example the physical well-being goes down by one unit, there is a 53 per cent probability that the need for help in strengthening family relationships will increase.

Identifying children's specific needs, continued

Figure 30

Less physical well-being (KIDSCREEN), less school satisfaction (KIDSCREEN), lower self- esteem (Rosenberg SES) and greater difficulties (SDQ) predict the need for help with strengthening family relationships (n=537, p<0.01)

Relation to services and interventions

Service levels in the different countries were juxtaposed with the top three parent-assessed needs identified. Levels are shown in scales of 0 to 1.0 for each variable – prison-based services and interventions, community-based services and interventions, as well as the proportion of parents assessing the need of help for their children by country. The results are shown below for each of the top three needs. It was not possible to calculate correlation measures between the level of services and interventions identified for each need by country because the figure expressing the level of services and interventions in each country is a constant. Correlational measures require a spread in values in order to be calculated. For this reason, only descriptive data are presented here, with comments in the discussion and conclusions section below.

Top need - visiting the imprisoned parent

For the top need for help with visiting the imprisoned parent, prison-based service/intervention levels were highest in the UK but for community-based services the level was highest in Sweden. The need for help was highest for Romanian children, where the intervention levels were lowest in prisons and completely absent in the community.

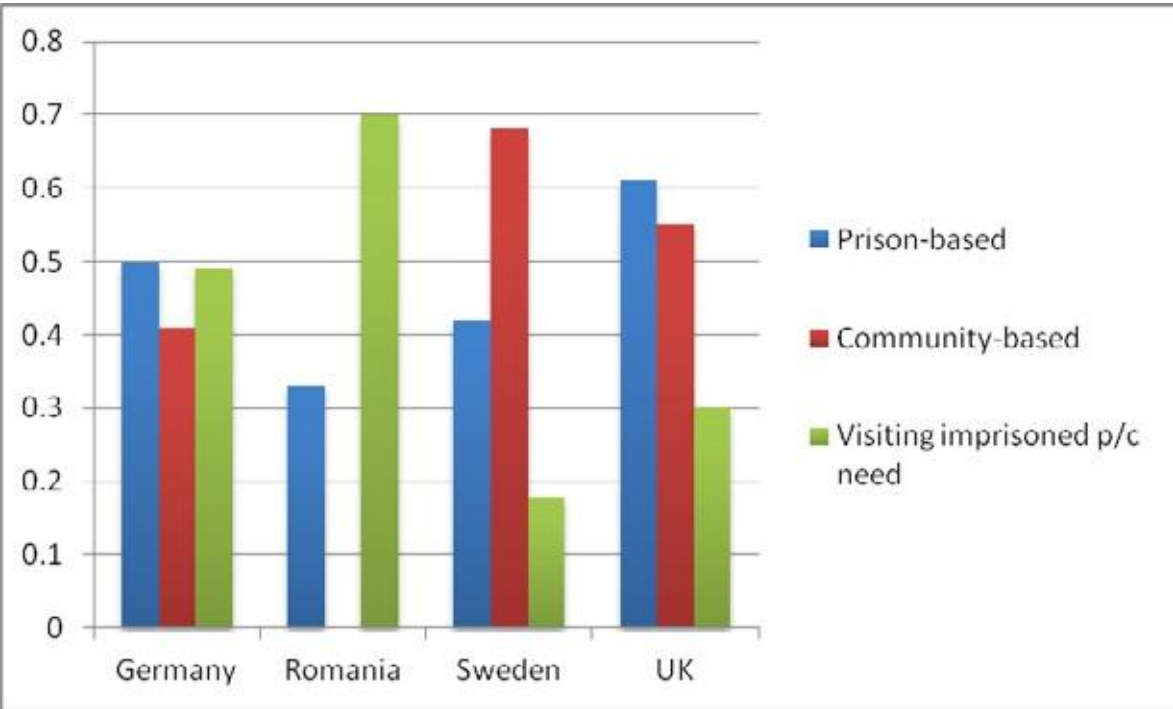Identifying children's specific needs, continued

Table 48

Services and interventions related to parental imprisonment and parent-assessed children's top need for help with visiting the imprisoned parent/carer (survey data)

Intervention (%)	Germany	Romania	Sweden	UK
Prison-based	0,5	0,33	0,42	0,61
Community-based	0,41	0	0,68	0,55
Visiting imprisoned parent	0,49	0,7	0,18	0,3

Figure 31

Prison-based and community-based services and interventions related to parental imprisonment and parent-assessed children's top need for help with visiting the imprisoned parent/carer

Identifying children's specific needs, continued

Second top need - strengthening family relationships

For the second top need, strengthening family relationships, the level of prison-based interventions was by far the highest in the UK, while the level of community-based interventions was highest in Sweden but also very high in the UK. In Romania, the need for help with strengthening family relationships was highest among the four countries, with the UK and Germany about the same and Sweden with the lowest level of parent-assessed need in this area.

Table 49

Prison-based and community-based services and interventions related to strengthening
family relationships and, parent-assessed children's top need for help with strengthening family relationships.

Intervention (%)	Germany	Romania	Sweden	UK
Prison-based	0,55	0,33	0,46	0,9
Community-based	0,57	0	0,82	0,73
Family relations need	0,35	0,76	0,04	0,32

Identifying children's specific needs, continued

Identifying children's specific needs, continued

Figure 32

Prison-based and community-based interventions related to family relations, and parent- assessed children's 2nd top need for help with strengthening family relations
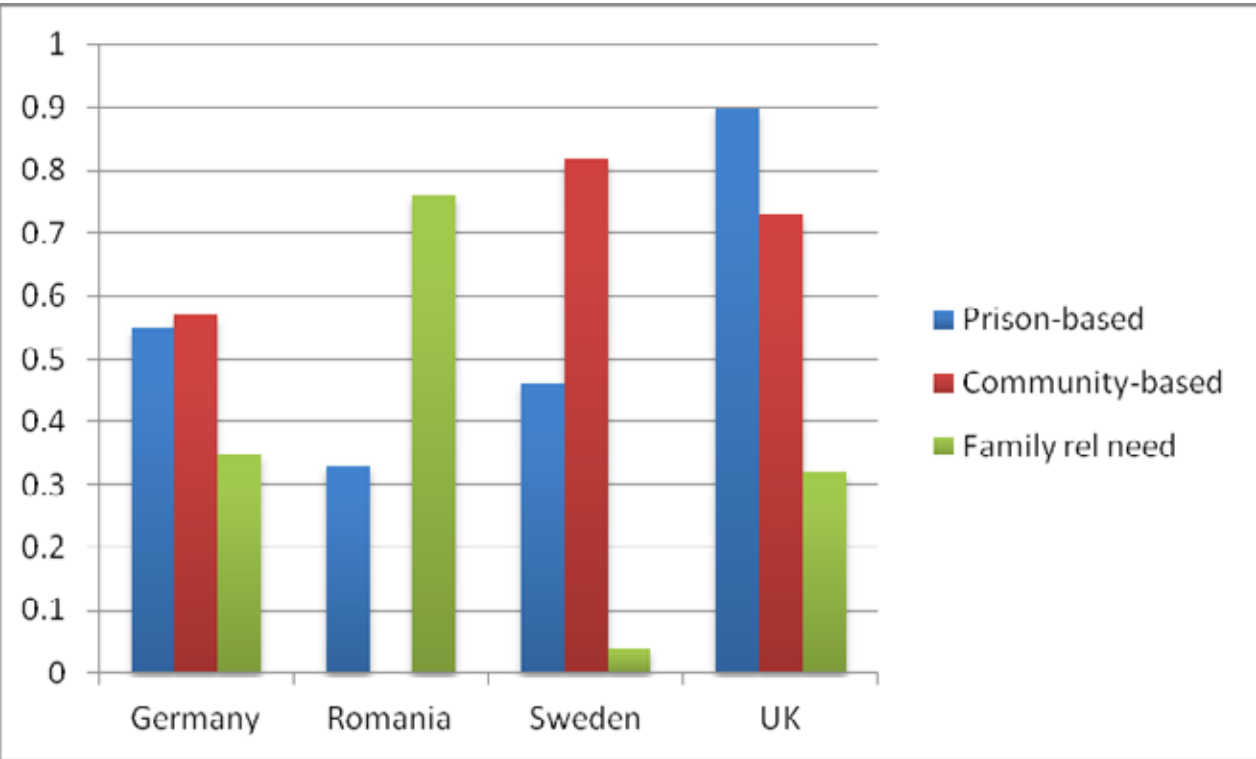

Third top need - help with homework

For the third top need, help with homework, prison-based interventions were the highest in the UK but generally low in comparison to the other two top needs. Community-based interventions for this need were highest in Sweden but still very low in comparison to the other two top needs. The parent-assessed need for help with homework was very high for the Romanian children, as for the other two top needs, but comparable to the other two top needs for the three remaining countries. The results are shown below.

Table 50

Prison-based and community-based services and interventions related to strengthening family relationships and, parent-assessed children's top need for help with strengthening family relationships

Intervention (%)	Germany	Romania	Sweden	UK
Prison-based	0,09	0,1	0,17	0,42
Community-based	0,18	0	0,36	0,13
Help with homework	0,34	0,66	0,2	0,36

Figure 33

Prison-based and community-based interventions related to school and, parent-assessed children's 3rd top need for help with homework

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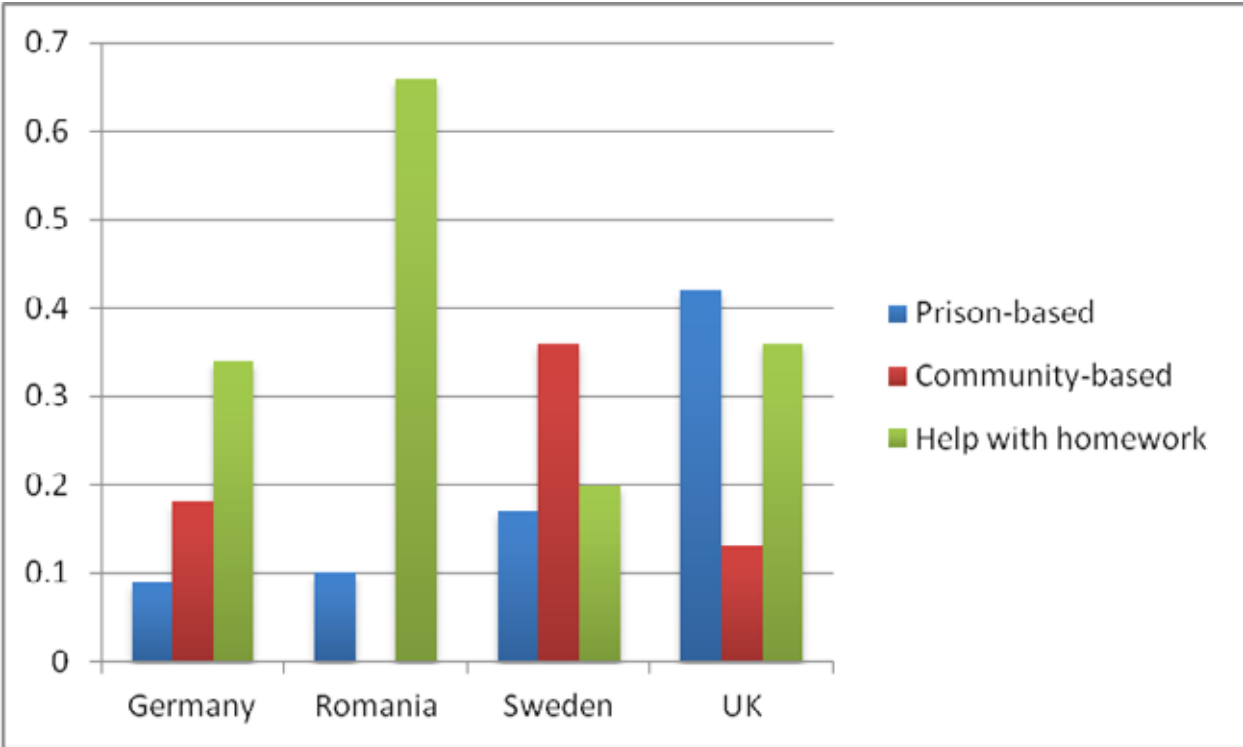
To summarise, the results generally show a pattern where countries with higher levels of prison- and/or community-based services had lower levels of the parent-assessed need, while in countries with low levels of intervention, the parent-assessed need was high. While it is important to keep in mind that the basic level of parent-assessed need of help was elevated in all countries, there are no normative data for the "needs table" to compare the COPING sample needs with data for children without parents in prison.

Responding to Children's Needs – Stakeholder Perspectives In addition to gathering data from children and parents, the COPING Project also involved interviews, focus group discussions and on-line questionnaires with several stakeholder groups to provide supplementary information on views about children's needs and the best forms of action required to meet them.

Project
p476

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p477

Identifying children's specific needs, continued

Ten groups of stakeholders (representing 122 stakeholder consultation sessions) participated in this aspect of the study:

- Caregivers
- Staff within children's homes
- Social workers
- Prison staff
- NGO staff
- Children
- Imprisoned parents
- Government staff involved in policy relating to children/families of prisoners
- NGO staff involved in policy formulation
- School staff

Data were analysed locally based on a centralised analytic framework and an integrative thematic approach applied to identify the major themes. The information presented in this section is not disaggregated according to particular stakeholder groups but reflects as an integrated whole the most salient views of professionals working with children of prisoners, children themselves and their families.

Family Relationships

Changing roles
The imprisonment of a parent was said to be felt very acutely by the whole family, especially the non-imprisoned parent/carer, who often feels very tired, having to do the work of two (the loss of even a disruptive parent can affect the family income and chores). If they become overwhelmed by their own problems and fail to support the children, this can cause feelings of insecurity among the children. For this reason it is good for the outside parent to have a network to support them. Children, especially adolescents, can have poor relationships with the non-imprisoned parent and this disproportionately affects mothers. They may idealise the imprisoned parent and blame the other parent.

Children's roles within families may change: they may be given new tasks and responsibilities (for which they may be too young) or take on inappropriate roles: boys especially often take on the role of the male protector when a father is in prison. Seeing the non-imprisoned parent cope calmly and strongly with the

Of Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health

Family Relationships, continued

imprisonment, including by standing by the imprisoned parent, can help the children cope better, and imprisonment can bring families closer together. Families without prior social or financial problems often find it easier to cope, but parental imprisonment regularly damages family coping mechanisms (due to economic, emotional or practical effects).

Some children lack parental care due to imprisonment, resulting in formal or informal alternative care arrangements. The value of grandparents as carers was highlighted; they and other extended family members can act as a confidant, to whom the child can speak about their anxieties, fears, and the impact of the incarceration. Parental incarceration is a forced relationship termination. The uncertainty it causes can increase children's mistrust of others and provoke other problems; it also increases imprisoned parent feelings of helplessness, frustration and mistrust of relatives, caused by the inability of prisoners to exert influence on life outside and provide active support to the children. Therefore, it is important that children can continue a relationship with the imprisoned parent, even when the parents are fighting or have stopped talking to each other. Children who are not close to their imprisoned parent can find it easier to cope, though even they may be deeply affected. The imprisoned parent is often lost as

a role model or stable attachment figure, and children (especially boys) therefore need (consciously or unconsciously) alternative male role models, such as male NGO staff or social workers.

Abusive parents

Some children have suffered parental neglect or abuse from imprisoned parents. If the imprisoned parent was troublesome, violent or in conflict with other family members then their imprisonment may be better for the child by improving the home situation, including finances and family relationships.

Finances

Finances are a major issue. Parental imprisonment can cause or exacerbate poverty, with the prisoner's partner under enormous financial strain in raising a family, especially when imprisonment is far from the family home. Many prisoners failed to realise the financial problems that the family faced. Families may have more money if the imprisoned parent previously spent it (for example on drugs) or if the family becomes eligible for benefits following imprisonment (though it is more common that imprisonment does not grant access to benefits that would otherwise accrue to, for example, single-parent families). Children of imprisoned parents seek security, including financial security and consistency.

Family Relationships, continued

Some compensate for the separation with an increased desire for material things though they also often lack material possessions that other children have.

Emotions and behaviour
Parental imprisonment can have a massive emotional and social impact on children, often outweighing the financial implications. Among the emotional and behavioural impacts noted are feelings of helplessness, isolation, fearfulness, disappointment, withdrawal, restlessness, anger, lashing out at others, emotional instability or restriction (possibly in the form of ambivalent emotional-affective change which affects their development). There may be psychosomatic symptoms such as headaches, pain in the stomach and bed-wetting and behavioural disorders such as aggressiveness, lying or anti-social behaviour (for example, fighting with classmates). Children can often have confused or conflicting emotions (for example, feeling both sad and angry at the parent who has left them) and may need to be helped to deal with their emotions, perhaps through therapy. Children may need attention, understanding and reassurance that their anger is understandable. They may also need to have their questions answered so that they do not feel guilt around their parent's imprisonment, and to hear that it is still okay to love their parents.

Family Relationships, continued

More generally, support within the family, accompanied by strong second-tier support (from teachers, friends and neighbours) are significant aids to coping. Given the right support children can emerge from the situation stronger than before.

Factors affecting resilience
Many children of prisoners come from backgrounds of prior disadvantage; however, different children of prisoners have different backgrounds and needs. The age and maturity of the child, other individual factors (genetics, psychosocial condition), the length of the sentence, the crime committed by the parent, the prior parent-child relationship and the extent of support from family, school and others all affect how well children cope with having a parent in prison. Age can affect both the people to whom the children turn for support and the nature of their reactions. Resilience is supported by having a stable environment and by personal resources such as self-confidence and self-worth, as well as education. Having someone to talk to, such as a designated person at school, friends or other children of prisoners, can help children cope. Hobbies and friends can occupy children and strengthen their self-esteem, as can regularity in the daily routine. Children may lack access to leisure activities because of insufficient free time or money, which means they cannot

Family Relationships, continued

Family Relationships, continued

develop their interests and may be unable to access 'problem-free' environments where they can relax.

Stability
Several stakeholders felt that children of prisoners' needs are the same as those of other children, but they are felt more strongly and less well met. Families are mostly unprepared for imprisonment, which can destroy much of the child's stability and thereby lead to severe separation anxiety and associated need for security. Children want life to be as it was before, with established rituals and the maintenance of friendships and their usual social environment. Other changes following imprisonment (notably moving house, which several stakeholders considered likely) can be almost as disruptive as the imprisonment, especially if this requires the children to make new friends or go to a new school. If the child's living (and financial) situation remains almost unchanged then they cope with parental imprisonment much more easily. However, the imprisonment of a disruptive parent can introduce greater safety and stability into the child's life.

Stigma and bullying
The stigma of having a parent in prison can cause children of prisoners to be labelled and rejected by peers, while children

may feel they are different from others and withdraw from social contacts. They do not attract sympathy from others and can be stigmatised by prison staff, school staff and parents of their friends. Fear of stigma can stop children telling others about the situation, which can means problems are not apparent. Children want to be integrated and not stigmatised or ostracised: if families move to a new area, the parents may want a 'fresh start' and not to tell anyone about the imprisonment. Stakeholders agreed that there should be public awareness-raising efforts to change attitudes about children of prisoners, and about criminals and criminality in general. Suggestions included positive representation of the issue in the media and training across statutory agencies and communities to change attitudes of staff working with families. Schools could be a particular focus of such activities, covering the issue as a class project, in drama sessions followed by a Q&A, or by day-long workshops followed by after-school training for teachers on how to support children of prisoners. Children are often exposed to bullying and stigma at school and preschool, from other children and adults (such as other children's parents forbidding contact with the prisoner's children). Some children have moved home several times to avoid stigma and harm from hostile local people. Therefore ensuring a safe environment first was deemed a priority for some children,

after which the other needs should be assessed and met.

Honesty and communication

Children of prisoners are often told nothing or false stories about what happened to the imprisoned parent. Non-disclosure may come from a desire to protect the child; parents may lie pre-trial, assuming they will be found not guilty and return. However, imprisoned parents may be motivated to protect themselves rather than do what is best for the child or the family. Some prisoners thought that by keeping the imprisonment secret, they could return to the family and things would be the same as before the sentence. Children find it much harder to deal with the parent's absence if the truth is concealed: it can increase insecurity and erode trust between parents and children. Children may find out the truth from other sources. Disclosure of the imprisonment (in an age-appropriate way) was felt by many stakeholders to help the children adjust to the situation and reduce feelings of anxiety and guilt. Children can be more resilient and adaptable to adversity than adults often recognise. Parents may need assistance in how to tell their children, and in some situations, for example when the parent is a sex offender, respondents thought it may be better to leave out some details and in some instances not to tell the children at all.

Stakeholders felt that children who know about the imprisonment need to have the freedom to speak openly about it (including the family situation and responses to feeling excluded), and also to be able to withdraw and deal with the issue in circumstances of their choosing. Children may avoid or suppress the issue and may fear the implications if they do talk about it. It can be important for children to have someone, inside or outside the family, to whom they can talk. Some children will want to keep imprisonment a secret from those outside the family, which can affect those relationships and the ability of others to help them. Demanding that the child not tell anyone can be damaging to the family relationship and may restrict the help and support that would otherwise be available to the child. If the imprisonment is taboo within the family, this burdens the child and makes it difficult for them to establish trust in adults. If several children within a school or group have imprisoned parents or been arrested themselves, it can mean people are more open and frank about the subject.

Family Relationships, continued

Family Relationships, continued

Schools
Schools are an important source of support for children of prisoners both during the parent's imprisonment and after release and can be a "prime site of intervention to build self-esteem and resilience". However, schools often lack knowledge about children of prisoners and appropriate responses if they do know. Parental imprisonment can affect children's experience of school. Some children known to respondents were said to have improved, but for most their emotional problems around parental imprisonment manifested as problems with schoolwork, concentration and motivation. Some children may abandon school entirely. Special school tutoring or homework help were suggested as responses. Some schools felt that they should be told about the family's situation (preferably from the parents), and that parents should be honest about any absences (especially for prison visits). Schools and individuals within them can often provide much-needed individual support to children, themselves or in partnership with other agencies. However, they may need guidance or practical assistance to help the children, either from in-school programmes or protocols, or from outside agencies on how to support prisoners' children. School staff (including teaching assistants, school counsellors and nurses) may well benefit from training on this issue, including advice on how to talk to children and what not to say. Children may have to change school following parental

imprisonment (though the likelihood of this varies between countries).

Criminal Justice System
Many stakeholders felt that children's needs are not adequately considered or met by the different parts of the criminal justice system, both the different stages of the system (from arrest to release) and in different jurisdictions (such as the German Länder). Some feel that no branch of the criminal justice system adequately considers children when making decisions that might affect them, though there are a number of stakeholders who feel that some parts do think about them.

Police
Often, police do not consider children or behave appropriately around them when arresting a parent; various stakeholders recommend that suggestions to improve this include training for police on identifying if the person being arrested has children, having them wear civilian clothing and not use handcuffs or violence when children are present, ensure they do not witness the arrest or search and allow arrested parents time to say goodbye. Clear written guidelines could help police perform impact assessments of the children's needs and use subtler methods

Family Relationships, continued

of arrest that maintain the parent's dignity in front of children, ensure that someone appropriate can speak to children at the time of arrest and ensure there is follow-up (by police, social services or others) if children are temporarily placed with neighbours or other alternative carers. Written material should also be available for families on sources of support. Several stakeholders said that children need more information especially after arrest and during pre-trial detention to ease their anxieties regarding their parent's welfare – popular culture and language mean they can imagine parents are in dungeons, with a ball and chain on them, or similarly upsetting fantasies. Information booklets and visual resources help children see the reality.

Courts and sentencing
Courts decide protection and placement measures for children of prisoners who have been harmed or abused, but also affect their lives when sentencing their parents. There was a recommendation that information about support sources should be provided to families after sentencing: one NGO found that providing leaflets was better than having staff speak to families, because of the shock and distress many feel at that time. Any potential sentences should take into account the impact on any children: sentences that minimise the negative effects on family life should

Family Relationships, continued

be preferred. Stakeholders consistently asserted that the court should ensure that prisoners are imprisoned as close as possible to the family in order to facilitate contact. When there is a gap between conviction and sentencing, this time 'in limbo' is felt to be especially fraught. Parents may not make arrangements for their children's care, fearing judgement and loss of custody of the children. They may try to conceal the children's existence from social services and prisons: recommendations for authorities to identify whether arrested or imprisoned persons have children (schemes have been suggested of prisons recording details of all prisoners' children) need to reassure them about the consequences of disclosure.

Staff in the Criminal Justice System
Several stakeholders recommended training for all criminal justice professionals to develop greater awareness about children of prisoners and their rights. This includes police, judges and court officials, prison staff, probation staff and social workers. Foreign national prisoners may be deported following completion of their sentence, which raises further difficulties for their children: some organisations work to ensure that the impact on children is sufficiently considered when deciding whether to expel non-nationals who have committed a crime.

Contact with imprisoned parent/carer

Before arrival

Many stakeholders recommended placing parents as close to their families as possible – this is an influencing factor in deciding location in jurisdictions including Norway. Visiting prison takes time and money, both of which grow as the distance between the child's home and the prison increases. Public transport may be limited or expensive; some prisons have community transport that picks visitors up from the local town and takes them to the prison. Depending on the situation, children may miss one or more days of school to visit, or the family may be unable to travel at all (or as often as they want) because of the resource requirements. Financial support for travel to the prison is available in some countries (from NGOs or government), though this may not cover the full costs and may be paid retrospectively.

Prison visits must often be booked in advance and children may need help if they are doing this. Children generally need to be accompanied on visits by an adult; where their carer is unable or unwilling to do so (because of other demands or poor relations with the imprisoned parent), they could be escorted by

a professional or volunteer. This may especially be the case with children in alternative care: authorities may have a duty to promote contact with their parents, though in reality there is generally little contact between looked after children and imprisoned parents.

Receiving photographs or information about the prison (from the imprisoned parent or authorities) and what will happen, or taking children on guided prison visits, can reduce concerns about their parent and the visit.

Arrival

Some prisons have visitor centres outside the prison where families can wait until their visiting time (and also where they can return after the end of the visit). These are opportunities to provide information or links to other organisations. Children can find prison unfamiliar and intimidating, and this can be exacerbated by strict visiting rules, such as those related to searches or waiting times. Younger children in particular may be distressed when confronted with their parent's imprisonment; in these situations, contact with the parent should be reconsidered. Bans on gifts from children to imprisoned parents, and on baby bottles or nappies can distress or inconvenience families.

Family Relationships, continued

Physical environment

Visiting environments can be cold, noisy or crowded, without special areas for children – especially in closed prisons. Children may want to see their parent but hate the environment in which they do so, finding it hard to see parents but not touch them because of regulations or physical barriers. Allowing bodily contact, both sitting together and playing/moving about, can make for a more natural visiting experience and increase attachment and bonding. Where they exist, child-friendly visiting facilities are appreciated: features included looking like a home, toys, and facilities to buy, prepare and/or eat and drink with imprisoned parents. It is important that child-friendly facilities are kept clean and up to date, and that they also cater to older children, perhaps through provision of computer games or DVDs, both in the waiting areas and as activities during visits.

Staff attitudes

Even where good facilities exist, staff attitudes can determine the quality of the visit. Security concerns were often prioritised by prison staff and families disliked the high levels of supervision and surveillance during visits: some complained of being treated "rudely or roughly, with spouses treated in a stigmatising and condescending manner and children expected to behave like

adults." Sometimes guidelines prevent staff from acting in a child-friendly manner. Several stakeholders recommended that prison staff receive training in dealing with children, including developing a friendlier and more sympathetic attitude towards the relatives. Having staff not wear uniforms can make them appear less threatening to children, while training for all staff or having a specific individual mandated to be child-focused can improve the situation for children. Some prisons actively try to reduce the impact of the sentence on the family irrespective of the overarching aim of reducing re-offending, while others have a duty to provide good visiting conditions.

Special visits

'Family visits' operate under different rules from normal, with contact between prisoner and family, extended visit lengths and a range of activities available. Some visits or activities may be for the whole family, while others are focused on particular members (for example, visits just for imprisoned parents and children, or times during visits where parents can talk alone together). However, these visits can be given as a privilege or reward to the prisoner to reinforce good behaviour when actually these visits exist to help the child cope with the situation. Overnight visits, where families stay together in apartments within the prison, provide a more

natural environment for meeting, both in terms of length and facilities. They are greatly appreciated by prisoners and families. Special visits may cost more than ordinary visits, particularly staffing costs and providing suitable and accessible rooms that do not present security concerns. Where prisoners are in open prisons and can go home at weekends, this helps reduce separation problems. If prisoners receive temporary leave and can visit the family in the community, this has a similar effect: consideration should be given to the impact on children when considering granting temporary leave.

Indirect Contact

Prisoners' rights related to indirect communication (letters and telephone calls) varies widely between countries and individual prisons. With telephones, generally the parent must call the child, at fixed times, meaning the child cannot just pick up a phone when they have good news, problems or simply need to talk. This interrupts the normal parent-child communication and makes no allowances for special occasions such as birthdays. Moreover, the limited phone time is often used up by the prisoner's partner, to discuss urgent and important matters, and time may be limited by cost of telephone calls. There were mixed views about letters, with some concerned about the content and others feeling that

they were often the best (or most frequent) form of contact. If children post objects to their parents which are then returned or not delivered for security reasons, this can be distressing. All four COPING countries had opportunities for parents to record messages or bedtime stories onto CDs or DVDs for their children, which were well received. Though not widely used, Internet based-communication methods (including email contact and 'virtual visits' using Skype) were recommended, particularly as children nowadays tend to communicate using these methods. Children in institutional settings may need support to make, arrange or apply for telephone calls or write letters.

After visits and end of sentence

Children, even if the visit is a good thing in general, can be distressed at the end of a visit. For many, seeing the parent is a relief and (particularly after the first visit) can counter fantasies they may have about the parent's situation. Visitor Forums, where visitors can give feedback and recommendations to the prison authorities about the prisons visiting procedures or even about prisoners' conditions, have been appreciated where they exist. They also allow families of prisoners to get to know each other. Especially after long sentences there can be an increasing anxiety among children about what will happen once the parent returns

Family Relationships, continued

home. Preparation for this should (though often does not) start before the end of imprisonment and involve the entire family, so they can get used to a life together. The importance of children and families was felt to be particularly significant in reducing re-offending by the inmate and to discourage the onset of offending by the children.

Services and interventions

Services and interventions to support children of prisoners can be based in prison or the community, focused directly on the children or indirectly (via support for parents or carers), and can be provided by a range of voluntary or statutory organisations. Support may be particularly needed at 'peak rise points' for children: the times of arrest, sentencing, imprisonment and release. The help may be for issues related specifically to parental imprisonment (such as information about prison visits) or may be more general (concerns about money, housing etc.).

Different stakeholders had different ideas about the parts of children's lives in which interventions were most helpful. Some felt that interventions in all areas were helpful; others stated that support for mental health and emotions, behaviour and relationships were the most helpful. The recommended sources of

support included schools, social services, specialised NGOs, and health services (particularly child and adolescent mental health services).

Both imprisoned and non-imprisoned parent/carers can benefit from training in how to support children, for example through parenting classes. Some prisons run family seminars, where the family works together for a number of days to learn how to manage various problem situations together. Less intensive parent-child groups exist in other prisons.

Some families may be left unsupported, not knowing about or making use of available statutory or non-statutory services such as psychologists, social workers, school counsellors, family support, shelters and support lines. These support sources should be promoted, for example, through posters in prison or information in courts. Support from outside organisations or agencies may come direct to the child, or indirectly via support for one or other of the parents, who can then better help the children. Organisations may also find out about the child through their parents (for example, if they provide support to prisoners). The role of NGOs in supporting children of prisoners is vital, as they provide a variety of targeted services and can also guide families to different services, either in person or via help-lines or websites.

Family Relationships, continued

Types of direct support for children of prisoners include: youth groups, support groups, cultural excursions, child-friendly prison visits, youth camps, summer parties and family activities. One NGO has different support groups for 3-7-year-olds and 7-10-year-olds, because smaller and older children tend to face different issues. Various NGOs felt that peer support groups were very beneficial for those involved – it allows children to be open about their situation. However, it can be difficult getting the children together due to chaotic lives and caring arrangements and lack of transport and some imprisoned fathers said that they would not want their children to go to a "prison club" where they would meet other children of prisoners.

Some children need more help than NGO support services alone can give, including in the area of specialised mental health support. Youth social work and counselling centres were recommended: one suggestion was that children of prisoners should be prioritised as a 'specialist group' for educational psychologists. In Romania (and also other countries including Greece), there is a need for specialised services as none exist for children of prisoners, only for vulnerable children. Partners of prisoners may not use offered support services because they feel ashamed and stigmatised or fear the involvement of social services will mean their competence

Family Relationships, continued

as a parent is judged and at risk. Support providers need to reassure families that they are not there to judge or pass on information to statutory agencies. It can be difficult providing support for children when they have not been identified as children of prisoners, meaning the reason behind their exhibited problems is not known, or when both parents need to give consent for interventions.

Several stakeholders felt there was a need for improvement in inter-institutional cooperation, including improved communication between the social services and the prison and probation services. A network between the two could catch children in need of support as soon as the parent is imprisoned, for example with social workers being informed about parole dates for imprisoned parents, or conditions of release. Too often services would work with only one of the prisoner, child or carer, despite the needs being quite similar for the entire family and interventions with one having knock-on effects on the others. Support (or the funding for it) is often good but fragmented, depending on geographical location. The point of release is an important time for different services to work together with the whole family, including prior to release, and to respond to drug or alcohol problems the prisoner has.

Conclusion

Children in the COPING study who have a parent/carer in prison are at significantly greater risk of mental health problems than their peers in the general population. There are some significant differences between the four countries in the proportions of children who are at 'high' risk of mental health problems, with levels of risk being especially high in Romania. Levels of risk are, though, substantial in all countries. For example, at least 25 per cent of children aged 11+ years in all four countries are, according to parent/carer ratings, at 'high' risk of mental health problems. Children seem at particular risk of internalising difficulties (emotional problems), rather than externalising problems (hyperactivity and conduct problems). Children exhibit a more mixed and complex picture in terms of self-esteem: the children in the study from Germany and Romania have reliably higher mean self-esteem scores than their respective country norms, whereas UK children have reliably lower self-esteem than children in the general population.

Children's Mental Health

There is support in the literature for our finding of children of prisoners being at heightened risk of mental health problems. Murray, Farrington, Sekol and Olsen (2009) conducted a Campbell Collaboration systematic review and identified '16 studies with appropriate evidence' (p.6). The authors conclude that 'children of prisoners have about twice the risk of antisocial behaviour and poor mental health outcomes compared to children without imprisoned parents' (p.8). There has been a tendency among a number of researchers to emphasise either the risk children face of developing externalising-type problems or the risk they face of developing the internalising-type difficulties. Phillips, Burns, Wagner, Kramer and Robbins (2002) studied adolescents receiving mental health services, and compared those with a history of parental incarceration with those who had no such history. They found that the former group 'were more likely than other treated youth to present with attention-deficit/hyperactivity and conduct disorders and less likely to have major depression' (p.385). Murray and Farrington (2005) compared boys who had experienced

separation from their parents/carers, as a result of the latter's imprisonment, with boys who had experienced parental/carer separation for other reasons, such as the latter's hospitalisation, separation or death. They found that boys who experienced parental separation through imprisonment had performed significantly worse on a range of antisocial-delinquent outcomes compared to all the other study groups. These effects were known to persist at least until the participants were 32 years of age. Losel, Pugh, Markson, Souza and Lanskey (2011) also used the SDQ and found that the most acute problem among children (with a mean age of six years) who had fathers in prison was hyperactivity – although conduct problems were at a very similar (low) level to emotional symptoms and peer problems. Mackintosh, Myers and Kennon (2006), using the Eyberg Child Behaviour Inventory (Eyberg & Pincus, 1999), found that approximately one quarter of their sample of 6-12-year-old children (n=69), whose mothers were in prison, had scores for problematic externalising behaviour that were in the clinical range.

Child delinquency was not investigated in the COPING Project, however delinquency among the children of prisoners is one of the most discussed issues in the literature. Farrington, Coid and Murray (2009), using data from the Cambridge Study in Delinquent

Development, found that there was 'significant intergenerational transmission of convictions' (p.109) between three generations, in particular males, featuring in their study. Huebner and Gustafson (2007) drew upon a nationally representative sample of 1,697 young adults (aged 18-24 years) who had, between them, a total of 1,250 mothers who had been incarcerated. (This sample was derived from the National Longitudinal Survey of Youth – Centre for Human Resource Research, 2001). These authors found that maternal incarceration predicted incarceration among their adult offspring. Bocknek, Sanderson and Britner (2009) used a variety of standardised measures, including the Withdrawn and the Delinquency subscales of the Youth Self Report (YSR) for Ages 4-18
(Achenbach, 1991) and The Child Report of Posttraumatic Symptoms
(CROPS) (Greenwald & Rubin, 1999). These authors report that 77.1 per cent of children had posttraumatic symptoms above the clinical cut-off on the CROPS and 30.4 per cent scored above the clinical cut-off on the Withdrawn subscale of the YSR. None of these children, though, scored above the clinical cut-off on the Delinquent subscale of the YSR. This led Bocknek et al. (p.330) to speculate as to why children might have internalising problems but not externalising problems.

In this sample, internalising, rather than externalising, was a more

p504   **COPING:** Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health   www.coping-project.eu

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Children's Mental Health, continued

common reaction to emotional stress. Fritsch and Burkhead (1981) posited that children would manifest symptoms in internalising or externalising behaviours if the parent in prison was female or male, respectively. Other research in a more general population of children and youth suggests co-morbidity between internalising and externalising symptoms (Gjone & Stevenson, 1997). The children in the current sample qualitatively reported feeling isolated and different from those around them and may have been compelled to, as one child said, "keep it inside." Further, ambiguous loss theory posits that survivors of ambiguous loss are more likely to internalise stress because of lack of clear social support for grief (Boss, 2007).

Murray and Farrington (2008b), drawing upon the study of groups of boys who had experienced different types of parental/carer separation, reveal that boys whose parents/carers had been in prison were at significantly greater risk of both internalising and antisocial problems. This finding is in line with the COPING results, which suggest that children of prisoners are at risk in both of these domains.

While it seems very apparent from our research – and other studies reported in the literature – that children whose parents/carers

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Children's Mental Health, continued

are (or have been) in prison are at heightened risk of developing mental health problems (involving both externalising and internalising difficulties), any subsequent, more detailed analysis of these findings is quite complex. A number of researchers have shown, as found within the COPING study, that the mental health (and more general well-being) status of children whose parents/carers are in prison may vary by socio-demographic characteristics. Kinner et al. (2007) used the internalising and externalising symptom subscales of the Youth Self Report and the Child Behaviour Checklist (Achenbach, 1991). Based upon maternal reports, the authors found that boys were significantly more likely than girls to exhibit externalising behaviours whereas girls were significantly more likely than boys to present with internalising behaviours. There is also a considerable debate within the literature as to whether children's poor mental health (and other) outcomes are caused by parental imprisonment per se or other risk factors to which this group of children might also be exposed. Murray, Farrington, Sekol and Olsen (2009) note in their major review of the research: 'it was unclear whether parental imprisonment actually caused these problems. They might have been caused by other disadvantages in children's lives that existed before parental imprisonment occurred' (p.6). Several authors have made it clear that at least some children with

parents/carers in prison are exposed to multiple risks. Phillips, Burns, Wagner, Kramer and Robbins (2002) note that the youths in their study 'had been exposed to significantly more risk factors during their lifetimes including parental substance abuse, extreme poverty, and abuse or neglect' (p.385). Trice and Brewster (2004) suggest that the acting out behaviours exhibited by their sample may have been due to maternal drug use. DeHart and Altshuler (2009) interviewed 60 women in a US maximum security state correctional facility and report that 'the emergent themes revealed a myriad of consequences experienced by the children, including child witnessing of violence, emotional sequelae, bodily harm from abuse and neglect, sexual abuse, and birth defects from prenatal violence' (p.467). Although it has been established in a number of studies that there may be a significant correlation between parental imprisonment and problematic behaviour in children, a number of authors have shown that this relationship ceases to be significant when other risk factors are taken into account. Kinner et al. (2007), for example, report that:

In univariate analyses, paternal imprisonment was associated with maternal reports of increased child internalising (OR = 1.82, 95% CI 1.08–3.06) and externalising (OR = 2.24, 95% CI 1.41–3.57), and alcohol use (OR = 1.68, 95% CI 1.11–2.53) at age 14. However,

controlling for socio-economic status, maternal mental health and substance use, parenting style and family adjustment, these associations became non-significant (Kinner et al., ibid, p.1148).

Despite claims of impaired child functioning caused by paternal imprisonment (Hagan & Dinovitzer, 1999; Quilty et al., 2004), the present study found little evidence of dysfunction unique to the children of prisoners. Instead, the impairment seen among the children of fathers who had been arrested or imprisoned, in this sample, was largely accounted for by broader risk factors such as poverty, poor family functioning and maternal substance use (Kinner et al., ibid, p.1158).

A further complication is that it is not evident as to exactly which element(s) of parental/carer imprisonment might account for poor outcomes. Murray and Farrington (2005) state that they could not determine whether it was the stigma, reduction in family income or reduced quality of care, or some other dimension of parental/carer incarceration, that accounted for the effects they found. Chui (2010) reports, from a Chinese context, that parents/carers and children believe that one of the biggest impact of the other parent/carers' imprisonment is financial, and that this has consequences in many areas of the family's life.

Other researchers have shown that there might be mediating factors that increase or reduce the impact of risk factors upon these children's well-being. Farrington, Coid and Murray (2009) found that this 'intergenerational transmission of convictions' might be mediated by family, socio-economic and individual risk factors. Mackintosh et al. (2006) report that children who felt lower levels of warmth and acceptance from their caregivers (as measured through the Child Version of the Parental Acceptance- Rejection Questionnaire (PARQ) – Khaleque and Rohner, 2002), self-reported greater internalising and externalising behaviours (via the Youth Self Report – Achenbach and Rescorla, 2001). This
study was based on 69 children aged 6-12 years, whose mothers were in prison and who were living in a variety of situations, but approximately 70 per cent were cared for by their grandmothers. Baker, McHale, Strozier and Cecil (2010) used the Externalising Problems scale of the Child Behaviour Checklist (Achenbach and Rescorla, 2000). They report that 'although causality in these data cannot be established, it is nonetheless of interest that more positive mother–grandmother co-parenting relationships are associated with fewer child problems related to attention, defiance, and aggression [and hyperactivity]' (p.178). The full complexity of the connections between the various factors that are likely to be extant in these children's lives is illustrated in the work of Hagen

and Myers (2003). They examined the relationship between social support, secrecy, and internalising and externalising behaviours among 116 children aged 6-13 years whose mothers were in prison. They used the Pictorial Perceived Support Scale (Anan and Barnett, 1999), a secrecy scale developed by the authors and The Youth Self-Report (Achenbach, 1991). Hagen and Myers report that many of the children in their study had experienced a high number of stressful life events – as measured on The Stress Index (Attar, Guerra and Tolan, 1995) – and that among children who faced four-five life stressors 'the likelihood of developing behavioural problems increases considerably' (p.237). They found that social support helped reduced children's problems. The children who had the greatest problems in terms of behaviour were those who had low levels of social support and who scored low on the secrecy measure. In short, and somewhat counter-intuitively, these researchers found that children who talked about their problems had worse outcomes.

A number of researchers have pointed out that the mental health (and more general well-being) of children whose parents/carers are in prison can be quite positive. Hanlon, Blatchley, Bennett-Sears, O'Grady, Rose and Callaman (2005) in a study of children aged 9-14 years (n=88), with mothers in prison, employed the

Children's Mental Health, continued

Children's Mental Health, continued

Personality Inventory for Youth (Lachar & Gruber, 1993) and the Aggression Questionnaire (Buss & Perry, 1992). These researchers report that children scored on the various externalising and internalising scales either at, or slightly below, the normative values. This not only reinforces the potential role of mediating factors but also raises questions over the role of protective factors and children's resilience. There is, though, yet another possible explanation for these children's good outcomes. A number of authors have drawn attention to the positive consequences that sometimes arise through parental imprisonment. In some instances these sentiments are expressed even by the imprisoned parents themselves. Sharp and Marcus-Mendoza (2001), for example, report on a questionnaire survey among 96 female drug offenders in one of two correctional facilities in Oklahoma.

As mentioned above, a few subjects indicated that their families were better off as a result of their incarceration. The most frequently mentioned issues had to do with placing the family in danger, having drugs around the children, and poor parenting skills. These concerns were realistic, as 64.6 per cent (n = 62) of the women with children in the home indicated they had kept drugs in the home while the children were there, and 4.9 per cent of the entire sample (n = 7) said they had used with their child.

The women's comments indicated that their own involvement with drugs and crime had created unsafe conditions and worry for family members that were alleviated by their incarceration. It is evident from the COPING work that outcomes for children in terms of their mental health (and their well-being more generally) are variable. There were, for example, some children in each of the 'average', 'raised' and 'high' categories of the SDQ. Such statements are, though, rather crude and inevitably hide myriad complexities.

Children's Self Esteem
A good deal of attention has been focused on the issue of self-esteem, in general, in the psychological literature. There appears to be something of an assumption in at least some of the discursive literature that imprisonment of a parent/carer will have a negative impact upon children's self-esteem. There is evidence from a number of qualitative studies to suggest that children's self-esteem is adversely affected by parental/carer incarceration. Brown, Dibb, Shenton and Elson (2001) conducted focus group and individual interviews, and administered questionnaires among 53 young people who had 'a loved one' in prison (including parents/carers). They report that 'the following are the feelings young people identified throughout the research: shocked, ashamed,

Children's Mental Health, continued

angry, cheated, upset, worried, confused, disgusted, loyalty, guilty, sad, embarrassed, scared, stressed, helpless, loss and love' (p.72). Given these range of feelings, it would not be surprising if children's self-esteem was undermined by having a parent/carer in prison. Indeed, some of the sentiments expressed by the children in the study by Brown et al. – such as 'disgusted', 'guilty' and embarrassed' - could be thought to be synonymous with low self-esteem.

There is, however, only very limited research in which the self-esteem of this group of children is measured directly and in any reliable manner, i.e. by using standardised instruments with children. There are a number of studies that have examined whether the self-esteem of this group of children can be raised through interventions with the imprisoned parent/carer (Springer, Lynch, & Rubin, 2000). There has been a particular focus in these studies on interventions comprising parenting training programmes (Brorone, 1989; Hamilton, 1997; Harm & Thompson, 1997; Moore & Clement, 1998). Hamilton (1997), for example, assessed the self-esteem of children aged between eight and 17 years whose imprisoned fathers (N=30) had taken part in one such programme. Children's self-esteem was measured using the Self-Perception Profile for Children (8-12 year olds) and the Self-

Children's Mental Health, continued

Perception Profile for Adolescents (13–17 year olds) (Hartner, 1985). Hamilton found no significant improvement in children's self-esteem after the intervention. Bloch and Potthast (1998) found that the Girl Scouts Beyond Bars programme – which sought to address, among other dimensions, mother-daughter relationships, visitation issues and the daughters' well-being, that children's self-esteem was enhanced through this intervention.

Other researchers have sought to examine how familial factors might act to raise children's self-esteem. Ghani and Mahmud (2012) conducted a study in Malaysia among 75 children, aged 8-17 years, with a family member in prison. They report that children who had more social support from their caregiver (more time with the child and more help with their school work) had higher levels of self-esteem. As already suggested, though, the research is this area is very limited, and it does not provide a very substantial, reliable or consistent indication as to the self-esteem of children who have a parent/carer in prison. Stanton (1980) compared self-esteem among children of prisoners with children whose parents were on probation. The former group had lower self-esteem but the differences were not significant. Hanlon et al. (2005) found levels of self-esteem among their sample that were broadly comparable to the children in our study. They administered

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Children's Mental Health, continued

Children's Mental Health, continued

the Piers–Harris Children's Self-Concept Scale (Piers, 1984) to 88 children, aged 9-14 years, of mothers who were substance users and who were incarcerated. They reveal that self-esteem among the children of prisoners was generally good, and higher than the norms: 'self-esteem for the total sample indicated a generally positive self-regard. The mean Total T-score for the sample (high score indicating greater self-esteem) was slightly more than half a standard deviation above the mean score for the normative group' (pp. 75-76). These authors suggest that the explanation for these children's broadly positive adjustment was the good and consistent care provided to them by their mother surrogates, most of whom were their grandmothers.

In most cases, mother surrogates (usually a grandmother or other family member) had for many years functioned as primary caregivers of the children prior to the incarceration of their birth mothers, which may have attenuated the negative impact ordinarily associated with a mother's absence from the home. (Hanlon et al., 2005, p.67).

The data obtained by the COPING study, on the self-esteem of children of prisoners, is even more important in light of the dearth of research in this area. Our ability to analyse these findings

against a number of other well-being measures and numerous variables concerning the children's lives more generally enhances the value of our self-esteem data still further.

Children's Well-being
There appears to be very little literature on the quality of life and overall well-being of children with imprisoned parents. This includes their health-related quality of life (HRQOL) (along with self-esteem, as discussed above). There is some data, examined below, that relates to HRQOL but only indirectly i.e. informants in these studies are not asked about how difficulties in a child's life are impacting upon the child's quality of life. There is very little literature on the physical health of children whose parents/carers are in prison.

Arditti, Lambert-Shute and Joest (2003), in one of the few studies identified, interviewed 56 caregivers who were visiting a parent/carer in a local jail in a mid-Atlantic, US state, whose children they were caring for. They disclose that 27 per cent of caregivers believed the children's health had declined following the imprisonment of their parent/carer. A number of researchers support the COPING finding that children's psychological well-being may be negatively impacted by having a parent/carer in

prison but also that there are variations within this group. Hanlon et al. (2005) used two scales of the Trauma Symptom Checklist for Children – the Posttraumatic Stress Scale and the Anger Scale (Briere, 1996) – to establish what trauma this group of children might be experiencing. Although some children had T-scores in the 'clinically significant' range, the mean T-score for the whole sample was only slightly below that of the normative population (signifying the presence of fewer traumas). Poehlmann (2005) employed an emotions checklist, derived from the work of Hale (1988), to ascertain children's reactions to maternal imprisonment. According to the caregivers who completed this checklist, children experienced the following reactions: '76% sadness, 49% worry and confusion, 39% loneliness, 36% anger, 24% fear, 14% depression, 12% denial, 10% relief, 3% embarrassment, and 2% guilt' (p.687). Poehlmann also notes, though, that 12 per cent of her sample did not experience any of these reactions. Dallaire and Wilson (2010) assessed the impact of parental criminal activity, arrest and sentencing upon the 'psychosocial maladjustment' (p.404) of 32 children, aged 7-17 years who had a father or mother in prison. They used the Child Behaviour Checklist (Achenbach & Rescorla, 2001) to obtain parent reports of a wide range of symptoms and they administered the How I Feel questionnaire (Walden, Harris, & Catron, 2003) to the children to ascertain emotional regulation.

They report that witnessing the above events had adverse effects in terms of children's psychosocial adjustment, even after controlling for negative life events and socioeconomic risk factors:

When children witness parent's criminal activity, arrest, and sentencing they are more likely to show maladjustment in their emotional regulation skills, to perform worse on a receptive vocabulary test, and exhibit greater anxious/depressed behaviours than children with incarcerated parents who did not witness such events. (Walden, Harris, & Catron, ibid, p.413).

There is also evidence from qualitative research that supports our findings that parental/carer imprisonment can have a damaging effect upon the emotional well-being of both children and their caregivers (Chui, 2010). These factors can however be mitigated by the quality of care-giving these children receive. Mackintosh et al. (2006), in a study of 6-12 year olds (n=69) whose mothers were in prison, found that the majority were – according to the children's own reports (on the Child PARQ) – quite positive about the care they were receiving, most of which came from their grandmothers. However, 24 per cent of the sample did have scores indicating high levels of rejection/low levels of warmth and acceptance. Nesmith and Ruhland (2008) suggest that parental imprisonment may set

up some complex dynamics between children and their caregivers (and also their imprisoned parent/carers). These authors found that the majority of children in their study took on something of a caring role regarding their non-imprisoned parent/carer. The stresses faced by the caregivers as well as the incarcerated parents did not go unnoticed by most of the children. The children were remarkably sensitive to, and attentive of their caregivers' needs and emotions. Their concern often stretched simultaneously in two directions, to the caregiver and also the incarcerated parent. In situations where the caregiver had a good rapport with the incarcerated parent, this presented little conflict. However, when there was a strained relationship between the caregiver and incarcerated parent, the child sometimes faced the dual stress of worrying about both parents, while feeling pressured to conceal or understate the concern over the incarcerated parent. (p.1124)

Arditti, Burton and Neevesbotelho (2010) carried out an ethnographic study of 14 women whose partners, and fathers of their children, had been imprisoned. 'Maternal distress and disadvantage' (p.142) were common, and most mothers responded by exacting harsh discipline on their children. However, 'some mothers transformed their distress by advocating for their children under difficult circumstances' (p.142). Nesmith and Rahland (2008)

underline the complexity in the lives of children of prisoners, this time in relation to their peer relationships. These authors conducted a qualitative study, involving in-depth interviews with children aged 8-17 years (N=34) from 34 families. They found that children wished to share with their friends that they had a parent in prison but were, at the same time, worried about this in case it resulted in any harmful consequences, such as harassment from their wider peer group. Hanlon et al. (2005) found that their sample of 88 children, aged 9-14 years, of incarcerated mothers were, based upon standardised measures, 'neither especially deviant nor maladjusted' (p.67). The children did, however, appear to have problems at school: 49 per cent had been suspended from school and 10 per cent had been expelled (normative data for these outcomes was not provided, so it is not known how these children compared to their peers who did not have a mother in prison). The chief reason for these outcomes was the children's challenging behaviour. Sharp and Marcus-Mendoza (2001) also suggest that parental imprisonment might be the catalyst for school-based problems. They surveyed 96 women inmates who had children. These informants reported that substantial minorities of their children had developed a number of problems with their education since their mothers' incarceration. Achieving bad grades was reported for 23.5 per cent of children in both the

Children's Mental Health, continued

age ranges 6-11 years and 12-18 years, with 20.6 per cent of the latter group having dropped out of school. Trice and Brewster (2004), in a study of 58 adolescents and young adults aged 13-20 years with a history of maternal incarceration, found that they had a range of school-related acting out behaviours. These comprised dropping out of school, being suspended, more absences and failing classes. More than 50 per cent of the sample had school-based discipline problems and over 25 per cent had been arrested. There is additional evidence, from qualitative research, that children fear being harassed and excluded at school because of the imprisonment of their parents/carers (Chui, 2010).

Non-Imprisoned Parent/Carer Health-Related Quality of Life

There appears to be relatively little information on the well-being of the caregivers of children of prisoners, including health-related quality of life measures. This is in spite of the fact that the well-being of this group of caregivers is likely to have a considerable impact on the well-being of the children for whom they are caring. The suggestion within the literature that does exist is that these caregivers do experience issues in terms of their health-related quality of life. The consequences for the children for whom they are caring are less clear.

Physical health

Poehlmann, Park, Bouffiou, Abrahams, Shlafer and Hahn (2008) asked grandparents who were in a care-giving role, either because the children's mothers were in prison or due to other parenting problems, to rate their physical health on a four point scale from excellent (1) to poor (4). A relatively high proportion of the grandparents rated their health as either fair or poor.

Although, such a figure might not be surprising among a sample comprising older people, this finding is quite relevant to the current (COPING) study, as some of the children were cared for by their grandparents, especially when it was their mother who was in prison. Arditti, Lambert-Shute and Joest (2003) carried out interviews with the caregivers (n=56) of children whose mothers or fathers were in a local jail in a Mid-Atlantic state. Almost one-half (48 per cent) of all participants reported that their health had declined following the incarceration of their family member.

Psychological health
Relatively high rates of psychological problems have been noted among the caregivers of children whose parents are in prison. Mackintosh et al. (2006) found that a substantial minority of caregivers have serious levels of stress, arising out of their parenting role. Using the Parenting Stress Index-Short Form (PSI/SF)
(Abidin, 1995), they report that 29 per cent of caregivers had stress levels that were in the clinical range. (These caregivers were in the 90+ percentile for stress compared to national norms). Losel, Pugh, Markson, Souza and Lanskey (2011) report upon the psychological well-being of the mothers of children whose fathers had been in prison. Using the General Health Questionnaire-12 (Goldberg and Williams, 1988), 'which measures psychological well-being'

(p.27), they were able to show that mothers' mental health showed statistically significant improvements between the time of the fathers' imprisonment and an average of six months post-release. Poehlmann (2005) assessed depressive symptoms among 60 caregivers who were looking after children aged 2.5–7.5 years whose mothers were incarcerated in a medium-minimum security prison in the US Midwest. Using the Centre for Epidemiologic Studies-Depression Scale (Radloff, 1977), she found that 42 per cent of caregivers were in the clinically significant range. Poehlamann also assessed the children's 'mental representations of attachment relationships' (Bowlby, 1973), employing the Attachment Story Completion Task (ASCT) (Bretherton, Ridgeway and Cassidy, 1990). She found that there was no significant relationship between the presence of depressive symptoms in caregivers and children's representations (positive or negative) of either their mothers or their caregivers. Poehlmann (2005) speculates that there may be a number of reasons for this unanticipated result, including that caregivers psychological problems may not impact adversely upon the child until they are chronic, or that the caregiver and child have first to live together for an extended period for any adverse effects to take place.

In a subsequent paper, Poehlmann, Park, Bouffiou, Abrahams,

Shlafer and Hahn (2008) focused even more on the role of grandparent caregivers. They compared grandparents who had this role due to their grandchildren's mothers being in prison and grandparents who had adopted this role due to other types of parenting problems. The responsiveness of the care-giving grandparent to the child was assessed via 'observations in caregivers' homes and structured interviews .... using Caldwell and Bradley's (2001) Home Observation for Measurement of the Environment' (p.171). The presence of behavioural problems among the children was assessed using the Child Behaviour Checklist (Achenbach, 1991). Poehlmann et al. found that where grandparents were less responsive to the children in their charge, then the children exhibited more externalising problems. Also, where grandparents had elevated depressive symptoms, then there were more enactments of relationship violence in the children's ASCT.

Kinner, Alati, Najman and Williams (2007) report on the psychological well-being of mothers whose 14-year-old children had fathers who had been in prison at some time. The sample, for this particular study, drew upon a sub-sample of 2,399 14-year-olds, 5.7 per cent of whom had experienced paternal imprisonment at some time in their lives. (The main sample had, in turn, been

taken from an Australian birth cohort study – the Mater University Study of Pregnancy.) Maternal mental health was measured at a 5-year follow-up with the Delusions-Symptoms-States Inventory (Bedford and Foulds, 1978), a self-report measure containing two seven-item subscales assessing depression and anxiety. The authors state that they did find a relationship between paternal imprisonment and behavioural problems in children. They also report that 16.5 per cent of mothers experienced anxiety problems and 5.6 per cent depression. They go on to reveal that that the association between paternal imprisonment and problems in children disappeared when 'well-established social and familial risk factors' (p.1148) were taken into account:

In univariate analyses, paternal imprisonment was associated with maternal reports of increased child internalising (OR ¼ 1.82, 95% CI 1.08–3.06) and externalising (OR ¼ 2.24, 95% CI 1.41–3.57), and alcohol use (OR ¼ 1.68, 95% CI 1.11–2.53) at age 14. However, controlling for socio-economic status, maternal mental health and substance use, parenting style and family adjustment, these associations became non-significant. (p.1148)

To reiterate, Kinner et al. (2007) found that both externalising behaviours and internalising behaviours in 14-years-olds were

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

significantly associated with maternal anxiety.

Environment

No literature was found on caregivers' quality of life in respect of their environment. In light of the scarcity of data concerning caregivers' health-related quality of life, and the possible impact of this variable upon children's well-being, the data obtained by COPING, via the WHOQOL-BREF, assumes even greater importance.

Family Relationships

Across the four countries a key finding was the relationship between the caregiver and the child. Sweden found that poorer outcomes were associated with less stable families. Also, in all four countries, children's resilience was enhanced by close and supportive relationships with grandparents and siblings. Grandparents and the extended family had a particularly crucial role in Romania, including financial and material support. Continuing relationships and contact with the imprisoned parent were important for children's resilience. Through their offences, imprisoned parents have usually failed to set an appropriate moral example to their children. In Romania and Germany children

tended to idealise their imprisoned parent, unless they had reason to be afraid of him. Family cohesion for the child depended largely on the quality of the emotional ties with the imprisoned parent, which the caregivers and wider family were able to promote. The UK report found that children missed imprisoned fathers equally as much as imprisoned mothers. In Sweden descriptions of the relationships with the imprisoned parents were overall positive, with the imprisonment described as the main problem, although two children reported that the relationship had improved as a consequence of the imprisonment, with more structured time with the parent.

Family conflict, particularly associated with drug abuse for UK and Swedish families, and with alcohol abuse and domestic violence in Romania, impacted negatively on children. There was less evidence of drug or alcohol abuse in the German report.

Children's Resilience and Coping Strategies

In Sweden, talking to the care giving parent, to school, friends and NGOs was a main coping strategy. Children in Sweden seemed particularly articulate in describing their feelings about their imprisoned parent. A high proportion of children experienced disturbed sleep and nightmares in the Swedish and UK samples.

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

Children in the UK also talked about their absent parent, but tended to put more emphasis on adjusting to their situation, and things getting back to normal. There was a tendency for children to suppress painful feelings and to feel that they were expected to put a brave face on their situation. A significant number of UK children needed to access counselling or other kinds of support outside the family. The German report identified talking to others as a helpful strategy, but noted that other children tended to avoid talking about parental imprisonment. Behavioural or psychological problems were observed for two-thirds of the children in Germany. In Romania, children's resilience was very closely associated with the strength they were able to draw from support from their immediate and extended families. Children in Romania were more likely to experience stigma for having a parent in prison, and had to rely more on their own strength of character to survive.

Honesty, communication and sharing information
Most children included in the study had some knowledge about their parent being in prison, although this was often not the case for younger children in Romania who were often told that their father was working abroad. How much children were told varied considerably, depending partly on children's age and maturity. Children appreciated being given accurate information.

Some parents in all four countries recognised the importance of being open with their children, and that this would help them deal with the situation. Most children and carers in the German sample talked openly about the imprisonment within the family. Some parents decided to hold back on providing full details about the offence, or about court processes. There were some differences in this regard between care giving and imprisoned parents. In Sweden and Germany, and to a rather lesser extent in the UK, care giving parents tended to favour being open with their children; they had to live with the consequences of their partner's crimes every day. More variation was observed in the views of imprisoned parents; for many of them shame and embarrassment were important factors, sometimes leading them to tell only part of the truth (as was also the case for some UK imprisoned parents). In Romania, imprisoned parents were generally the most reluctant to share information with their children, partly for fear of repercussions. In the UK, sharing information with children seemed to work best where both parents shared this responsibility. Children could be left in a quandary if they had limited information. Sometimes the information would leak out, and sometimes children went to considerable lengths to find out the truth for themselves.

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

Children were usually careful about sharing information too widely, and many decided to talk just to their best and most trusted friends. Talking to children with similar experiences to their own could be particularly helpful and supportive; there was evidence of this in the UK sample, and particularly amongst children supported by Bryggan in Sweden, where children of prisoners could meet and relax with other children who had a parent in prison. Having to answer detailed questions about imprisonment could be difficult. Equally, children found keeping information secret, or having to tell lies, particularly stressful.

Schools
Schools in Germany, Sweden and the UK were mainly supportive when informed about parental imprisonment. Evidence from Romania was more mixed. In Germany, families participating decided not to inform schools in about half the cases. Although a low threshold school social work service is located in many German schools, evidence from the study was that children and carers mainly communicated their concerns with classroom teachers (not school social workers or counsellors), and that teachers have shown understanding and offered emotional, practical and counselling support. While most children interviewed in Germany kept up their school attendance, in the UK school attendance was adversely affected for a number of children, mainly boys; and there

were reports in Sweden of older children frequently missing school, particularly at times close to the arrest of their parent, or when the parent was on home leave. Children's behaviour at school often deteriorated, and it was noted in the UK report that schools did not always have the understanding and skills required to help boys with aggressive behaviour caused by parental imprisonment.

In Sweden, younger children were provided with emotional support by class teachers, and older children could receive more structured support from a school nurse or counsellor. Support for children in schools in the UK was less structured, but available (and appreciated) from a wide range of school staff. There was little evidence from Romania about parental imprisonment impacting adversely on children's behaviour. Rather less than a third of families in Germany had found evidence of children's performance at school deteriorating, although there was some uncertainty about how far this was caused by parental imprisonment. A large majority of care giving parents in Sweden spoke about positive aspects of their children's school performance, while some imprisoned parents in Sweden felt some responsibility for their children struggling at school. In the UK the largest group of children performed well at school, linked to their own ability and determination, and to positive relationships with one or both

parents. However, other children's (again mostly boys') education had suffered. Problems appeared to be related in these cases to the quality and openness of communication between parents and children, and to transition to secondary school, again for some of the boys.

Stigma and bullying

Reported instances of bullying were higher in the UK sample than for the other three countries. They were infrequent in Sweden. In Romania there were references in several cases to children being verbally bullied by teachers. Children in Germany were particularly concerned that there might be repercussions if they shared information about their imprisoned parent with friends at school, although when they did so their fears were not realised. UK families were mainly pleased with positive responses from schools alerted to bullying taking place. There was potential for schools in all four countries to contribute to reducing stigma and bullying for children of prisoners. Most Romanian parents advised their children not to tell their peers at school about their situation because of fear of bullying and reprisals. About half the German families decided not to inform the school about the imprisonment because of feelings related to shame and stigma. Generally, families had greater concerns about stigmatisation where the parents' offences were

more serious, particularly so for offences involving assaults on children. There was greater potential for adverse repercussions where offences were widely reported during court trials and resulting sentences, as in the UK. By contrast, Sweden operates a strict privacy policy which protects the identity of Swedish offenders from being revealed in media accounts of trials up to the point of conviction.

There is a growing body of research indicating that stigma surrounds the loss of a parent to prison and that this can have a detrimental effect on the child's mental health (Boswell & Wedge, 2002; Fritsch & Burkhead, 1981; Hagan & Palloni, 1990; Sack, 1977; Sack et al., 1976). The experience of stigma and victimisation can be damaging for several reasons. A child can internalise the stigma and experience lowered self-esteem (Sherman, 1993) and the stigma may also place the child at heightened risk of bullying and peer victimisation, although there is little systematic empirical evidence to directly assess this in the previous research literature (more anecdotal evidence exists, for instance, Morgan et al. 2011 in the UK, and Uchida et al., 2012 in the US). Where this occurs the child can react with anger and defiance, wanting to retaliate against those who taunt and ostracise them. This type of shame and stigma can also reduce the non-imprisoned parents' social

network, isolating the family from friends who otherwise could be sources of emotional support (Braman, 2004; Cunningham, 2001). This can see the child further marginalised from their peers and wider community and be denied some of the social supports and outlets when grieving for the lost parent (Hostetter & Jinnah, 1993).

Overall our findings emphasise the importance of sharing information about the parent's imprisonment with other individuals, notably teachers. This is primarily because these professionals can help parents and caregivers gain insight into the child's behaviour, especially if it is problematic, and assist in supporting the child and tackling bullying behaviour to improve overall outcomes. There were some clear disparities between the four COPING countries in the prevalence of accounts of bullying and stigma. In searching for explanations, one point to remember is that none of the children were selected from random sampling methods. COPING researchers were reliant upon recruiting participants who volunteered to take part in the initial survey from contact with the partner NGO which operated as a referral agency. Nevertheless this is a consistent bias across all the four countries, which points to other possible explanations lying at the country level. Another important variable is disclosure to the child about

the parent's imprisonment and the extent to which this was known amongst their peers and their wider community, itself a reflection of the index offence and the wider media attention and ensuing publicity the case would have gained. At least half of the parents in the UK had shared information with their children, as did most families in Romania and Germany, and even more in Sweden where this was a condition of participation in the project. For those in the UK who reported bullying, many of the parents' court trials and resulting sentences had been reported by the local press and television, and for some this led to considerable media publicity of the case and resulting ostracism.

Another possible explanation may lie in differences in the stigmatising impact of imprisonment on children and their families across jurisdictions. Imprisonment may be associated with less social stigma in Sweden because, unlike the other COPING countries, Sweden operates a strict privacy policy which protects the identity of Swedish offenders from being revealed in media accounts of trials until after conviction (Scharff-Smith & Gampell, 2011). This is in marked contrast to the UK where the portrayal of offenders, particularly in the popular press and on commercial television, receives considerable attention, and tends to focus more on inciting emotional responses in viewers (Fox, Sickel &

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

Steige, 2007). This is one dimension of a number of more child-friendly policies and procedures, including a more welfare-oriented juvenile justice system, extended social welfare system and more sympathetic public opinion which may help to ameliorate the adverse impact of parental imprisonment on children in Sweden. In Germany there is a presumption of innocence prior to conviction and the identity of potential offenders is generally not published except where there is a potential danger to society. Trials are in public for adults, but in private for young people (under 21 years). For adults details are only made public in the press following conviction, although practice on this is variable, depending on media policy.

Notwithstanding these disparities across the four COPING countries in children's experiences of stigma and bullying, the findings emphasise the importance of sharing information about the parent's imprisonment with other professionals, notably teachers. This is primarily because these professionals can help parents/carers gain insight into the child's behaviour, especially if it is problematic, and assist in supporting the child and tackling bullying behaviour to improve overall outcomes.

Participants' Experiences of Criminal Justice System
More evidence was obtained about experience of the criminal justice system in the UK than in the other countries. Much of the evidence in the UK related to experience of police arrest, with examples of heavy-handed police practice and (rather fewer) instances of higher levels of sensitivity for children's welfare. There were some isolated instances in Germany and Romania of distress caused to participants at the point of arrest. Other concerns related to: stress caused by extended periods of bail for children and families in the UK; children having no opportunity to say "goodbye" to parents when they were remanded into custody (UK); and serious concerns about restrictions on contact with families for remand prisoners in Sweden. The study has stressed the importance of prompt contact between children and their parent immediately after imprisonment.

Contact with the imprisoned parent/carer
For most of the children involved, regular contact with their imprisoned parent was crucial for their well-being and resilience. A much smaller number of children had either no or infrequent or haphazard contact with their imprisoned parent, and the prior relationships between these children and their parent had often been fraught. Most children (percentages were higher in the UK

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

and Romania) visited their imprisoned parent, although visits were much less frequent in Romania. Long journeys were involved, particularly in Sweden and Romania. Visits could be costly, and often unaffordable in Romania. Most children adapted successfully to the experience of visiting prison, although for a much smaller number this proved upsetting. Saying "goodbye" was difficult for many and the aftermath of visits painful for some.

Children in the UK and Sweden mainly got used to the prison environment, particularly in less secure establishments. Children in Germany and Romania found the prison environment more hostile and drab, and lacking facilities for families. Search procedures caused most discomfort for Romanian children. Family days (UK and Sweden) and parent/child groups (Germany), were appreciated where available. Restrictions on physical contact during visits (Romania's were the strictest, and Sweden's the most liberal) were experienced as unhelpful, particularly by younger children. Opportunities to engage in meaningful activities with the imprisoned parent were limited, which was hard for children of all ages. Special family focussed activities, where available, were more relaxed and widely appreciated.

Telephone contact with the imprisoned parent was very frequent for children in the UK and Sweden, fairly frequent in Romania, and much more restricted in Germany. Costs were high in the UK and often unaffordable in Romania. Where telephone contact was permitted and financially feasible, it was a positive experience for nearly all children, enabling more regular contact with the imprisoned parent. Restrictions on the timing of telephone calls were often described as frustrating for children. Letters also provided an important link with the imprisoned parent, and these were at a higher level in the UK and Germany, fairly high in Sweden, and moderate in Romania. Contact by letter was particularly important in Germany, as this was often the only means of communication between visits. In Sweden furlough leaves from prison were enjoyable for children (some of whom missed school to be with their parent), while in the UK benefits for children were reduced by their anguish at their parent having to return to prison.

Services and interventions
Very few services were available for children of prisoners and their families in Romania. There was more provision to support children and families in the other three countries, most of which was provided by NGOs, with more access to psychological support and a wider range of services generally, in Sweden and Germany.

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

Statutory services prompted mixed reports in Sweden and the UK, with examples of very good practice combined with some scepticism about Social Services interventions. Recipients of support from NGOs were probably over-represented in Germany, Sweden and the UK, where established NGOs played a major part in recruiting research participants. Their support was generally well received. In the UK, POPS provided well established visiting support services for families, and prison based family support was also considered to be effective. Treffpunkt e.V in Germany and Bryggan and Solrosen in Sweden provided well established support for both children and families. Treffpunkt e.V's father-child groups, and group and individual support for children and parents provided by Bryggan were examples of high quality services which could be replicated in other countries. Less stigma attached to services for children of prisoners and their families in Sweden, which seemed more relaxed about identifying and responding to a wider range of needs of these children and families, than the other countries.

Recommendations
The recommendations are based around eight main themes identified from the COPING Project:

- Family Relationships
- Resilience
- Stigma and Bullying
- Honesty and Communication
- Schools
- Experience of the Criminal Justice System
- Contact with imprisoned parent
- Services and Interventions

Family Relationships
Families function as key protective systems and networks providing attachment bonds with competent and loving caregivers, and therefore represent a critical domain of adjustment for the child. Families provide a context where, ideally, a child can be itself, where there is support and advice to overcome troubles and endure tough times by providing caring and trust relationships, emotionally intimate communication, and identity support.

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

Parental imprisonment is potentially highly damaging to family relationships, often undermining this support system by causing disrupted care arrangements. The effects of parental incarceration carry the risk of 'uncertain and discontinuous' relationships with siblings and carers, and the experience of 'strained or changed' extended family relationships for the child (Cúnamh, 2001; Philips et al., 2006; Poehlmann, 2005; Rosenberg, 2009; Smith et al., 2003). COPING's research was able to shed light on some of these processes in the four partner countries and provided several examples of where relatives in families other than parents, stepped in to offer support to affected children.

Resilience
Resiliency is concerned with the strengths that people demonstrate in enabling them to rise above some form of adversity, how some children and young people can successfully adapt to the adversity following exposure to stressful or potentially traumatic life events or life circumstances, such as losing a parent to prison. Resilience can be both a personal trait (Masten & Coatsworth, 1998) as well as the outcome of the relationships or interactions between individuals, families and communities (Drummond & Marcellus, 2003). COPING found many examples where resilience was strong.

Stigma and Bullying
Many children are exposed to considerable stigma when losing a parent to prison. This can cause a general sense of insecurity and may also place the child at a heightened risk of bullying and peer victimisation (Morgan, Leeson, & Dillon, 2011, in the UK, and Uchida, Swatt, & Solomo, 2012, in the US). This stigma also appears to be 'sticky' in the way that it spreads and adheres to family members (Braman, 2004, p.173). The wider effects of stigma can see children further marginalised from their peers and wider community and denied some of the social supports and outlets when grieving for the lost parent (Hostetter, Edwin, & Jinnah, 1993). Fear of stigmatisation was highlighted repeatedly in COPING'S research particularly in respect of the willingness of parents to share information about parental incarceration with schools and others.

Honesty and Communication
Children may not be aware that their parent is in prison, or may be given confused or contrived explanations, or lied to with respect to where their missing parent is and/or the reasons for parental imprisonment. COPING highlighted several examples of such practices. Some parents keep the family situation hidden from children because they are concerned that their child is too young

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

to understand, will think it is acceptable to go to prison, or that the child may tell others and consequently be exposed to stigma and bullying (Robertson, 2007; Marshall, 2008; Glover, 2009). In contrast to these concerns, the research evidence demonstrates that children need adequate and age-appropriate explanations about the absence of their imprisoned parents in order to emotionally readjust to the changed circumstances.

Schools

Schools have been identified as being well placed to provide support to children with a parent in prison (SCIE, 2008; Morgan et al., 2011). There are numerous ways that schools can heighten their awareness and develop skills and practices in order to strengthen their support for children of prisoners. This is in keeping with prior research which emphasises how children value having trusting and caring relationships with teachers, being able to receive sensitive and confidential support, and staff understanding what it was like to be a child coping with a parent in prison (Morgan et al., 2011). Indeed, favourable school experiences have also been found to reduce the effects of stressful home environments (Rutter, 1979; Werner, 1990; Werner & Smith, 1982 in Masten et al., 1990). COPING workshops explored the practical challenges and difficulties faced by schools and the policy changes necessary for schools to participate more fully in the lives of children of prisoners.

Experience of the Criminal Justice System

Once a parent is arrested it is inevitable that families will have to engage with the criminal justice system at different stages in the process. A child can be affected right from the outset from searching the home in advance of an arrest, through the arrest procedure and how that is handled, to the court trial and sentencing process, the period of incarceration through to the parent's release from prison. Practices vary in different countries and these are discussed in the Work Package reports. One issue exercising the minds of participants in the workshops was the extent to which the UN Convention on the Rights of the Child is reflected in criminal justice procedures.

Contact with Imprisoned Parent

Children and young people's opportunities for maintaining direct and indirect contact during parental imprisonment, including the barriers to maintaining these forms of contact, is a particularly important theme in the COPING fieldwork. The findings provided insights into children's experiences of contact when visiting the prison including any unfavourable aspects and the quality

Non-Imprisoned Parent/Carer Health-Related Quality of Life, continued

of on-going relationships during imprisonment. This included considering how the prison authorities were supporting direct and indirect contact in designing and running their visiting regimes.

Services and Interventions
Given the likely harms of parental imprisonment, services and intervention programmes are needed to prevent adverse outcomes for children of prisoners. This workshop considered the types of policy interventions and support services that should be made available to these children to protect them from the multiple disadvantages that they face.

Recommendations

Child-friendly Criminal Justice Systems
Evidence from interviews with families and from stakeholder consultations undertaken for COPING suggests that the welfare of the child may not be given sufficient priority by the police and criminal justice agencies. For example, prior to a parent going to prison, the attitude, behaviour and language used by the police in searching a home and making an arrest, can have a profound impact on the psychological and physical well-being of a dependent child witnessing such events. Examples of practices that are distressing to a child include police wielding guns, doors being broken down during forced entries, drawers being spilled, teddy bears being cut open to look for drugs. The information provided concerning the arrest and how this is communicated, the proximity of the child to the parent within the home at the point of arrest and the use of handcuffs in sight of the child, can all have an impact.

Recommendations, continued

In all four COPING partner countries parental arrest was the start of a period of emotional upheaval for the families affected. This process can significantly disrupt a child's life affecting who cares for the child and where it lives. A number of questions arise:

- When an arrest happens is the child given reassurance?

- Is the child's other parent or carer told about where they can go for advice and support?

- At the sentencing stage, how far are the best interests of the child considered?

- If the imprisoned parent is the only carer is this taken into account?

The UN Convention on the Rights of the Child is clear in emphasising the right of children to be heard and to express opinions. Article 12 emphasises the right of every child to say what they think in all matters affecting them, and to have their views taken seriously and, crucially, this includes what takes place in judicial proceedings.

Criminal justice systems across the EU provide few opportunities for children to contribute to a decision-making process, despite the fact that the judicial outcomes can have a profound effect upon the child's future. This is particularly pertinent to children whose

Recommendations, continued

parent is at risk of a custodial sentence and whose residence and care arrangements may be significantly altered as a result. Whilst there will always be cases in which the only appropriate sentence is one of custody, in cases when there is a choice between a custodial sentence and an alternative to prison, the impact on the child should be taken into consideration, particularly where the parent at risk of custody is the child's only carer. The move towards more child friendly criminal justice systems across the EU requires action be taken to ensure that:

- The child's perspective is introduced into all relevant police procedures
  when a parent is arrested.

- The welfare and best interests of the child are considered in court decisions, in line with the UN Convention on the Rights of the Child.

Recommendation 1

**Introducing the child's perspective in home search and arrest
procedures**

The significant impact on a child's well-being of witnessing a parent being arrested makes it particularly important that the police and criminal justice agencies give a high priority to children's welfare when making an arrest. The following recommendations are made:

**Child Friendly Criminal Justice Systems
Recommendation EU1.1**

All governments and/or state bodies should review their arrest and search policies and procedures in accordance with the UN Convention on the Rights of the Child (CRC) giving due consideration to manner of an arrest, the delivery of a timely, age-appropriate explanation to the child at the point of arrest and the means by which the child and their family access support during and subsequent to an arrest.

There are a number of steps that governments and relevant agencies could take. For example, they could identify if children are likely to be present before a home is searched and a parent arrested; where possible, plan to limit the use of force and the handcuffing of parents when making an arrest; explain to the child what is happening when the house is being searched and an arrest is being made and what will happen next (this could be done by a police officer, social worker or an appropriate adult). They could also ensure that they allow the child time to say goodbye to the parent, find out who will take care of the child immediately after the arrest and, if necessary, make arrangements to sort this out and finally, tell the family where they can go for advice and support.

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Project
COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health
p553

Recommendation 2

Representing the child's interests in judicial decisions
Considering the child's best interests before sentencing involves asking questions such as: is the parent about to be sentenced the only carer that the child has? What will happen after imprisonment? Who is going to care for the child? Where is the child going to be living? Which prisons are at a reasonable distance from the child's home? Other considerations include exploring if there is an alternative to custody for the parent. The consideration of these and other issues amount to a 'Child Impact Assessment' of the consequences of judicial decisions.

Child Friendly Criminal Justice Systems Recommendation EU2.1
All EU Member States should legislate to ensure that courts take the child's best interest into account at the time of sentencing and in decisions on imprisonment. When it falls to the courts to decide the location of imprisonment, this decision should take into account the proximity of the child's place of residence to the prison.

Child Friendly Criminal Justice Systems Recommendation EU2.2
Consideration should be given to the adoption of Child Impact Assessments prior to sentence. The assessment should consider the status of the offender in relation to the child, i.e. sole or joint carer, the current location of the child and the likely residency arrangements for the child following a custodial sentence. Where possible impact statements should consider Article 12 of the UN Convention on the Rights of the Child which stipulates that 'States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child' and that the child should be given the opportunity to be heard in 'any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law'.

This is of particular consequence when a custodial sentence would result in altered residential arrangements.

Maintaining Contact with the Parent in Prison
COPING's research suggests that for most children, regular contact with the imprisoned parent and maintaining the child-parent relationship was crucial for their emotional well-being and

p554   **COPING:** Children of Prisoners, Interventions and Mitigations to Strengthen Mental
              Health   www.coping-project.eu

www.coping-project.eu   **COPING:** Children of Prisoners, Interventions and Mitigations to Strengthen Mental   **p555**
                               Health

Recommendations, continued

capacity for resilience. The right of a child to stay in contact with both parents is clearly stated in the Convention on the Rights of the Child.

There are two forms of contact, direct and indirect. Direct contact is where the child visits the prison in person and has face to face contact with their imprisoned parent. Indirect contact involves keeping in touch by various means including telephone calls, email and by post. Both forms of contact are valued, but the research undertaken by COPING highlights the importance of visits in providing face-to-face contact and direct interaction with the imprisoned parent. This is supported by the evidence of previous research studies which suggest a direct correlation between increased contact with an imprisoned parent and enhanced coping skills on the part of the child (Murray, 2005).

COPING found restrictions on physical contact between the imprisoned parent and visitors was one of the main causes of dissatisfaction for children and families and was particularly difficult for younger children to understand. Restrictions varied between countries, between prisons and as a result of the imprisoned parent's offence and perceived risk level. In general, some degree of contact was allowed except in the most secure establishments and for offenders convicted of the most serious offences, although Romanian prisons did not permit any physical contact between visitors and prisoners.

The ease with which prison visits can be made vary considerably between member states on account of the distances involved. Long, tiring, costly and stressful journeys to attend prison visits were commonplace. Notwithstanding this, COPING found that a sizeable majority of children who maintained contact with their imprisoned parent were accessing prison visits (e.g. UK 92.9 per cent, Romania 87.9 per cent, Germany 81.5 per cent, Sweden 75.9 per cent), although there were variations in their frequency (weekly

Recommendations, continued

or fortnightly in Germany and the UK, just a few times a year in Romania).

To enable a good relationship, it is also essential that the child's needs and other demands are not subordinated to the prison routine. In general, visits were less intimidating for children in lower security prisons which were more conducive to quality interaction between children and their imprisoned parent. Searches on entering prison can be daunting for children at first, although the findings from COPING indicate that they become accustomed to the procedures over time.

COPING's research suggests that the first visit to prison is of crucial importance to children and families, particularly in terms of providing reassurance that the imprisoned parent is safe and well. Children can be very concerned about their parent in the immediate aftermath of imprisonment and often lack the information they need about what prison is like and how their parent is managing. This was evidenced in the relief expressed by several families following their first visit. Delays in arranging first visits because of prison bureaucracy can cause undue distress and anxiety to children and families.

Recommendations, continued

Introducing first-time families to different aspects of prison life, through a prison tour, is an excellent approach. It can dispel myths that children have about prisons countering images conjured up in children's minds through fiction and the media of mediaeval dungeons and places of great danger. The COPING Project identified some examples of induction-type sessions for first-time families visiting prison, where the family is introduced to varying aspects of the prison regime and given advice and support (on relationship issues, child and family welfare). Such an approach would have the advantage of allowing an agency to identify the different support needs of the families and signpost to on-going support services at the earliest stage rather than later into the sentence or worse, when problems escalate into crises threatening family breakdown.

The quality and quantity of visits available to children is also important and can affect their attachment and relationship with their imprisoned parent. Visits can be enhanced by providing welcoming and comfortable visiting facilities, organising events such as family days such as those available in the UK, Germany and Sweden and keeping restrictions on physical interaction between imprisoned parent and child to a minimum.

Recommendations, continued

Family Days typically involved activities specifically to encourage engagement between the imprisoned parent and child. Where provided, these were enjoyed and clearly supported attachments. When asked what could be done to improve visits, children often cited more freedom to interact and opportunities for physical closeness and activities that they could complete with their imprisoned parent (e.g. board games or craft activities). The opportunity to focus on an activity together was particularly useful for younger children who struggle to engage in prolonged conversation and to promote engagement where bonds have become fragile.

Results from COPING indicated that examples of good practice in these different areas was at best patchy and that these conditions were not generally being met at the pan-European level. There is clear evidence that:

- Initial visits can take a long time to arrange causing the child distress and anxiety;
- Family visits can be treated as an earned privilege for prisoners rather than a right of the child;
- Visiting facilities can be poor or might not even exist at all;
- Prison staff do not always behave in a child-friendly way;
- Prisoners' access to telephones can be restricted physically (either not available or accessible only in communal areas for short periods of time) and economically, the cost of calls being prohibitive.

Recommendations, continued

A number of general principles need to be agreed at the EU level to ensure that children can maintain contact with their imprisoned parent where this is in their best interests. These require action around:

- Allowing and facilitating early family contact with imprisoned parents
- Promoting continuous quality family contact during parental incarceration

Recommendation 3

Facilitating early family contact with imprisoned parents Establishing early contact between the imprisoned parent and the child is of paramount importance. Recommendations need
to be considered in five distinct areas, namely, eligibility for visits, entry to prisons (and other secure estates), timing of first visits, balancing security with parental access, and familiarisation of prisons for first-time families. Eligibility for prison visits should be seen as a right of the child rather than a reward for a an imprisoned parent's good behaviour and this right should apply to parents' pre-trial incarceration (police custody suites and remand) as well as to those convicted and serving a sentence. A balance should also be struck between the need for security in prisons (a top priority) and a child's right to maintain contact with the parent when this is in the child's best interest. In some circumstances the child's best interests might be served by not visiting (e.g. where relationships between the child and parent were strained) or doing so less frequently or by using phone calls or letters to keep in touch as an alternative. However, where direct contact is in the best interests of the child this should happen early and, if possible, within the first week of the parent going to prison.

Arrangements should also be put in place to acquaint first-time families with the prison environment and answer any questions that they have about prison life.

Maintaining Contact with the Parent in Prison Recommendation EU3.1
Visits should be seen as the right of the child rather than as a privilege
for good behaviour on the part of the offender

Maintaining Contact with the Parent in Prison Recommendation EU3.2
Children should have the same right to maintain contact with an imprisoned parent who is on remand as to a parent serving a prison sentence following conviction.

Maintaining Contact with the Parent in Prison Recommendation EU3.3
Visitors should be informed about the purpose of searches.

Maintaining Contact with the Parent in Prison Recommendation EU3.4
Search procedures for visitors to a prison should be carried out in a manner which causes minimum distress to children and families.

Project

Project

Recommendations, continued

Recommendations, continued

Maintaining Contact with the Parent in Prison Recommendation EU3.5
Governments should ensure that children can visit an imprisoned parent within the first week following incarceration. This applies to both imprisonment on remand and following sentencing.

Maintaining Contact with the Parent in Prison Recommendation EU3.6
All prison security and administrative measures should be made compatible with the child's well-being and the child's right to maintain contact with an imprisoned parent. Whilst recognising the need for heightened security in many cases, these measures must be reconciled with a child's right to maintain contact, when this is in their best interest.

Maintaining Contact with the Parent in Prison Recommendation EU3.7
Where feasible, children should be given the opportunity, on their first visit, to tour the prison, be provided with information about prison procedures and have the chance to ask questions.

Recommendation 4

Promoting continuous quality contact with imprisoned parent Once established, it is particularly important that quality contact is maintained between the imprisoned parent and the child
both directly (face to face) and indirectly by different methods of communication. Direct contact should be of sufficient quality for the child to interact and engage with the imprisoned parent. This means having visiting facilities that are welcoming and comfortable rather than cold, noisy and crowded and ensuring that security restrictions on visits, including but not limited to those on physical interaction, are kept to a bare minimum. It also means organising age-appropriate activities for children, on the one hand to promote engagement and support attachment and on the other, to prevent them from becoming increasingly bored or agitated throughout the duration of visits.

Although prison guards are often friendly, the guidelines that they have to follow often prevent them from acting in a child-friendly manner. There were some accounts that emerged during the research of partners being treated in a stigmatising and condescending way and of children being expected to behave like

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Recommendations, continued

adults. Education and training materials need to be developed, specifically for prison staff, that introduce the child's perspective and provide guidance on how best to welcome and accompany children and families when visiting a parent in prison.

Maintaining Contact with the Parent in Prison Recommendation EU4.1
In order to promote quality interaction between children and their imprisoned parent, prisons should provide, at least to minimum standards, welcoming and comfortable visiting environments, and ensure that security restrictions on visits, including but not limited to those on physical interaction, are kept to a bare minimum.

Maintaining Contact with the Parent in Prison Recommendation EU4.2
All prisons in all EU Member States should provide age-appropriate activities that both occupy children during visits and foster interaction between children and their imprisoned parent. Child-friendly prison- based schemes should be offered to every child visiting an imprisoned parent.

Maintaining Contact with the Parent in Prison Recommendation EU4.3
The prison and probation services should ensure that they (or an NGO) provide visits groups or visitor centres at or near the prison. This should involve easy booking procedures, information to families prior to the visit (to ensure it is best for the child) and support to child and parent/caregiver prior to and after the visit.

Maintaining Contact with the Parent in Prison Recommendation EU4.4
Prison authorities in all EU Member States should ensure that all prison staff behave in a respectful, child-friendly manner when dealing with families. Education and training modules for prison staff should introduce the child's perspective and provide guidance on how best to welcome and accompany children and families.

Maintaining Contact with the Parent in Prison Recommendation EU4.5
Consideration of the journey time for families should be taken into account by prison authorities in housing prisoners, and financial aid provided for travelling offered where necessary (as in UK).

Recommendations, continued

Recommendations, continued

There is also a need to pay attention to indirect forms of contact with imprisoned parents. Telephone contact was held in very high regard by children and families because it facilitated an immediate response, unlike letters. Regular telephone contact provided the opportunity to maintain normal parent-child interactions as part of the daily routine, update on daily occurrences and significant events, and receive reassurance about the imprisoned parent's safety. However, this was not always affordable, convenient or in some cases even an option; the duration of telephone calls was often limited forcing conversations to be rushed and unsatisfactory, it was often only possible to make out-going calls, at awkward times for a family and without much privacy. The ideal would be to move away from communal phone systems to individual in-cell phones.

Developments in modern communications, including video-based tools such as Skype, have brought about a change in the method and quality of personal communications. Such communication tools are increasingly utilised in the public realm but have yet to be embraced across the prison establishment despite low associated costs. These should be piloted with a view to being supported and promoted by prisons.

Home leave or furlough was also highly valued in many cases, especially where children, caregivers and prisoners had been supported to prepare for it and to debrief afterwards.

Under the UN Convention on the Rights of a Child the best interests of the child must be considered in all actions concerning the child. Furthermore the CRC stresses the right of children to family relationships and to stay in contact with both parents as long as this action does not harm them.

Maintaining Contact with the Parent in Prison Recommendation EU4.6
Prisoners should be able to both make affordable outgoing calls, and
receive incoming calls from their family in their own language.

Maintaining Contact with the Parent in Prison Recommendation EU4.7
Modern forms of technology that permit two-way communication between prisoners and their families and facilitate quick response times should be piloted in prisons and adopted where possible.

Recommendations, continued

Recommendations, continued

**Maintaining Contact with the Parent in Prison
Recommendation EU4.8**
Where it is in the child's best interests home leave should be considered
and offered to prisoners.

Advice and Support to Parents, Care Givers and Children
Away from the prison, how do children, carers and other family members get through it all? What advice and support do they need and what is available to them? COPING has found that children's resilience is closely related to sharing information with them openly and honestly about what has happened and the reasons for their parent's imprisonment, consistent with their age and maturity. On the whole, honesty is good for children and helps promote their positive mental health. Inevitably the information would leak out eventually whether or not children were informed. Findings have highlighted the need to talk to children throughout their experience of parental imprisonment, starting as early in the process as possible. Children in the study generally appreciated being given clear information about their imprisoned parent's situation. Most children found support from talking to close and trusted friends. COPING findings also identified the importance of sharing information about the parent's imprisonment with

professionals, notably teachers. This is primarily because these professionals can help parents/carers gain insight into the child's behaviour, especially if it is problematic, and assist in supporting the child and tackling bullying behaviour to improve overall outcomes. But schools are often unaware of the existence of children of prisoners and their needs whilst parents worry about disclosure leading to bullying of children and stigmatisation of families more generally. Children of prisoners can be or feel very isolated because they do not want to tell others about their situation or having done so, lose friends, or face stigmatisation or bullying. There is real benefit in providing support and events specifically for children of prisoners to enable them to engage with peers in positive activities without having to hide their parent's imprisonment.

Levels of service provision varied across the four COPING countries but none had developed a comprehensive range of services available to children of prisoners and their families, from the early stages of involvement with the criminal justice system through to family reunification post imprisonment. Statutory and voluntary support services for children of prisoners were mainly absent in Romania. In the other countries, statutory services received mixed reports, whereas support from NGOs was generally considered to be more effective.

Recommendations, continued

COPING found examples of good practice supporting children of prisoners and their families developed by NGOs across the four countries including the provision of expert help by staff and peer support for children and parents. However, parents and care givers will not benefit from these and other services if they do not know what is available. In Germany, families in general did not feel well informed about available services. COPING evidence from all four countries clearly identifies stable and consistent support from a parent/caregiver as the key factor promoting children's resilience and well-being while their parent is in prison. Maintaining this relationship mitigates against the damage caused by parental imprisonment. Care giving parents are best placed to support children's continuing development, education and leisure activities during periods of parental imprisonment. There is equally clear evidence about the value of support provided by grandparents and siblings. The contributions they make, for example, looking after the child, acting as a friend/confidante, supporting the non-imprisoned parent, can be substantial but often go unrecognised.

Back in the prison, what opportunities, if any, can the imprisoned parent be given to maintain their parenting role from behind bars? COPING research has identified the importance of children sustaining and maintaining relationships with imprisoned parents,

Recommendations, continued

both mothers and fathers, as a key factor relating to children's resilience. The findings confirm that children and young people greatly miss their imprisoned parent. Fathers may be missed as much as mothers. However, it is entirely understandable that the relationship between the child and imprisoned parent can be strained; parental imprisonment can cause shame for the imprisoned parent, embarrassment for the child and stigmatisation from the family. The more serious the crime the greater these impacts can be. On the other hand, it was also not unusual for children to idealise their imprisoned parent, perhaps as a way of dealing with their emotional ambivalence and feelings of loss and shame that they have about them. It is not always easy to carry out a parental role in prison, and imprisoned parents may need to be encouraged to play as full a role as possible as parents, subject to this being in the child's best interest. In some cases, children's welfare is best ensured where their contact with the imprisoned parent is restricted or subject to certain conditions, such as mandatory accompaniment by a trained volunteer or professional, although this is less common.

There are a number of pan-EU recommendations to make about providing advice and support to parents and caregivers that emanate from the COPING Project. These are grouped under the

Recommendations, continued

Recommendations, continued

four following categories:

- Sharing information on parental imprisonment
- Promoting the role of NGOs offering support to children and families of prisoners
- Caregivers: recognition and support in fostering children's emotional resilience
- Promoting the role of the imprisoned parent

Recommendation 5

Share information on parental imprisonment

One of the most challenging tasks is what to tell the children about why their parent is no longer around. Children need to know the truth but they need to be told in a way that takes into account their age and maturity. How to do this is not obvious especially in extreme cases where the parent has been convicted of a very serious crime such as a sexual offence or extreme violence. It is not simply a case of using one's common sense. Parents in the COPING study talked about their difficulties in telling children about imprisonment and the difficulties they themselves experience in coping with the imprisonment.

Parents should be honest with their children but in extreme cases they may need to be given advice from professionals in mental health and social welfare, not only on what to say but also on how to say it. A qualification to sharing information with children is that what they are told should, first and foremost, be in the interests of the child and not just that of the parent. Carers should seriously consider talking to teachers and staff at the child's school about the situation and what this means for the child, for example, the child having to take some time out to visit the parent. The decision to inform the school about parental imprisonment takes some courage and determination but if schools are informed that pupils have a parent in prison they can give them emotional support, look out for any problematic behaviour from the affected child and tackle bullying from other children arising from the parent's imprisonment (see Theme D, the role of the school, below).

The recommendations under this category are as follows:

Advice and Support to Parents, Care Givers and Children Recommendation EU5.1
Parents and caregivers should be offered guidance from mental health and social welfare professionals, on what and how to tell the children in extreme cases, taking account of the child's age, individual personality and developmental stage.

Advice and Support to Parents, Care Givers and Children Recommendation EU5.2
The care-giving parent and the imprisoned parent should share responsibility for providing information from the start of the process to its eventual conclusion; decisions about how much children should be told should be reached in the best interests of the children (not those of parents).

Advice and Support to Parents , Care Givers and Children Recommendation EU5.3
Parents/caregivers and imprisoned parents should carefully consider sharing information about parental imprisonment with their children's school and wherever possible communicate this information so that schools can provide children with the support they need.

Recommendation 6

Promote NGOs' role in supporting for children and families of prisoners
There was evidence that some families of prisoners were unaware of organisations specifically designed to support them. These families reported that they would have welcomed the opportunity to receive support, particularly regarding what to expect when visiting prison. Much more can be done by the police and the prisons to tell families where to find support but the NGOs need to ensure that criminal justice agencies are fully aware of their services so that they can refer families to them.

Advice and Support to Parents, Care Givers and Children Recommendation EU6.1
The valued role of NGOs in providing services to children and families impacted by imprisonment should be recognised by national governments.

Advice and Support to Parents, Care Givers and Children Recommendation EU6.2
NGOs should ensure that their support services are effectively advertised to potential service users and other relevant personnel involved in the entire criminal justice system process - from arrest to resettlement - to increase awareness of and accessibility to these services.

Advice and Support to Parents, Care Givers and Children
Recommendation EU6.3
Criminal justice agencies should be aware of the particular needs of children with imprisoned parents and commit to publicising information for them at all stages of the criminal justice process.

Advice and Support to Parents, Care Givers and Children
Recommendation EU6.4
Protocols with the police service should be developed so that when a parent is arrested, the police inform the family (carer and child) about where to find support.

Advice and Support to Parents, Care Givers and Children
Recommendation EU6.5
Prisons should ensure that standardised letters advertising the services provided for children and families of prisoners by NGOs are sent to families of prisoners.

Advice and Support to Parents, Care Givers and Children
Recommendation EU6.6
NGOs and support agencies not currently working in this area should be encouraged to expand their role to include support for

families of prisoners and run activities specifically for children of prisoners.

Recommendation 7

Recognise and support care givers in building children's resilience

The contribution of care giving parents is crucial for children's resilience. But grandparents also play a role, sometimes taking over children's full time care, sometimes sharing household duties, helping financially, counselling and offering support with prison visiting, or a combination of these. Grandparents were well placed to nurture the child's relationship with the imprisoned parent. The supportive role played by siblings was also strongly

evidenced across all four countries. Older siblings frequently helped to look after younger ones, and also provided them with support, making sense of their shared experience of parental imprisonment. In a few cases older siblings provided full time, or near full time, care for younger siblings during periods of parental imprisonment.

Governments should recognise the value of the work that all carers do and help ensure they are given the support they need from statutory agencies.

Recommendations, continued

Recommendations, continued

Advice and Support to Parents, Care Givers and Children
Recommendation EU7.1
The crucial value of support provided by care-giving parents, grandparents and siblings to children of prisoners in underpinning
the children's mental health and promoting and protecting their well- being should be formally recognised by all EU Member States.

Advice and Support to Parents, Care Givers and Children
Recommendation EU7.2
Caregivers should be provided with the support they need to fulfil this
role by statutory agencies throughout Europe.

Recommendation 8

Promote the role of the imprisoned parent
COPING recognises the potential role of the imprisoned parent as active agents in promoting children's welfare. Encouraging imprisoned parents to contribute to their children's daily lives can be problematic because they might not appreciate how hard it is for their children to deal with their imprisonment; they might not realise just how important they are in promoting their child's welfare and they may fail to see how they can possibly carry out their role as a parent from prison. Imprisoned parents need to have their awareness raised about the importance of their role, the difficulties their children may face and the various positive coping strategies that the family can develop.

Just as carers need support on the outside, the imprisoned parent should be offered advice and support on parenting from within the prison through the provision of and participation in parenting groups and classes. But it is not just a case of changing perceptions. Imprisoned parents cannot execute their parenting role without continuing quality contact with their child. The two go hand in hand. Under the right circumstances there is no reason why an imprisoned parent should not be given the opportunity to share responsibility for decisions impacting on their child's well-

Recommendations, continued

Recommendations, continued

being, maintain an interest in their child's education and in other aspects of their daily lives.

The role and contribution of parents/caregivers, grandparents and siblings, crucial for children's resilience and well-being, is usually a 'taken for granted' commodity. COPING actively recognises and promotes the value of such support.

Advice and Support to Parents, Care Givers and Children Recommendation EU8.1
Imprisoned parents should be offered opportunities to contribute to their children's daily lives, including being involved in their children's schooling, when feasible.

Advice and Support to Parents, Care Givers and Children Recommendation EU8.2
Parenting groups, workshops and other forums for sharing experience and receiving support as a parent should be widely available in prison to help them carry out their parenting role.

The Role of the School
Children of imprisoned parents are at a significantly greater risk of suffering mental health difficulties and may face particular issues as a result of their parents' imprisonment. Those working with children need to be aware that children of prisoners have both generic and individual support needs. For example, many children of prisoners take on additional responsibilities including acting as young carers while their parent is in prison. Where the fact of parental imprisonment becomes public knowledge, children can also be bullied and stigmatised.

Schools are the one institution that almost all children regularly attend and are a significant influence on their socialisation. Where teachers or other trusted school staff (such as assistants or school nurses) do know about the situation, they can provide emotional and practical support to children of prisoners. Parental arrest and imprisonment can potentially make the transition from junior to secondary school more challenging and have an adverse effect on children's performance at school, at least in the short term. Teachers can help affected children academically, through homework clubs or extra tutoring. This can reduce significantly the burden on the non-imprisoned parent or carer especially when they were stressed, overworked and having to devote an increasing

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Recommendations, continued

proportion of their time on running the household and managing family budgets.

Schools can also encourage parents to be open with their children about parental imprisonment and they can reassure and encourage them to be honest about the impact of parental imprisonment on their child's school attendance (e.g. absences due to prison visits). They can also protect children from bullying and stigmatisation . However, these potential contributions are not always realised because schools are often unaware of the existence of children of prisoners, their experiences, life changes and needs. School staff and other professionals need to be alert to these children's need for emotional support and counselling. The help that they need is mirrored by the support and counselling needs of other children suffering either significant loss or trauma, for example, children experiencing parental divorce, bereavement or domestic violence.

Recommendations, continued

Teachers and other staff also need guidance on how to engage children in conversation around parental imprisonment. How to broach the subject? What topics to discuss? What language to use? Schools need to be sympathetic and show an awareness of the needs of children of prisoners but parents need to have the confidence and trust that if they share this information, the school will be supportive and treat the information confidentially. There is more that can be done. Teachers and other staff can tackle stigma surrounding parental imprisonment by raising awareness of this issue in schools and by promoting a positive, non-discriminatory school environment.

Recommendations, continued

Recommendation 9

Help schools recognise and respond to children of prisoners' needs

Throughout the EU authorities responsible for overseeing schools should recognise children of prisoners as a core vulnerable group and include how to identify, engage with and support them in their strategic planning. Additional training for teachers and school counsellors about the emotional support and education needs of children of prisoners needs to be developed for staff to feel confident about their ability to provide the necessary kind of support.

Schools should identify pupils who are particularly vulnerable, such as children of prisoners, in ways that are discreet and non-stigmatising, develop greater awareness of their needs and offer them appropriate support. The recommendations to achieve this are as follows:

The Role of the School Recommendation EU9.1
Across the EU, local, regional and national education authorities should include the children of prisoners as a vulnerable group in their strategic planning.

The Role of the School Recommendation EU9.2
Training materials for teachers, school counsellors and others should be produced and used to raise their awareness of the emotional and educational support needs of children of prisoners (among other vulnerable groups) so that they are better able to identify and respond to them. This training could be done in partnership with individuals or NGOs.

The Role of the School Recommendation EU9.3
Stigma surrounding parental imprisonment should be tackled by raising awareness of this issue in schools and promoting a positive, non-discriminatory school environment.

Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health

**The Role of the School
Recommendation EU9.4**
Schools should refer children of prisoners experiencing severe anxiety or trauma resulting from parental imprisonment to trained counsellors.

**The Role of the School
Recommendation EU9.5**
Schools should make clear their open, non-judgmental approach towards children of prisoners and so encourage children and their caregivers to share information about a parents' imprisonment.

Public Awareness and Policy Recognition
Working to safeguard the well-being of children is a common value throughout Europe, a value enshrined in the UN Convention on the Rights of the Child and the EU's Europe 2020 Strategy, which urges the promotion of policies that prioritise early childhood interventions in areas such as health and education. However, COPING has recognised from the start that children of prisoners have received less than adequate recognition for their needs from Government in the four partner countries — Germany, Romania, Sweden and the UK. This is attributable to several factors, the most significant of which are:

- a lack of awareness by both the public and policy makers that children of prisoners are a vulnerable and marginalised group in need of support;

- the fact that children of prisoners are a difficult-to-reach group, which compounds the problem and prevents these "invisible" children from accessing the support they may require;

- a negative portrayal by the media of offenders, and potentially their families, which can be harmful and stigmatising to the child;

- the absence, across the EU, of consistent information about the number and needs of children of prisoners the capture of which, either through a national monitoring body or through the prison service, is necessary in all EU Member States.

Recommendations, continued

Recommendations, continued

Despite the significant numbers of children affected by parental imprisonment (estimated to be over 800,000 across the EU) support initiatives for children of prisoners in EU Member States is patchy, inadequate or lacking altogether. A major precondition to changing this is to raise the needs of children of prisoners higher up the policy agenda at both EU and national level through getting them recognised as a vulnerable group whose needs should be met regardless of the crimes committed by their parent.

The media can have a major impact both on how children view prisons and on how offenders and their families are seen by the public. Stereotypical portrayals of offenders and their families in the media can have a negative influence on public perceptions and social attitudes. Where the media does highlight the needs of children of prisoners, it can also compromise their dignity and privacy. COPING has revealed that draconian representations of prisons by the media that do not reflect modern prison conditions may also give children misconceptions as to the realities of prison life and raise their anxiety.

COPING found variations in the protection of privacy across the four countries. In the UK, many of the parents' court trials and resulting sentences had been reported by the local press

and television, and for some, this has led to considerable media publicity. In Sweden, a strict privacy policy operates whereby the identity of offenders is prevented from being revealed in media accounts of trials until after conviction. This may lessen the social stigma associated with incarceration.

Introducing the requirement to consider the welfare and best interests of the child as well as children's perspective at all levels of policy making will allow for the development of initiatives that will provide these children with the support they need. Whilst all States are party to the UN Convention on the Rights of the Child there is a need for this Convention to be more closely harmonised with all areas of national law so that children have a stronger legal protection of their rights. This may help to move the focus from one concerned only with the punishment of the prisoner to one which addresses the often forgotten existence of their rights-bearing children.

Recommendations, continued

Recommendations, continued

Raising the visibility of children of prisoners and securing greater prioritisation of their needs in areas of current and future policy that affect their well-being requires action at the pan EU level in the following areas:

- Recognition by government that the children of prisoners is a vulnerable group
- More sensitive and responsible coverage by the media of issues that can affect children of prisoners
- Consideration of the perspective of children with imprisoned parents for all relevant decision-makers

Recommendation 10

Government recognition of the needs of children of prisoners A Pan EU commitment is required to raise the profile and priority status of children of prisoners by improving information on their numbers and needs and through the identification, promotion and sharing of best practice in supporting them. A pan EU framework, with clear aims and objects needs to be developed that designates children of prisoners as a vulnerable group and places meeting their needs on government agendas in all EU member states.

Public Awareness and Policy Recognition Recommendation EU10.1
An EU Framework be established for national support initiatives for children of prisoners. This Framework should define common objectives, including improving the information base about the numbers and needs of children of prisoners and the development of cross-agency support initiatives to meet these needs, to be translated into national policies according to the principle of subsidiary.

Public Awareness and Policy Recognition Recommendation EU10.2
The Framework should establish common indicators against which to measure progress; require periodic monitoring; promote cooperation between relevant agencies and foster the exchange

Recommendation 11

**General public awareness-raising and media coverage of issues
that can affect children of prisoners**

In all countries, COPING identified a need to raise the awareness of and 'sensitise' media personnel to the often challenging circumstances that children of prisoners face and the impact that stereotypical or other portrayals can have on their well-being, with a view to preventing stigmatisation. Campaigners and researchers also need to be aware of possible negative repercussions of their efforts to raise the public profile of children of prisoners and a careful balance is needed between highlighting their needs and preventing further stigmatisation.

Public Awareness and Policy Recognition Recommendation EU11.1
General public awareness-raising should be an on-going process across the European Union, primarily through articles in magazines for different groups of professionals and other media channels and
through educational materials and sessions in schools. Content should focus on raising awareness of the existence of children of prisoners alongside other issues which create vulnerability, marginalisation
or stigmatisation for children, the potential impact of parental incarceration and the need to develop effective support schemes.

Public Awareness and Policy Recognition Recommendation EU11.2
Media should be sensitised as to how their reporting impacts upon children, to how stigmatisation can arise as a result of media reports about parental incarceration, and to the need to protect the dignity and anonymity of these vulnerable children.

p594   **COPING:** Children of Prisoners, Interventions and Mitigations to Strengthen Mental
        Health

www.coping-project.eu

www.coping-project.eu

COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental   p595
Health

Recommendations, continued

Recommendation 12

Consideration of the perspective of children with imprisoned parents for all relevant decision-makers

Within EU states, where national governments are implementing EU law, children are legally protected by Article 24 of the Charter of Fundamental Rights. This states that:

- Children shall have the right to such protection and care as is necessary for their well-being. They may express their views freely. Such views shall be taken into consideration on matters which concern them in accordance with their age and maturity;
- In all actions relating to children, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration;
- Every child shall have the right to maintain, on a regular basis, a personal relationship and direct contact with both his or her parents, unless that is contrary to his or her interests.

Public Awareness and Policy Recognition Recommendation EU12.1

Decision-makers should ensure that anyone whose work impacts (directly or indirectly) on children of prisoners considers their best interests, needs, rights and perspectives, allowing for the development of support initiatives in schools, statutory agencies, the criminal justice process, and other relevant areas.

Public Awareness and Policy Recognition Recommendation EU12.2

In the longer term, all member states party should seek to ensure that national law, especially in criminal matters, is more closely aligned to the Convention on the Rights of the Child.

Public Awareness and Policy Recognition Recommendation EU12.3

EU legislation should be passed to ensure that Article 24 is enforceable across EU Member States in relation to the needs and rights of children of prisoners.

Dissemination

The COPING (Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health) Project is a landmark FP7 Framework-funded study providing scientific data on children of prisoners. The child-centred research spanned three years, during which time over seven hundred children affected by parental incarceration in Sweden, Germany, Romania and the UK were interviewed to better understand their resilience and vulnerability to mental health issues.

From the early stages of the project, emerging findings suggested similar themes and consistencies regarding children of prisoners throughout the four nations involved. As the years progressed and the findings continued to be examined, the consortium members of the COPING Project began to plan for the international and Pan-European implications of their research. It was the similarities amongst the children throughout the study which provoked the end of project conference in Brussels, in an effort to have maximum policy-impact at the EU level by presenting COPING to an international audience of experts. Coping with a Parent in Prison: An Agenda for Policy Reform brought together over one hundred professionals, practitioners and policymakers from across

Europe to participate in the launch of findings and policy recommendations from the project.

Dissemination

The COPING Project developed a Dissemination Strategy (see Companion Report on Dissemination for full details) from the outset to increase awareness of the needs of children of imprisoned parents as well as to share emerging findings and issues with a range of stakeholders: policymakers, the child welfare and child's rights communities, criminal justice and prison service authorities, the international research society, information networks in the EU community, schools, children, families and other relevant stakeholders. Each participating country created a Stakeholder Network relevant to their national context, which was managed by a dissemination leader.

Over the course of the project, the aim of the Dissemination Strategy was to:

- Enhance existing information, recommendations, knowledge and good practice for children with imprisoned parents
- Increase understanding throughout Europe of the impact of parental incarceration on children and of the psychosocial needs of children whose parents are in prison
- Help safeguard children's mental health by informing families affected by parental incarceration of available support interventions and services
- Enhance and improve existing support interventions and services
- Highlight the need for new policy initiatives on behalf of children
- Underscore how results and findings can inform local, regional, national, European and international policy impacting on children with imprisoned parents
- Build trans-European and international alliances for the improvement of policy and support interventions to support children of prisoners
- Contribute to knowledge on the early recognition of the antecedents of adult mental health problems for a particularly vulnerable population.

COPING has as its core the best interests of the child. Its holistic child-centred approach takes into account not only the child but also all of the actors who come into play in the child's environment to promote support systems, foster healthier family dynamics and improve conditions for maintaining family ties. The COPING Dissemination Strategy throughout the course of the project has aimed to maximise the project's chances of effecting real change for these children and their families; for agencies making decisions that impact on children's lives; and for those decision-makers and policy makers within agencies and institutions who potentially could have a bearing on the lives of these children. What was innovative about the Dissemination Strategy is that it drew on a theoretical approach that underscores the complex dynamic and interdependency of policy entrepreneurs, political actors and publics in policy processes. It was therefore a more constructivist approach to awareness-raising, dissemination of findings, results and recommendations, and understanding policy and institutionalisation processes in comparison to most conventional approaches—a highly relevant approach for a social issue (children affected by parental incarceration) that involves a multiplicity of disparate facets and strands dependent on a variety of structures across the criminal justice, penal, social service and child welfare spectrums. The Strategy Framework featured a unique funnel-

shaped systems approach which began with a **broad awareness- raising strategy** (Awareness Plan) to general public, civil society, non-state actors, potential decision-makers, affected children and families, and other relevant stakeholders via the COPING website, then, with the gradual emergence of scientific results,
findings and recommendations over the course of the project, were disseminated to a narrower, more targeted audience drawing on **a) public events twinned with Consortium meetings** (criminal justice and penal authorities, child welfare bodies, local, regional, national government institutions); **b) Publications Strategy** (researchers, professionals, practitioners); and **c) the end-of-project European conference in Brussels** (EU, international policy elites). The Dissemination Strategy Framework included feedback loops that carried final project outputs back to the children, young people and families who participated in the research, as well as to other children and young people affected by parental incarceration through a series of tools and vehicles designed for this purpose. Other feedback loops carried project outcomes forward beyond
the project to strategic decision-makers and policy-makers on the local, regional, national and international levels (See Figure 34).

Figure 34

Dissemination Strategy Framework: a Systems Approach:
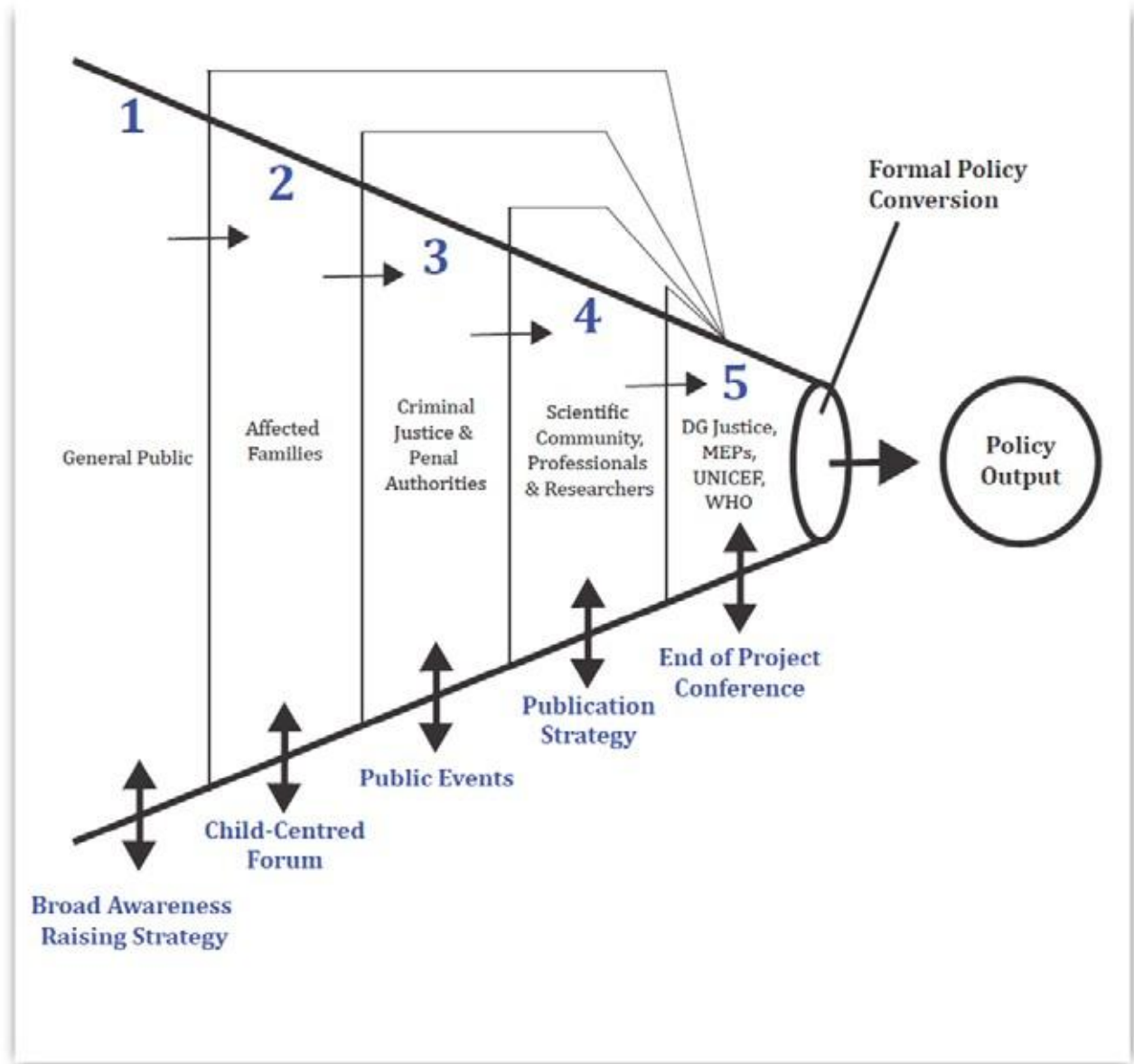
p602   **COPING:** Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health

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COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health   **p603**

Each partner aimed to have maximum dissemination impact on local, regional, national, and, where relevant, European and international levels, targeting their Stakeholder Network of organisations and individuals and working to promote a "cascade effect" or "snowball effect" whereby stakeholder organisations and individuals in turn promote COPING within their professional spheres, highlighting research methodologies (including the added value of incorporating child participation into these methodologies); the needs and challenges for children with imprisoned parents; the characteristics, role and effectiveness of services and interventions; and policy implications of the research. Dissemination actions were continuously updated and monitored, and expressed in concrete terms as much as possible-e.g., strategic impact of the project in terms of improvement of support interventions and services, and ability to inform policy and practice to foster better outcomes for these children. Clear messages were identified, formulated and addressed, as well as facts and figures collected and priorities set.

The dissemination of the project was differentiated according to the target groups to which the project is addressed and according to the result being disseminated. The dissemination was carried out through web dissemination channels, newsletters, policy

briefs, research summary documents and face-to-face meetings (workshops, conferences, individual meetings). Key challenges were to encourage partners to "think dissemination", to reflect on identifying dissemination targets, and to learn how to present COPING outcomes as benefits and solutions to target audiences. To meet this challenge, dissemination workshops were organised in Stockholm and Prague to develop partner skills and expertise in representing outcomes as benefits and solutions for each target audience.

Dissemination activities focussed in part on scientific institutions in order to spread the scientific progress and to make it available for non-participating scientific institutions, as well as to establish an external quality assurance. The COPING project also drew upon an eminent panel of scientific experts from across Europe and patrons, the former making up the International Advisory Board (IAB), both of which promoted awareness throughout the project. In addition to advising on dissemination, the IAB also promoted and disseminated project results and findings among their separate networks. Dissemination efforts have also centred on making optimal use of Internet technologies, on preparing marketing material for use both for general publicity

and dissemination activities and on organising and participating in events in order to promote the exchange of ideas, ensuring that the project outcomes and the work carried out can be transferred and applied to the broadest audience, building strategic alliances in partner countries during the process while continuously raising awareness on children coping with parental incarceration. Awareness-raising and impacting attitudes about children of prisoners has been an ongoing effort and priority throughout the COPING project. In addition, children and young people have played a vital role in the dissemination process of COPING. They have been seminal in expressing the concerns and needs of children affected by parental incarceration, at major fora. Children from COPING spoke on children of prisoners at the plenary session of the UN Day of General Discussion in Geneva, for example, as well as at the Brussels end-of-project conference. For the latter young people from Sweden and the UK made featured presentations and participated in Q&A with panel members from EU institutions. In addition to these EU events, each partner country has convened children and young people's groups in order to obtain their views on emerging findings and to contribute to dissemination. These activities have resulted in materials representing children's perspectives and which have been widely accessed across varied fora and different countries (for example, photovoice exhibition

produced by Romanian children; videos by UK and German children; art work by Swedish children).

Overall, project results were continuously disseminated to children, families, practitioners, professionals and field-based stakeholders to enable support services and interventions to be applied and to gain domain-related feedback from service users, service providers, and staff; and in order to acquire non-participating pilot stakeholders.

Some Reflections

Martin Manby (University of Huddersfield)

Meeting the children and their families was a privilege, and the most enjoyable part of this study. Working together across the four countries to decide on our approach was exhilarating. There was a genuine feeling of teamwork with contributions by children's practitioners, NGOs, psychologists and social workers. We wanted child centredness to run like the lettering in a stick of rock through the project and children had a strong voice throughout, especially in the interviews. Mostly, I interviewed boys and young men. Some of the least articulate found their own ways of conveying the shock of separation from their parent in prison. One 13 year old boy with learning disabilities, whose father was in prison after viciously assaulting his mother, had been helped to see that his separation from his father was a kind of bereavement, which seemed a remarkable insight. Something we could have done better would have been to have helped more children use drawing and painting to describe their feelings about their family, and about prison. It was a learning experience, right through. With support from a care giving parent, or from school or from other adults, many children, perhaps even the majority were able to demonstrate some level of resilience. When visiting their parent, many children eventually adapted to unfamiliar prison routines and security checks. Nevertheless, parental imprisonment has traumatic consequences for many children. Their chances seemed to improve if both parents talked to them openly about the imprisonment, and gave them the freedom to ask anything they wanted. One 12 year old girl, well prepared by her parents for what was going to happen, stoically turned the pages of a shopping catalogue in her room, while downstairs the police came to arrest her father, providing a lasting impression of resilience in stressful circumstances.

Diane Curry (POPS)

Like so many other voluntary organisations across the UK and Europe POPS came into existence through personal experience and a passion to bring about change. From our earliest days we have understood the need for robust evidence to support our calls for change in the treatment of families and the offenders they support. Engaging with educational institutions to explore the work we do from an academic perspective has assisted POPS in this endeavour and brought benefits for both parties. Nowhere has this been more evident than in our collaboration with the University of Huddersfield and the pan-European COPING project. The challenges of numerous and distinctive partners working together have been far outweighed by the benefits. Our experience as family members has forged the ways in which we now approach our work with offenders' families and has ensured the academic

processes which underpinned the research were conducted in a child and family-friendly manner. COPING has also placed us at the heart of a European network of organisations with whom we have now developed strong relationships and which has led to the sharing and promotion of good practice, something which we hope will continue for many years to come. The legacy for POPS as an organisation is extensive. Our perspective on the issues facing the children and families of offenders has grown and diversified as we have been brought into contact with the challenges facing our European peers. As an organisation we now have a much stronger understanding of the Child Rights Agenda and how our work fits within the much large international picture. The project has helped shape our thinking about the future development of POPS and the importance of addressing the specific needs of children and young people. POPS now has a specific children and young people's department, giving this vulnerable group a voice within POPS and contributing further to the evidence required to challenge, support and develop specific services for young people. Most important, underpinning all of the organisational benefits, is the simple fact that the findings and recommendations arising out of the COPING project have given academic rigour to what we knew to be true. It

has given the voice of children and families' fresh credibility and increased their profile in a world all to ready to ignore them.

Sylvia Starke (Treffpunkt)

A lot has happened in the last three years of COPING. In our work in Germany, we came across some challenges, but also many achievements. In the German criminal law system, the idea of rehabilitation is well established – however in practice this is often replaced with the idea of punishment. Challenges continue around improving the system. Modifications regarding child friendliness were blocked at the beginning, as this was identified with a "leniency" of the prisoners. Breaking this perspective and focusing on the children to ease their situation was one of the COPING's greatest challenges. Ongoing dissemination through the media, policy/legislation and the public has aided in raising awareness on children of prisoners. COPING in particular, aided in giving these children a voice in the public sphere. At the local level we already accomplished a change of mind and Treffpunkt has first successes regarding the implementation of child-friendliness. In the visitor waiting room of the Nuremberg prison pictures were hung and discussions have begun to paint the walls to make it more child-friendly. Treffpunkt will continue to work at the local level to offer support to children of prisoners and help making the

prison more family- and child-friendly. With the results of COPING, especially the recommendations, Treffpunkt will work at a regional and national level to raise awareness of prisons, NGOs and policy makers to initiate change. Through COPING improvement ideas and recommendations are supported by scientific facts which help facilitating their implementations. Especially important to us was that we were able to help the children and their families directly. Through the COPING survey and the related public relations we were able to reach some families who did not receive support previously and we were able to offer them our help. The project gave us the opportunity to give the families a small piece of hope by recognizing their particular situation and unique set of challenges and document their condition to help suggest and promote prison reform initiatives.

Oliver Robertson (QUNO)

On dissemination: dissemination started early at the United Nations. QUNO has been alerting diplomats and international officials to the COPING Project since 2010; so that when we approach them with the COPING findings their response is not "what's that? I've never thought about children of prisoners" but is instead "yes, I know about this issue and want to do something about it". There are several opportunities for dissemination at the United Nations. The next full-day discussion on the rights of the child at the UN Human Rights Council will be on children's rights to health: QUNO has already submitted a short paper based on COPING findings to the accompanying UN study and plans to speak during the main discussion about the mental health of children of prisoners. We also plan to host side events on the issue at the Human Rights Council and at the UN Crime Commission in Vienna, disseminating the COPING findings to governments, UN staff and others. There will also be specific briefings on the findings to government representatives from the four COPING countries and the European Union, to the World Health Organization and to the Office of the High Commissioner for Human Rights. When the human rights of COPING countries are examined by the international community, we plan to ensure that children of prisoners is raised as an issue, and will continue to input into studies and discussions beyond the formal end of the Project.

Liz Ayre (Eurochips)

COPING's legacy for change, through its child-centred methodology, is that the opinions of children and young people matter. COPING was not only an extraordinary vehicle for awareness-raising but also served as an instrument for change. For example, the Romanian Justice Ministry now requests that all prisons in Romania record the parental status of prisoners, a decision based on findings on the need to record information about prisoners' children. This is a major step forward, given that the vast majority of EU countries do not record parental status of prisoners, and the actual number of affected children is unknown. The inability to establish this and other baseline measures, such as the number of children experiencing scholastic difficulties or housing problems, hinders efforts by NGOs to "report back" to decision-makers on the success of support initiatives for children. COPING now provides scientific, robust data on a scale not seen before in the field, allowing practitioners to draw on this data instead of advocacy research data or "soft" data that resonates less with decision-makers. It also demonstrates the need for future research, not only longitudinal but also research that reaches children who are not in contact with their parents in prison.

Adele D. Jones (University of Huddersfield)

As Director of The Centre for Applied Childhood Studies, it has been both a privilege and a highlight of my career to steer this ambitious project and work with such dedicated and highly skilled professionals, academics and organisations. All of our work in the Centre for Applied Childhood Studies at the University of Huddersfield involves partnership working however the partnership established in COPING was particularly strong. Although COPING was established with clear parameters, social sciences research is always a messy, organic and fluid process. Finding the balance between being pragmatic, compliance with the original description of work approved by the EU and ensuring scientific rationale for all our decisions was not always easy. Despite the challenges I believe that our research outcomes have exceeded all expectations and if anyone is in doubt as to the reach of our impact then they should read the Companion Report on Dissemination. As we reached the end of the project, professionals, government departments and many NGOs across the world were in touch, eager to know how they could access the research and several agencies are already using the COPING results to develop new areas of work and improve practice. The benefits of our work are not only external; the project has enabled people to develop new skills, strengthen existing skills and enhance research capacity

Reference

(the project spawned four PhD studies and has also benefitted Masters Students in both Romania and Sweden). One of the many significant lessons I will personally take away is the importance of culture and social context – not to create divisions between us, but in recognition that cultural sensitivity is the bridge to a deeper understanding of children's lives and the meanings of their experiences. There were many times when this was apparent, from our varied discussions on ethics, on issues of race and ethnicity, the impact of social and economic inequalities and so on. Despite these differences however, at the end of our study two universal truths still seem to cut across all cultural contexts: the affirmation of the family and, the incalculable value of listening to children. These observations would be unremarkable but for the fact that both are neglected when a child's parent is imprisoned and this is where our contribution can be most significant. And so, while the COPING project is finished, our work is not… we must use the findings to promote the rights and needs of children of imprisoned parents whenever and wherever we can.

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Appendix

THE COPING CONSORTIUM

FRANCE

EUROCHIPS

EUROCHIPS is the sole European network devoted fully to the issue of children with imprisoned parents. With its network of partners active within prison-related, child's rights and child-welfare fields in France, Belgium, Cameroon, Germany, Ireland, Italy, Luxembourg, the Netherlands, Norway, Spain, Sweden, and the UK, EUROCHIPS has forged a consensus on prisoners' Children's special needs and on the quality good practice norms that help combat the social exclusion and discrimination they are confronted with, helping to promote their healthy emotional, psychological, social and educational development. The network acts to boost awareness among decision-makers and the general public in Europe, promote initiatives which take into account the specific needs of prisoners' children (e.g., child friendly prison visits areas; greater child-parent communication and buffering of trauma; support for imprisoned parents,) and foster a coordinated approach between prison services, support agencies and policymakers. It has published a seminal book entitled Children of Imprisoned Parents: European Perspectives on Good Practice (also available in French and in Italian), and is currently developing a series of Training and Information Packs for practitioners, prisons and schools to support imprisoned parents and their children. EUROCHIPS also recognizes that various countries focus on different issues in working with prisoners' children, and looks to foster a common thread by bringing like-minded people together to share perspectives and learn from one another.

GERMANY

Technical University of Dresden

The Mental Health Services Research Group at the Department of Psychiatry and Psychotherapy at the Dresden University of Technology has a special focus of research on the development of instruments for the assessment of mental health services and on studies on mental health services utilization (see http://www.psychiatrische-versorgungsforschung-tu-dresden. de). In recent years, the research group has been involved in six projects funded by the European Commission, e.g. in the so-called DEMoB.Incproject which aims to build a measure for assessing and reviewing the living conditions, care and human rights of people with long term mental illness in psychiatric care institutions.

In addition and among other projects, the research group has conducted or is conducting a number of studies in which mapping of services is an essential part, e.g. the so-called ESMS-b-project which aimed to meet the need for a brief standardized method of assessing service availability and utilization at local catchment area level; the so-called EBW-project which aims on mapping and valuating housing services for people with mental health problems; the so-called BIADEM-project which aims on mapping existing services for relatives of patient with dementia and on contrasting the services' program with the relatives' needs.

Treff-Punkt e,V

Treff-Punkt e,V was founded in 1991 and has its headquarters in Nuremberg. Treff-Punkt has a long term working relationship with all governmental and non-governmental organizations working with offenders in Germany, as well as a close cooperation with the Faculty for Social Welfare of Georg-Simon-Ohm University in Nuremberg for a) the scientific evaluation of services and b) the development of socio-educational interventions and skills within this field. The organisation has been committed for more than 17 years to assist people affected by delinquency with a variety of professional service offers such as: counselling for family members of detainees, individual counselling session and discussion

groups. The service is recommended by all penal institutions and social services. The father-child group, a unique course offered in tandem with prison Nuremberg, aimed at children aged 3-15 and their imprisoned fathers, stands out as a model of good practice. The course is supplemented by a reflection group for the fathers to enhance their educational expertise. The subject is spearheaded by specialists holding a Master degree or equivalent in Pedagogy. The project co-financed by justice and model project for other penal institutions. The organisation also provides mediation and supervision of approx. 2000 young people/adolescents within 350 locations to comply with their legally ordered work sentences/community services.

ROMANIA

Universitatea Alexandru Ioan Cuza

The Alexandru Ioan Cuza University of Iasi is the oldest higher education institution in Romania. Since 1860, the university has been carrying on a tradition of excellence and innovation in the fields of education and research. With over 36.000 students and 900 academic staff, the university enjoys a high prestige at national and international level and cooperates with over 180 universities world-wide. The Alexandru Ioan Cuza University

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Appendix, continued

is placed first in the national research ranking. Striving for excellence, the university takes unique initiatives to stimulate research quality, to encourage dynamic and creative education and to attract the best students to academic life. The Faculty of Philosophy and Socio-Political Sciences is one of the largest schools within Alexandru Ioan Cuza University, with several research departments such as: Sociology and Social Assistance Department, Communication and Public Relations Department, International Relations Department etc. Within the research departments there are laboratories and professionals working on areas such as: Violent and aggressive behaviour in children and adults; Deviant and delinquent behaviour in school and outside the school environment; "Social control, individual security and social policies; Social assistance for children with different problems. The School provides postgraduate qualifications at MA level with focus on deviant children and children in need and mitigating factors (i.e. school, family, institution).

Alternative Sociale Association
Alternative Sociale Association is a non-governmental organization that started its activity in 1997. Its mission is to raise public security and to defend international Human Rights by offering psycho-social and juridical services to victims of different forms of abuse, to victims of human trafficking as well as to

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Appendix, continued

persons that committed penal acts with the purpose of preventing relapse. The programs developed and undertaken by Alternative Sociale target the situation of prisoners focusing mainly on 'the community'; informing the community with regards to issues generated by the imprisonment of a family member; involving the community (local authorities, NGOs, support groups) to ensure social support for the families of prisoners etc. The incarcerated person: encouraging the projects? beneficiaries to cope with the imprisonment situation and to develop compensations that would diminish social withdrawal; maintaining and strengthening family relations with the prisoner; preventing crime among the family members of the prisoner; monitoring the progress of beneficiary families throughout the projects. Examples of projects developed by Alternative Sociale include: "A new chance for the minors in the penitentiary", project that aimed to set up a service centre for minors in Iasi Penitentiary; "Iasi experimental probation centre", a three years project aiming to introduce and consolidate the probation system in Romania, based on the British experience. This project included a service package addressed to justice courts, minors in detention, and to the community in order to offer psycho-social services to persons that have been released from prison and "The family of the incarcerated person in a new integration horizon", project aiming to mobilize the community in offering social support to the family of the incarcerated person in

Appendix, continued

Appendix, continued

order to diminish the negative consequences of the detention of one parent or life partner, and to raise community security.

SWEDEN

Karolinska Institutet (KI) is one of Europe's largest medical universities. KI has about 3700 employees (full-time equivalents), 61% of whom are women. Some 80 per cent of KI's income is devoted to research, distributed among 600 research groups covering all medical fields. KI provides excellent postgraduate training with 2100 registered PhD students from around the world are active in both basic and clinical research. Researchers at KI annually publish more than 3000 papers, which receive 45% more citations than the world average. In a 2005 survey by The Scientist, Karolinska Institutet ranked as number seven of the top fifteen of non-US institutions as regards Best Places to Work for Post-docs. Research at KI has a strong European dimension, with almost 200 project participations within the EU's now closed Sixth Framework Programme (FP6). Of these, KI is coordinating 28 projects. KI has made a strong start in FP7, participating in about 80 projects including 15 as coordinator as well as five European Research Council Grants. KI is also the major Swedish beneficiary of funds from the NIH.

Bryggan

Bryggan is an umbrella organisation for the local Bryggan organisations, the national organisation was established in 2002 and the first Bryggan opened in Göteborg in 1998. Today there are seven Bryggan organisations, Stockholm, Norrköping, Karlstad, Sundsvall, Borås, Malmö, and Göteborg. Bryggan works with children whose parents are the subject of the correctional system and works from a child's perspective, which means that they always focus on what is best for the child since when a parent is sentenced and deprived of his/her liberty, the whole family is affected, not least the children. There have been some variations as to how far the local bryggorna have come in their work. Bryggan is a safe meeting place for children, young people and parents, where it is possible to meet others in the same life situation.

At certain bryggor, children and young people are offered a structured group activity, similar to that run for children with parents who are addicts. Mothers and fathers are offered parent groups. The families are offered meaningful leisure time, various types of activities, such as creative activities, sports clubs, museum visits, theatre visits and family camps and much more. Bryggan is working to emphasise and improve the conditions of children whose parents are the subject of the correctional system.

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SWITZERLAND

Quaker United Nations Office

QUNO represents Quakers at the United Nations through the Friends World Committee for Consultation which has been granted General Consultative Status as an international non-governmental organization by the UN Economic and Social Council. Quakers had an international centre in Geneva in the 1920s to work at the League of Nations, but this was re-established as the Quaker UN Office after the creation of the UN in 1945. One of QUNO's three work programmes is Human Rights and Refugees. Since 2003, the top priority of the human rights work has been Women in Prison and Children of Imprisoned Mothers.

QUNO has researched and published materials on various aspects of these issues (available from www.quno.org), including Babies and Young Children Residing in Prisons (2005), Impact of Parental Imprisonment on Children (2007) and Children Imprisoned by Circumstance (2008), and has organized presentations and discussions of its research findings in the UN building in Geneva for governments, experts, UN staff and non-governmental organizations. QUNO has worked with the UN Office on Drugs and Crime in the preparation of a Handbook on Women and

Imprisonment (2008), with the World Health Organisation's European Offices Health in Prisons Project on a background paper and declaration on Women's health in Prison, with the UN Human Rights Council and its member and observer states to incorporate children of prisoners into the resolution on the rights of the child, and has engaged the Committee on the Rights of the Child in the issues when consideration reports from States Parties to the Convention on the Rights of the Child.

UK

The University of Huddersfield was established in 1825 as the Huddersfield Scientific and Mechanic Institute. Today the University has seven Academic Schools attended by over 22,000 students and staffed by over 1,600 teaching, research and support staff. The School of Human and Health Sciences, comprises 5 Research Centres, including the centres for Applied Childhood Studies, Applied Criminology and Health & Social Care Research. The Centre for Applied Childhood Studies led by Professor Adele Jones, is nationally and internationally renowned for producing knowledge based on a critical engagement with theories and concepts relating to children and families, and a critical approach to research methodologies and therapeutic and social interventions.

Partners of Prisoners

POPS provides support to offenders' families, who are so often labelled 'guilty by association', to help them cope with the stress and isolation they can feel when trying to support an offender. POPS has grown tremendously since our early days of supporting a hand full of families. The organisation supports over 250,000 families a year and employ almost 100 staff and 30 volunteers. POPS is fortunate to have a team of highly dedicated, experienced and qualified people on its staff. We pride our self in having an extremely diverse work force, which reflects the backgrounds of the service users. POPS believe that this demonstrates their commitment to equal opportunities in its most practical form and enables the organisation to celebrate diversity and understand the specific needs of offenders and their families. POPS value all people involved in helping to provide its services, especially the bank of volunteers. Volunteers give their time up for a number of reasons and are made up of ex and current beneficiaries, university students, people have no (recent) work experience, who are looking to get future paid work and much more. In addition to its Core Services and Projects POPS influences an array of difference policy forums at local, regional and national levels.