



Children of prisoners

A guide for community health professionals

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i-HOP also delivers a national programme of workshops for multi-agency professionals, and has developed a range of resources to assist services and practitioners who come into contact with the children and families of offenders.

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Notes on the text

1. The term 'children' refers to children and young people aged from 0-19.
2. The term 'parent' should be taken to mean 'parent or carer'.
3. The guide refers to 'parental' imprisonment. However, having another close family member in prison – for instance an older sibling or grandparent – can have many of the same effects on children.
4. All case material was developed through interviews with professionals in health and other services, in which no identifying data about service users was shared. The write-ups were shared with the professionals prior to publication, to confirm that they accurately presented what was discussed.
5. This guide relates to community health care provision in England, and links to child health policies specific to England. However, although legal and administrative arrangements differ across the four UK nations, the underlying principles and concerns for addressing children's health needs are shared.

These include: the importance of accessible community provision; recognising the significance of the early years; addressing social risks; providing support for the most vulnerable children and families; the importance of early intervention, and the need to focus on children's resilience and mental health. All of these are relevant to addressing the needs of children where a parent is in prison. Therefore we hope this guide will be useful for community health professionals in the devolved nations.



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Foreword

An estimated 200,000 children every year in England and Wales experience a parent's imprisonment.

There is a growing body of evidence which suggests that parental imprisonment can impact on children and young people's health and wellbeing, and that the effects – particularly the emotional impact – can follow children through into adulthood.

Community health professionals such as health visitors and school nurses can give crucial assistance to this group, as they provide universal support to individual children and families within local communities. Working closely with wider stakeholders, including Early Years providers and schools, they often manage difficult and challenging situations.

Health visitors and school nurses are key figures in public health delivery, as they are skilled in engagement and empathy, which is crucial when working with the most vulnerable children. They are also responsive to local and individual needs, so families who may need additional support can access it when they need it most.

This guide builds on the existing expertise of professionals working with children and families, providing information and guidance they can use to identify and support children of prisoners.

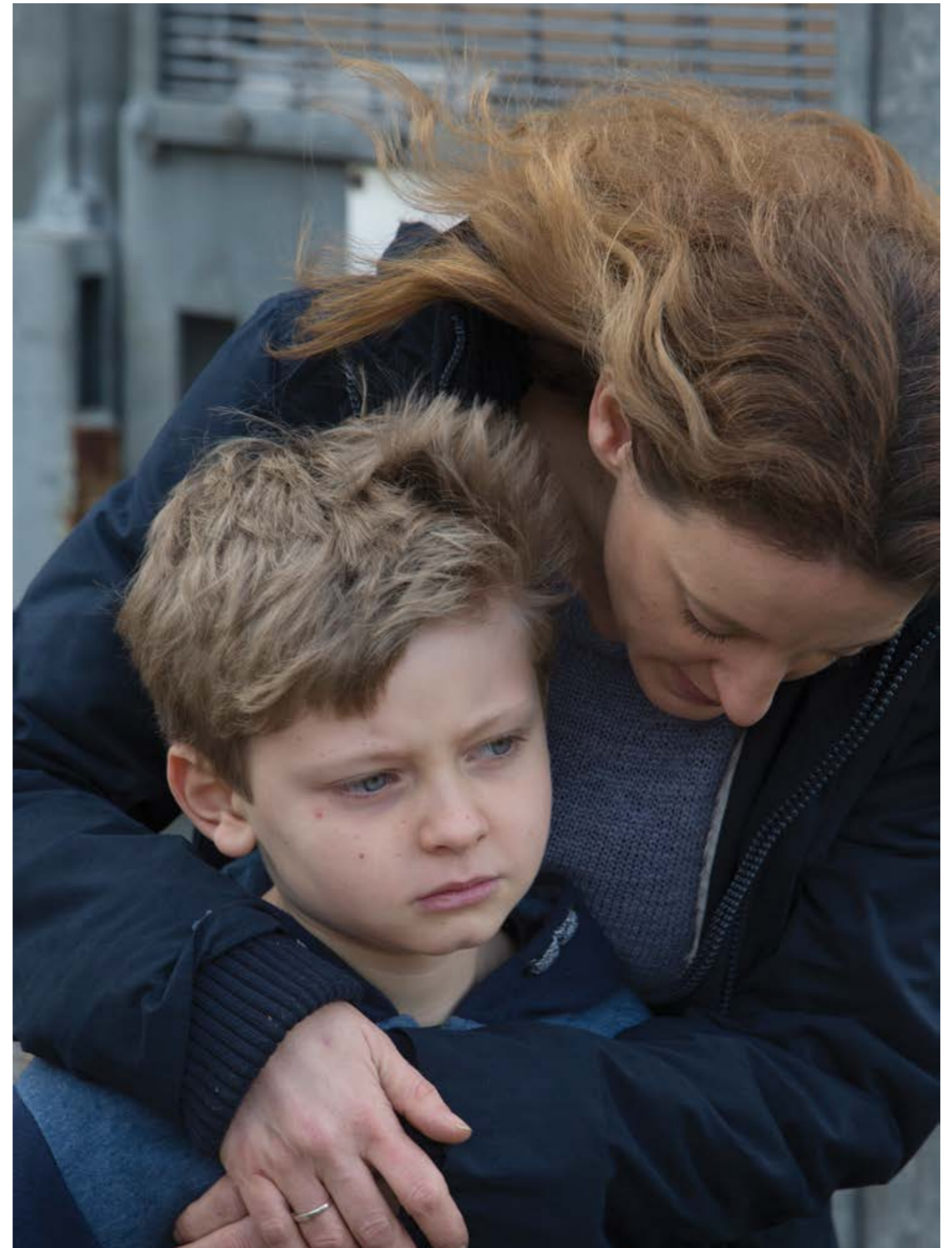
The guide recognises that working with children of prisoners is challenging, due to the differing priorities of the criminal justice system and child welfare agencies, and because it requires professionals to confront the impact of offending behaviour and the criminal justice system on often very young children.

I hope that this invaluable guide will be widely used, and make a real difference for children living with the consequences of a parent's imprisonment.



Wendy Nicholson

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Introduction

This guide provides information for health professionals working in community settings, who wish to improve their recognition of, and support for, children affected by parental imprisonment. It was written with the following principles in mind:

- That children of prisoners have rights, including the right to influence decisions that affect them, as laid out in the UN Declaration of the Rights of the Child.¹
- That children's voices should be heard, and that it is important to listen to them – including very young children.
- That we work with hope, and with the belief, that parental imprisonment should not determine children's outcomes.
- That services can best respond to children of prisoners if they work together, across a range of interventions.

Because of their accessibility, their universal offer, their attention to social as well as physical risks and their ability to intervene early, community health professionals are a key resource for this potentially vulnerable group of children and families.

At a practical level, the guide addresses how children are likely to respond to parental imprisonment, what their fears and hopes may be, how to talk to them, and how to help families to get the information and support they need in an often bewildering and stressful situation.

It also explores how senior community health professionals can recognise the needs of children affected by parental imprisonment within the current policy context, particularly the 'Healthy Child' programme (Department of Health (DH) and Department for Children, Schools and Families (DCSF), 2009; DH, 2012a, 2012b, 2013).

¹ Article Two of the UN Declaration of the Rights of the Child states that 'No child should be discriminated against because of the situation or status of their parents', and Article Three states that 'In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration'.

This may involve raising awareness in teams, providing access to information, supporting frontline workers to deal with the demands of working with prisoners' children, and incorporating parental imprisonment into impact assessments, as well as developing local strategies to identify sensitively who the children are.

As with this guide's predecessors, the handbooks for children's centres and schools (Barnardo's, 2012 and 2013), the contents are based on research findings and information from evolving practice. This includes fresh case material from consultations with 17 health professionals and staff at specialist services for children of prisoners, working in strategic, managerial and practitioner roles. The consultations covered both urban and rural areas.

In addition, the authors attended two group discussions with health visitors, one in an urban and one in a rural area, and a conference for school nurse ambassadors.

The aims of the guide are as follows:

- To present research evidence on the impact of parental imprisonment on children.
- To explore the ways in which community health professionals may come into contact with the children of prisoners.
- To outline the connections between parental imprisonment and more familiar areas of child and family health concerns, such as the impact of family pressures, safeguarding, child development, parenting and attachment, and children's emotional wellbeing and mental health.
- To provide resources which will support community health professionals working with children affected by parental imprisonment, and to signpost them to further information.
- To share examples of current practice, including projects that address the needs of particular communities.

The guide is not calling for additional resources or new projects. Nor is it advocating for all community health professionals to develop a therapeutic expertise in the trauma of parental imprisonment, since they already possess the skills and understanding to work with this group of children and families.

Rather, it aims to assist professionals in responding to children and families affected by parental imprisonment, and to embed an understanding of their needs into existing practice.

Who is the guide for?

The guide is aimed at community health professionals whose work focuses on children and families. It covers children aged 0-19 years, and recognises the needs of unborn children and their families.

We use the term 'community health professionals' to include the following:

- children's community nurses
- family-nurse partnership staff
- health professionals with a children's safeguarding role
- health professionals working in specialist, criminal justice-related roles (including nurses in adult prisons and mother and baby units, secure training centres and young offender institutions)
- health visitors
- midwives
- nursery nurses
- school nurses, including those working in pupil referral units and those working with looked-after children

All of the above roles involve working with children's health in the context of wider family and community challenges. This often means working directly with the family, and sometimes in the family home.

The guide can also be of use to General Practitioners, who are sometimes the first professionals to be told about a parent's imprisonment and the impact it is having on a patient's mental and physical health.

Staff working in Child and Adolescent Mental Health Services (CAMHS) may also find useful information in the guide. Although these health professionals do not fulfil the same role as community health professionals working directly in local communities and offering a universal service, they will most likely encounter children with a parent in prison.





Section one:

Children affected by parental imprisonment

The big picture: numbers and characteristics

Numbers

In spite of increased policy attention, and long-standing calls for national and local systems to identify them, children with a parent in prison are a largely 'hidden' group. As a result, there is little reliable information about their numbers and characteristics.

The most recent Ministry of Justice estimates stated that, in 2009, approximately 200,000 children had a parent in prison in England and Wales (Williams et al, 2012).

This may be an underestimation, because prisoners will not always reveal that they have children. This could be because they are concerned about how the 'authorities' or schools will respond when they learn that a child has a parent in prison, or because their children have been taken into care, or simply because they are not asked.

Also, the 200,000 figure is based on estimates of biological parenthood. Many children who are affected by parental imprisonment will be in families where a step-parent or a parent's partner is in prison.

The result of this lack of systematic recording and information-sharing is that professionals will often be unaware that children and families are affected by parental imprisonment.

It is clear that, since prisoners come from every community, so too will children experiencing parental imprisonment. This means that the majority of community health professionals, particularly those working in disadvantaged areas, are likely to have encountered children and families in this situation.

Characteristics

No information is collected about the characteristics of children with a parent in prison. However, three important characteristics can be suggested from the overall prison population data.

There are far more children with a father than a mother in prison.

In March 2015 there were 81,798 males and 3,866 females in prison (Ministry of Justice, 2015b). These are figures for the whole prison population (including 15-17 year olds and 18-20 year olds, some of whom will be parents or parents-to-be). While the effects of having a mother in prison can be severe (see below), the large European COPING study found that children of imprisoned parents missed their father and mother equally (Jones and Wainaina-Woźna, 2013).

There are likely to be a disproportionate number of black and minority ethnic (BME) children with a parent in prison.

BME prisoners make up a disproportionate percentage of the prison population. Currently, 26 per cent of prisoners in England and Wales are from BME backgrounds (Ministry of Justice, 2015b), although they comprise only 14 per cent of the general population (Office for National Statistics (ONS), census data, 2011).

A large number of children under five will have a parent in prison.

The prison population includes a high number of young adults, many of whom will in turn be young parents. In March 2015, 39 per cent of the male and 32 per cent of the female prison population were aged 18-29 years (Ministry of Justice, 2015b).

Women prisoners and their caring responsibilities

While there is little data available regarding the caring responsibilities of male prisoners, there is some information about the caring responsibilities of female prisoners.

This information is not always recorded when women enter prison, but in 2015 the Department for Work and Pensions and the Ministry of Justice shared data on Child Benefit take-up and sentencing for criminal offences, in order to provide a better estimate of the proportion of female offenders with child dependents. The analysis showed that:

- Between 24 per cent and 31 per cent of all female offenders were estimated to have one or more 'child dependants'.
- On average, those female prisoners with 'child dependants' had an average of 1.9 children (Ministry of Justice, 2015).

A report by the Prison Reform Trust (2015) found that in 2010 more than 17,000 children were separated from their mothers by imprisonment, and that 'For eight out of ten children, it's the first time they have been separated from their mums for more than a day or so' (Prison Reform Trust, 2015, p5).

The impact of parental imprisonment

There are many ways in which parental imprisonment can affect a child. For some children, a parent going to prison may mean a lessening of difficulties – for instance if domestic violence has been part of family life. However, for many children there will be significant negative effects, and these can add to the existing disadvantages and challenges the family is facing.

Below are some of the main impacts of parental imprisonment that have been identified in research and by practitioners, including the professionals interviewed for this report.

A sense of sadness and loss

Feeling sadness and loss is a very common and often dominant reaction to parental imprisonment (Boswell and Wedge, 2002; Gill, 2009). A child who loses a parent to imprisonment may have some similarities to a child whose parent has died. Pearlman et al, in their work on grief in childhood, describe the anxiety problems seen among bereaved children. These include:

'Generalized anxiety disorder; difficulty concentrating (may be evidenced by school problems), irritability... (and) sleep disturbance. Separation anxiety disorder; inappropriate and excessive anxiety concerning separation from home or from major attachment figures; persistent and excessive worry about losing, or about harm coming to, major attachment figures'

(Pearlman et al, 2010, p106)

In addition to their grief, children affected by parental imprisonment can also experience:

- **Trauma** associated with the arrest and imprisonment of the parent (Jones and Wainaina-Woźna, 2013).
- **Uncertainty** as to whether their parent will come back, or return to the way they 'used to be' (Arditti, 2012, p102-103).
- **A lack of understanding or compassion from others** in relation to their loss. The term 'disenfranchised grief' (Doka, 1995) has been used to describe the experience of children with a parent in prison, who experience a sense of loss but do not have a 'socially recognized right, role, or capacity to grieve'.
- **Stigma relating to imprisonment.** Arditti refers to the 'hostile, disapproving or indifferent social attitudes pertaining to the loss of a family member through imprisonment' (2012, p103).

Emotional and mental health

The COPING project found;

'children with a parent/carer in Prison... to have a significantly greater risk of mental health problems than children in the general population. This risk is especially large among older children'

(Jones and Wainaina-Woźna, 2013, p47).

Effects on the child's emotional and mental health can include:

- Concern about what is happening to the parent in prison (worrying the parent is lonely, sad, or experiencing violence).
- Anxiety, unwillingness and/or inability to express their feelings, and sleep difficulties.
- Changes in behaviour.
- Negative impact on the child's self-concept; some children may think they have inherited the negative characteristics which are attributed to their imprisoned parent.

Case notes extract

A specialist service working with families affected by parental imprisonment was supporting a single parent (28) with a three-year-old daughter.

The mother's relationship with the father had already broken up by the time he was imprisoned, and due to the daughter's age, this hadn't been discussed with the child. The mother's anxiety increased when her daughter began to ask questions regarding her father and why he wasn't in her life.

The mother was signed off work with depression.

The daughter appeared affected in a number of ways by the family pressures, including very disturbed sleep patterns which in turn increased the mother's stress levels. The child was also becoming easily frustrated and tearful.

The child also became very anxious and protective of her mother. If the mother was late picking her up from family members the daughter became very agitated and worried. It appeared that the daughter was anxious that if the father could leave her life so abruptly then so could her mother.

Source: Barnardo's project working with prisoners' families



Impact on the child's family

'I am a mess... I am doing the sentence as well. What kind of future have we?'

Non-imprisoned mother, COPING project

Depending on the role of the parent in the family prior to imprisonment, the family faces other effects, including:

- **A break-up of family relations.** It has been estimated that over a fifth of married prisoners in Britain divorce or separate as a result of imprisonment (Robertson, 2007), and international research has highlighted the association between imprisonment and divorce both during and after the sentence (Siennick et al, 2014).
- **The parent left at home may be under a great deal of pressure as the sole carer,** in addition to dealing with their own sense of loss and anger about what has happened (Arditti et al, 2004).
- **Roles and relationships in the family may change.** In some families a child may take on the role of carer for younger siblings, or a new parent figure will step in to take care of children.
- **Family finances can change significantly.** There may be loss of a full-time income from the imprisoned parent (Smith R et al, 2007). There can also be costs associated with the imprisonment, particularly visiting costs, which are exacerbated when a parent is imprisoned far from the family home.
- **Change in accommodation.** The family may have to move house because they can no longer afford their rent or mortgage, because they want to 'make a fresh start', or because they now feel stigmatised or even threatened where they live.

'Makes it more difficult without the husband. The baby is crying. Him being in prison has made my epilepsy worse.... Got to do a lot more with the children. I've got to do the dad and mum thing with them'

Mother (Barnardo's, 2009, p12)

Case notes extract

A 20-year-old single mother lives with her partner's parents and her 18-month-old daughter.

The child's father was imprisoned for sexual assault of a minor. The offence led to considerable local press attention and negative repercussions in their community. The mother and the grandparents decided they had to move. They chose an area nearly an hour's drive away, where they had no connections and no one knew them.

A health visitor became involved with the family in the new area as a result of transfer of information that this was a vulnerable young family moving to an entirely fresh area.

The health visitor assessed that in spite of living with the grandparents the mother was isolated and the daughter had little contact with other children. The health visitor was also worried that the isolation was exacerbated because the mother was very keen for herself and her daughter to remain in close contact with the father and spent a great deal of time travelling to visit him in prison many miles away.

Source: Barnardo's Cymru project working with prisoners' families

Stigma and the child's friends and social networks

Stigma around parental imprisonment can have significant consequences on a child's life (Murray, 2007; Jones and Wainaina-Woźna, 2013; Smith et al, 2007), and can lead to families' isolation from their community, and increased vulnerability.

At its most extreme, it can force families to move to another area. For children, this can mean that networks of formal and informal support are broken, at an already upsetting time.

In addition, some children will have to cope with the fear of 'who knows' about the parent's offence and/or imprisonment, and not being sure how others will react.

They may experience bullying from other children who know about their imprisoned parent.

'I never tell other people, just in case they split up friends with me and they tell loads of people'

Child, aged 11, COPING project

The stigma associated with parental imprisonment may be worse if the child comes from a socioeconomic, geographic or ethnic community already associated with negative prejudices. Some streets, neighbourhoods or estates might be associated in the public consciousness with criminal behaviour, and this could compound the stigma experienced by children of imprisoned parents from these areas.

The child at school

'Yes, I'm naughtier at school. I'm getting removed from lessons for being naughty and joking around. Sometimes I just get angry'

Boy, aged 13, with stepfather in prison (Barnardo's, 2010)

Parental imprisonment may affect the child at school in multiple ways (Morgan et al, 2013; Roberts, 2012). For example:

- the child's attendance, behaviour, concentration and school work may deteriorate.
- the child may have been told not to tell anybody at school about their parent, which may create tension and uncertainty about what they can say to their friends and teachers.
- as mentioned above, the stigma around imprisonment may lead to the child experiencing hostility or bullying from other children at school.
- the child may be unsure of school staff's reaction; they might think their teachers are expecting them to be like their imprisoned parent, and expect bad behaviour from them.

- research in the United States has shown that teachers rate the anticipated competence of students with a mother in prison lower than that of their peers (Dallaire et al, 2010).

Case notes extract

When he was two years old, Jason's mother disappeared from his life.

Since that time Jason has been brought up by his paternal grandmother. However, he did maintain contact with his father and was close to him.

Although his father was involved in Jason's life he had a history of mental health problems and spent regular periods as a psychiatric in-patient. He also had a history of custodial sentences.

Jason also has an uncle who lives at the same address and with whom he has been close. The uncle himself has a history of domestic violence and has received custodial sentences.

A number of agencies have been involved with Jason as a result of his complex family circumstances and consequent behavioural problems.

Since he started at school, the school nursing service has been involved with him and his family. This has been on the basis of emotional difficulties and a chronic soiling problem which has further affected his emotional adjustment and inclusion. The school nursing service has been aware that when his father is in prison, Jason's behaviour deteriorates and his soiling increases.

When he started in secondary school Jason was referred to the school nursing service again because his father had committed suicide and the school was requesting bereavement counselling.

Source: School nursing service, Midlands

Intergenerational offending

There is some evidence that boys who have had a parent in prison are disproportionately likely to offend and be imprisoned themselves later on (Murray and Farrington, 2005). This is a serious potential consequence of parental imprisonment, not only in terms of these children's futures, but in its implications for society as a whole.

Case notes extract

A school nurse was attached to a Youth Offending Team (YOT), where her role was to address the specific health issues of the young people the team works with, and to work with other members of the team on more individual difficulties the young people were facing.

She worked with Robert, a 14-year-old. Robert came from a family where parental imprisonment had been a regular feature of his childhood. His mother had been in prison a number of times, mostly short sentences resulting from drug offences and offences committed as a sex worker.

Members of Robert's wider family had also spent time in prison.

Robert himself had a history of offending. He was also involved in cannabis and alcohol use.

When the team started working with Robert, he was living with his father because his mother was in prison. Shortly afterwards, his father was also given a custodial sentence and Robert went to live with an aunt.

Because of the frequent changes in the family and a very disordered history of school attendance, Robert had missed many health and dental check-ups and appointments. He had also not received any sex and relationships education (SRE).

The school nurse worked with Robert to address this. She also worked to address his cannabis and alcohol use.

In addition she worked with a colleague in the YOT to address, through detailed discussion, Robert's poor self-image and his belief that he would follow in his parents' footsteps.

In spite of appearing confident, Robert had a deeply pessimistic view of his future. The aim of this work was to support Robert to believe in a future for himself that does not involve offending and imprisonment.

Source: School nursing service, Midlands

However, intergenerational offending is a highly complex area of research. Not only does it require a longitudinal study to establish the facts, but there are challenges in distinguishing the impact of parental imprisonment from that of the multiple deprivations the child may have lived with prior to the imprisonment.

With this in mind, it is essential that health professionals should not approach their work with children affected by parental imprisonment in the expectation that the children themselves will go on to offend.

Multiple deprivation

Parental imprisonment rarely happens in a vacuum. A parent's involvement in the criminal justice system is often linked with multiple risk factors, including drug use, mental health difficulties, domestic violence and poverty.

There is also a wealth of research detailing the many problems that prisoners experience (Corston, 2007; Ministry of Justice, 2013; Prison Reform Trust, 2013), and in the United States, Christian (2009) has stated that 'There is... consensus in the field that these children are exposed to many risk factors'. Phillips et al (2006) clearly link parents' involvement in the criminal justice system, saying that 'Children with parents who had been arrested had a greater likelihood of experiencing two types of family risks: economic strain and family instability.' (Phillips et al, 2006, p677)

In addition, a disproportionate percentage of prisoners are from black and minority ethnic (BME) backgrounds². Children of BME prisoners may be facing community disadvantages in addition to parental imprisonment (Equality and Human Rights Commission, 2010), as stigma and disadvantage can be even greater for BME groups.

Impact of parental imprisonment on children under five

The key to understanding the impact of imprisonment on very young children is recognising the importance of broken primary attachments, and the sense of loss and bewilderment that is likely to accompany the imprisonment of a parent who the child has bonded closely with.

A mother going into prison, and the resulting breaking of attachment and sense of security, can have a significant impact on very young children. A recent NSPCC report argued that:

'Babies who are affected by parental offending and the criminal justice system often encounter risks that could affect their care and development. Firstly, those involved in the criminal justice system often have additional needs, such as poor mental health, that can impact on the care a baby receives. Secondly, the criminal justice system can disrupt relationships, particularly if parents and infants are separated. Thirdly, the physical incarceration of pregnant women and babies in Mother and Baby Units can impact on the health and wellbeing of infants.'

(Galloway et al, 2014, p5)

² In June 2013, 26 per cent of the prison population was from a minority ethnic group, compared to around 14 per cent of the general population (Prison Reform Trust, 2013).



Community health professionals can refer to their own knowledge of children at this developmental stage to understand how a parent going to prison would affect this group. A young child in this situation may experience:

- traumatic breaking of a primary attachment, and consequent insecurities.
- changes to intimate caring contact (such as when a child is used to being put to bed by their father, then the father is suddenly not there).
- confusion about what has happened to a loved parent, as the child is too young to understand fully what has occurred.

Case notes extract

A 21-year-old mother has a 3-year-old boy and a 2-year-old girl, and is expecting another child shortly.

A children's centre 'champion' for children with a parent in prison is working with her and liaising closely with health services.

The father, who is the same age, went into prison shortly after the mother became pregnant with her latest child.

The three-year-old was close to his father, who had been very involved in daily childcare. He reacted badly when his father was taken away.

His sleep pattern deteriorated as did his eating. He began losing weight and said he was not going to eat 'until Daddy comes home'.

The boy's toilet training had been well established but this reverted to much earlier patterns.

Also, he started saying that all his clothes and shoes 'hurt' and he was difficult to get dressed.

The children's centre worker saw the boy's behaviour as being a direct response to the father abruptly being taken from the family and the boy's feeling of being unable to control anything that was happening.

As a consequence he started controlling the few things he could control: what he put in his mouth, whether he went to the toilet and what he was prepared to wear.

The worker talked with the mother about what to say to the child about his father being in prison, advising her to wherever possible tell the truth in an age-appropriate manner.

She also helped the family to make arrangements to visit, and supported an agreement whereby the father rang every day to speak to his son. She also worked with the mother to prepare the boy on what to expect at the visit.

The end result is that the boy is now more settled and back reaching his developmental milestones. The father will finish his sentence shortly after the birth of the new baby, and the children's centre worker has helped the boy understand the timing of the father's release by saying it will be after his birthday but before Christmas.

Source: Community and Family Services team

Pregnant women and mothers in prison

While women offenders are a small minority in the overall prison population, they should not be overlooked. Women prisoners typically have complex needs. A high proportion of them have mental health issues, and drug and alcohol misuse problems, and many have suffered abuse or domestic violence at some point (Corston, 2007).

Maternal imprisonment is likely to have far-reaching implications for both mother and child, as mothers are more likely to have primary responsibility for childcare; fewer than one in ten children are cared for by their father when their mother is in prison (Prison Reform Trust, 2013).

Although this key relationship can be seriously disrupted or even terminated by imprisonment, recent research found that the rights of the child were not consistently considered when their mothers were sent to

prison, and that mothers appearing before judges with a lesser understanding of the impact of imprisonment were less likely to have their sentence mitigated due to caring responsibilities (Minson, 2014).

The imprisonment of a mother raises particular issues for children and families:

- There are fewer prisons for women, and these are often a long way from where the family lives, making it difficult for pregnant women and mothers to maintain contact with partners, family, and particularly children, who may not be able to visit.
- The child's living arrangements are likely to change when the mother goes into prison. Only five per cent of children remain in their own homes when a mother is sent to prison (Prison Reform Trust, 2015).
- Imprisonment may lead to the breakdown of support networks for pregnant women and mothers, including family support.

Problems for a mother may continue on release. She may have missed important stages in her children's development, lack confidence in parenting, or feel she is a stranger to her child. In addition to the stigma around imprisonment, she may be seen as having deserted her children.

Housing difficulties can also occur at this point, as some women may have lost their homes as a result of imprisonment. Mothers can be caught in the 'Catch 22' situation where they cannot get accommodation unless their children are with them, but also cannot have their children return to them without appropriate accommodation (Corston, 2007; Prison Reform Trust, 2015). Pregnant women and mothers can often face practical difficulties on release, such as a delay in receiving benefits, making it difficult to take care of their children or regain custody.

Children's experiences of the criminal justice system

Children may be affected in different ways at different stages of their parent's journey through the criminal justice system, from arrest to resettlement. It is important to recognise what they may face at each of these stages³.

1. The arrest

From the child's perspective, arrest is likely to appear sudden and unexpected, and the primary concern of those making the arrest will not be the child's best interests.

Some children will not be aware that a parent's arrest has taken place, while others will be aware of the arrest and its implications. Some children may even be present during the arrest.

'...I mean I remember seeing my daughter's face panicking... It was difficult for me really because there were so many people around me and trying to sort of handcuff me and one thing and another. You don't really have a chance to speak to your children...'

Imprisoned father (Jones and Wainaina-Woźna, 2013)

For children who are aware of the arrest, this can be a highly unsettling time. It can be accompanied by stressful reactions based on the uncertainty of what will happen to their parent. The child may feel they might never see the parent again, or that the arrest has resulted from their behaviour, leading to feelings of guilt.

In addition, witnessing the arrest of a parent can negatively affect children's perception of the police, particularly if the arrest involves a struggle or the family home being searched.

2. Trial and sentencing

The trial can be a period of great uncertainty for a child. They may also feel intense sadness, emotional upset and a sense of loss.

³ Action For Prisoners' and Offenders' Families (APOF) developed the concept of the 'Offender's Journey', as part of their Hidden Sentence training.

Once the parent has been sentenced, there is likely to be uncertainty about what prison will be like for the parent, where the parent will be, how it will be possible to keep in touch, how long the parent may be away from the family, and what to tell others. Due to age-restrictions on court attendance and the timings of trials (normally during the school week), a child will, for the most part, be reliant on their parent at home to explain what is taking place during the course of the trial.

Parents may choose not to disclose the full details of the case, or the potential outcome, for fear of upsetting the child. However, the COPING study found that children's wellbeing was closely associated with open, age-appropriate communication about the situation (Jones and Wainaina-Woźna, 2013).

3. When the parent is in prison

Maintaining contact and visiting will be a central component of the child's experience. If good quality contact can be maintained, this can have a positive impact on the child's experience of parental imprisonment (Lösel et al, 2012 ; Loucks, 2005; O'Malley and Devaney, 2015).

Visiting is often highly emotionally charged for the prisoner, the parent at home and the child. Boswell and Wedge (2002, p117) noted that 'ordinary visits at least are a source of combined stress and happiness for participants'.

Many factors will impact on the child's level of contact, including:

- **Costs.** Although there is financial support available to families on low incomes for prison visiting (see Appendix 2), many visits will cost more than this because, for instance, of buying food for children en route and at the prison.
- **Distance** of the home from the prison. Parents say that young children in particular get very tired travelling to distant prisons.
- Ease and availability of **public transport** to the prison.
- **Visiting facilities and regulations.** While some prisons provide good facilities,

in others families will feel looked down on, and there will not be adequate toys and activities for visiting children. Also, in some prisons the prisoner will have to stay sitting down and not be able to hold or cuddle the child during visits.

In addition to these external factors, maintaining contact depends on whether the child's parent or carer is prepared to take the child to visit. This may not be the case, for various reasons:

- Some imprisoned parents don't want their children to see what a prison is like, or cannot emotionally face their children visiting and recognising the impact their imprisonment has had on them.
- Some parents think that prison is not a place to take children. Case notes at a specialist service for prisoners' families showed that one mother did not like taking her young daughter to see her father in prison because there were sex offenders there.

4. The parent's release from prison

Some children may be eagerly awaiting the return of the parent, and others may be more uncertain. Either way, this may prove to be a very difficult time, as:

- The child's expectations about the parent's return may be very high, and the reality may be different.
- The returning parent may be lacking confidence in parenting skills and find it difficult to re-engage with the child.
- The parent may be facing extreme pressure on returning home (such as lack of money or difficulty finding work) and this may have an impact on contact with the child.
- The return of the parent may change the patterns of family relations and this may be stressful for all members of the family, including the child.
- The returning parent may have licence conditions which restrict where they are able to travel or the area in which they can live, which in turn can affect their parenting role.

'Readjustment yes, he is going to have to fit into what, you know I haven't changed our routine I would say at all, but the boys are nearly two school years older. They do different things in school, they do more homework, that routine has changed. They go to bed later... You know so it's just my husband fitting into that routine. It seems very simple but it's a big thing'

Non-imprisoned mother of twins, COPING project

5. Possibility of the parent returning to prison

Some parents will reoffend and return to prison. The most recent evidence shows that 45.8 per cent of adult prisoners are reconvicted within one year of being released (Ministry of Justice, 2014). For children, this will not only mean a further experience of the challenges outlined above, but a feeling of the inevitability that the parent will be taken from them again.



Section two:

The Healthy Child Programme and parental imprisonment

The framework

The Healthy Child Programme (HCP) was initiated by the Department of Health (DH) in 2009. It aimed to produce a unifying framework around the provision of health services for children and young people aged 0-19 in the community. There are three components of the programme: pregnancy and the first five years of life, the Healthy School Child Programme and the Adolescent Health Programme.

The aim of the programme is that it should lead to a range of health outcomes for children. These include strong parent-child attachments, identification of factors that can affect health and wellbeing, and better outcomes for children at risk of social exclusion (DH and DCSF, 2009, p8).

The programme also provides learning support for health professionals in the form of an e-learning package (<http://www.e-lfh.org.uk/programmes/healthy-child-programme/>). Central to the model introduced by the HCP is the division of services into four levels:

1. Community level. Services for groups of families living in a particular community, health promotion, and ensuring families are aware of local resources.
2. Universal Services. Services for individual children and families which are universally available.

3. Universal Plus. Services targeted at specific children and families according to assessed need.
4. Universal Partnership Plus. Supporting children and families with more complex difficulties which are most appropriately addressed by integrated provision involving different services.

Links between the HCP and children affected by parental imprisonment

The range of guidance linked to the Healthy Child Programme (HCP) does not specifically refer to parental imprisonment. There is, however, reference to 'parents with a history of anti-social or offending behaviour' as a predictor of risk during pregnancy (DH and DCSF, 2009, p17), and the programme aims to create improvements in 'targeting support to the particularly vulnerable'.

In addition, a number of themes running through the Healthy Child Programme and subsequent policy statements are highly relevant to children affected by parental imprisonment, and demonstrate the HCP's relevance to improving support for these children.



1. Recognition of the importance of emotional wellbeing and mental health

For health visitors, the Maternal Mental Health Pathway (DH, 2012a) looks at the mental health needs of parents, babies and families. It offers comprehensive guidance on supporting mothers to develop strong mental health which is resilient to challenges and changing family circumstances.

The government publication *Promoting emotional wellbeing and positive mental health of children and young people* recognises the contribution that the health visiting and school nursing service can make to improving emotional health and wellbeing outcomes for children, young people and their families:

Health Visitors and School Nurses are well placed to identify issues, use protective screening and provide effective support.'

(DH and Public Health England, 2014, p2)

Relevance for children affected by parental imprisonment:

Parental imprisonment can be associated with broken attachments and feelings of loss, anxiety and depression in children. There is often mental health impact on the parent left at home, which may affect the children.

2. The importance of the father in the child's life

As part of its emphasis on parental support, the HCP is clear about the importance of the father to the child. An important requirement of community health professionals is 'Ensuring that contact with the family routinely involves and supports fathers, including non-resident fathers' (DH and DCSF, 2009).

Relevance for children affected by parental imprisonment:

Most children affected by parental imprisonment have a father in prison, and it is important that they are supported to maintain contact with their non-resident father, if they want to.

3. Services should be accessible and based in the community

The health visitor model has an emphasis on the service being available in convenient local settings such as children's centres, and on the importance of home visiting. It also stresses the importance of linking up with other services (DH, 2015).

A report by the British Youth Council (2011), commissioned by the Department of Health on young people's views of the school nurse service, concluded that school nurses need to be visible and well-known among school-aged children and young people. For a child at school who is wary of divulging too much to teaching staff, the school nurse may be the most readily accessible source of confidential help and advice.

Relevance for children affected by parental imprisonment:

Because parental imprisonment is often invisible and families do not talk about it, health professionals can play a key role in engaging families in this situation who do not self-identify.

4. Offering services to families facing difficulties, within the context of universal services

The aim is that services for disadvantaged children and families should be part of a universal offer of health provision. One important consequence of this is that any potential stigma and visibility of receiving such a service can be lessened.

Relevance for children affected by parental imprisonment:

If staff within universal services are able to recognise and support these children, they and their families can access the help they need without going to a specialist service.

5. Importance of early years and parent-child attachments

Underpinning the HCP is the importance of the early years in child health and development. For instance, based on emerging research evidence, the maternal health pathway emphasises the importance of pregnancy and infancy in the baby's neural development. There is also an emphasis on the very early attachments of a baby/young child in terms of future healthy development (DH and DCSF, 2009; Leadsom, 2014).

The importance of the early years also influences the development of specific services. For instance, Family Nurse Partnership support offered to young, first-time mothers has a strong focus on prevention, early intervention and breaking the cycle of intergenerational disadvantage. It also has an emphasis on early attachment and relationships (DH, 2012b).

Relevance for children affected by parental imprisonment:

Many children affected by parental imprisonment are very young, and parental imprisonment can break crucial early bonds and affect their attachment.

6. Early intervention

Early intervention – the importance of reacting promptly when difficulties in a child's life become apparent – is at the heart of the HCP. All HCP documents begin with the statement:

'HCP is the early intervention and prevention public health programme that lies at the heart of all universal services for children and families.'

Relevance for children affected by parental imprisonment:

It is important to provide practical and emotional support to children and families early in a parent's journey through the criminal justice system.

7. Responding to local needs

The HCP recognises that the needs of children and families vary in different communities, and that services need to respond accordingly. This was part of the rationale for local authorities taking over the commissioning of health visitors (DH and Public Health England 2015).

Local authorities know the specific needs of local communities, and health visitors can be more effectively integrated with overall local provision for the under-fives. In addition, health visitors and school nurses are seen as a means of generating knowledge about the needs of the local community or the individual school community.

Relevance for children affected by parental imprisonment:

Children's experiences can vary depending on the community they live in. A community's attitude toward imprisonment, the social diversity within the community, whether it is a rural or urban area, and whether there are targeted services available can all affect how a family deals with imprisonment.

8. Emphasis on influencing the community (including the school community) for the benefit of the child

There is recognition of the importance of health visitors and school nurses in building community capacity. The vision for school nursing services (DH, 2012c, p13) refers to the need to 'build capacity in communities including the school population for the prevention of poor health and for the improvement of health and well-being amongst children and young people'.

Relevance for children affected by parental imprisonment:

It is important to raise awareness of the impact of parental imprisonment at the neighbourhood and/or school level. This can also reduce the stigma around parental offending, so children and families feel more able to seek help when they need it.



Section three:

Developing good practice for children and families affected by imprisonment

In this section we explore some principles of practice around working with children and families where there is a parent in prison. The principles are all in line with the vision of the Healthy Child Programme (HCP).

Engagement and awareness raising

Informal identification remains the most likely way in which a child with a parent in prison will become known to support services, children's centres, schools and other agencies.

Universal health services are accessed by everyone in the community, and therefore might be seen by children and families as an easier place to disclose confidential information about parental imprisonment. Health visitors, for instance, through their community approach and the way they develop trusting personal relations with vulnerable families, may be the most significant professional the family has in terms of direct support.

'The health visitor knows that dad is in prison. They provide you with things. She knows the situation. She is supportive. She says I can call any time. She probably checks in with me more than with other people.'

Mother (Barnardo's, 2009, p25)

Children may also disclose to a school nurse that they have a parent in prison because the school nurse is seen as being respectful of confidentiality, non-judgemental and able to offer help.

There are currently a number of innovative school nursing projects which aim to support children in seeking help from school nurses.

Practice example: school nurse ambassadors

The Sandwell School Nurse Ambassador Project (SSNAP) operates in secondary and primary schools.

Pupils volunteer to work with their school nurse to promote health and wellbeing to other children/young people in the school.

Part of the approach of the project is to support vulnerable pupils and to raise the profile of the school nurse as a source of confidential support.

Projects like this one could be an invaluable support to children affected by parental imprisonment.



One way of increasing disclosure of parental imprisonment to health workers is to raise awareness in local communities about the difficulties that parental imprisonment can create for children and families, and to promote the role of health professionals in offering support.

There are many ways to do this (and health professionals can draw on their knowledge of health promotion initiatives to inform their approaches). As with health promotion, engagement will require initiatives which are considered in relation to vulnerable and under-supported communities, particularly black and minority ethnic (BME) communities. Such approaches are already very much on the agenda of community health services through the HCP guidance.

One way in which i-HOP aims to support the widening of discussions around parental imprisonment and to encourage self-identification by children and families, is through the poster that accompanies this guide.

The poster is designed to be used in a wide range of settings, and can work as an invitation to both children and parents to talk in confidence about their situation. It also encourages the naming of individual professionals in the agency/health centre/school who can be a contact point, providing support and information to children, families and colleagues.

There may also be opportunities for raising awareness of the impact of parental imprisonment in community or professional forums, such as Health and Wellbeing Boards or local school nurse meetings.

Acknowledging and addressing stigma

'...one of my friends, she began not liking me and I think she told the rest of the class about mum. Then everyone started like "Ha ha your mam's in prison" and stuff like that.'

Girl, aged 10, COPING project

It is essential that community health professionals understand the importance and consequences of stigma in the child's life, and that they do not exacerbate it in the approach they take.

In addition to providing a non-judgemental person to speak to, they can also emphasise to the child that they are not responsible for the crimes of their parent, that the parent has good qualities separate from the acts that led to their imprisonment, and that their own future need not be determined by the imprisonment of the parent.

It is also important to recognise and address the consequences of stigma, such as bullying. Stigma can be even greater for BME groups, including those such as refugees, who will be particularly vulnerable due to lack of familiarity with language, lack of trust in a system they may not fully understand, and dealing with perceived and actual prejudice in their community (unpublished POPS consultation with Muslim families, 2015).

Early intervention

Support for families affected by parental imprisonment needs to start at the very earliest opportunity, so that potentially damaging impact is minimised. Ideally, this would mean that appropriate services are in place to meet the child's needs.

It is essential that parents in the community have relevant information as soon as possible. A Barnardo's review of two pilot services for prisoners' families found that the first thing mothers wanted support with was talking to their children about their partner's imprisonment (Gill and Jacobson Deegan, 2013).

Also, it is important to acknowledge that health services in some areas are already developing early intervention approaches to address the impact of parental imprisonment, as the following example demonstrates.

Practice example: early intervention

North Bristol NHS Trust has developed a new programme for the care of pregnant and postnatal women at HMP Eastwood Park, a public sector female local prison. The prison already has a mother and baby unit which houses 12 women.

The local community midwives provide antenatal and postnatal care to pregnant women at the prison to ensure that they receive the same programme of care as they would in the community.

The programme aims to provide a holistic approach to maternity care that reflects the individual cultural, social, psychological and physical needs of the women.

The service is able to deliver this by providing: appropriate care plans for the different stages of the pregnancy; health promotion information as appropriate; liaison with outside agencies, and by giving the prisoner some control over their day-to-day care. For instance, prison officers can be asked to leave the room during consultations and only return if invited to by the prisoner. There are currently plans to extend provision by offering ultrasound and external consultant clinics at the prison.

Confidentiality

Unless there are clear safeguarding concerns, the child and family should be able to control which other agencies or professional groups have access to information about their parent's imprisonment.

There is no research evidence concerning whether children want information about parental imprisonment shared within the school system. However, there is anecdotal information that some children may not want this information shared, on the grounds that teachers will treat them differently. At a recent conference (Birmingham City Council, May 2013), children with a parent in prison told the participants that they worried if teachers knew about their imprisoned parent they would 'blurt it out' in class.

Children and families must be consulted before sharing information about a parent's imprisonment with other agencies or professionals. With children, it is helpful to discuss the benefits and also any anxieties about sharing this information with teaching staff. It may also be important to ask who the child thinks would be the best member of staff to tell, and then supporting the child in having this conversation (Roberts, 2012).

Incorporating parental imprisonment into assessments

One important way in which parental imprisonment can be identified and support offered is through formal health assessments. For health workers dealing with under-fives, there are a number of fixed points at which assessments are carried out. In completing these, it is important that the possibility of a parent serving a custodial sentence can be identified.

Health visitors carry out a Family Health Needs assessment when they first meet a family. In addition to specific health questions, this covers areas such as the pressures on the family at the present time, their economic position and the father's involvement with the family, all of which could provide an opportunity for the family to talk about a parent being in prison.

In a similar vein, school nurses could ask about this when carrying out assessments at reception, year 6, the mid-teens and post-16.

Practice example: Family Health Needs assessment

As part of universal practice, health visitors for Berkshire Healthcare NHS Foundation Trust carry out an assessment of Family Health Needs during the 28-36 weeks antenatal contact. This is reviewed for any changes two weeks after the baby is born and when the baby is six to eight weeks of age.

One of the aims of these assessments is, at the earliest possible opportunity, to identify

the social risks that the family may face. This enables health visiting staff to be aware of the pressures a mother might be facing and also to signpost or refer her to the relevant services if appropriate.

Part of this process is to understand whether there is any family involvement in offending. The assessments also gauge the degree of support the mother has from the baby's father and her own wider family and informal networks. Key to getting this right is working closely with the mother.

The social risks questions asked at the antenatal assessment include the following which, although not specifically about parental imprisonment, are relevant for this and allow the mother to raise the issue:

Does the mother-to-be report her relationship with her partner as supportive?

Yes / No

[If no or any comments specify below]

Does the mother-to-be report any concerns about criminality in local community, previous or current criminal convictions in the family/other household members...

Yes / No / Not asked

[If yes, not asked or any comments specify below]

Does the mother-to-be and family have positive support networks in place?

Yes / No

[If no or any comments specify below]

The use of assessment tools by school nurses is more varied. Some areas are beginning to use assessments for their whole school population based on children confidentially self-reporting. For example, the Lancashire Care NHS Foundation Trust undertakes an assessment, using questionnaires, with parents of children in reception and – confidentially, at school - with children in year six and year nine. In 2013-14, 32,000 children and parents participated, and 4,500 received additional support as a result of their questionnaire results. Although not specifically focused on parental imprisonment, the questionnaires provide children with the opportunity to say whether they 'worry about problems in your family', which could include parental offending.

Understanding what is happening in the family

'We have got family members who won't speak to us; the majority of my dad's side of the family won't speak to us, my mum's side of the family have gone down the drain ... They don't want to be associated with that kind of thing. I have only got one uncle left'

Non-imprisoned mother, COPING project

A starting point for work with children and families affected by parental imprisonment is to understand what is happening in the family at any particular time. Also, a number of factors will affect the child's experience of parental imprisonment. These include:

- whether the mother or the father is imprisoned
- the age of the child, which will determine their thoughts on what is happening
- whether the child is a boy or a girl; Murray and Farrington (2005) have noted that boys tend to show externalised problem behaviour and girls tend to have more internalised reactions to parental imprisonment.
- whether it is the first time the family has experienced a parent in prison.

As stated earlier, it is important to recognise that a parent going into prison may in some cases actually lessen the pressures on a child, for instance if there has been domestic violence and high levels of conflict. However, professionals should be aware that prisoners' influence on what happens in their families can continue from within the prison through associates, other relatives, threats about what will happen on their release and similar.

Workers may want to consider the following questions in determining what support a family needs, or if indeed they need any additional support at all:

- How has the imprisonment affected the **family dynamic** (for example unprecedented stress, changed relationships, children taking on new caring roles, general unhappiness)?

- Is the **imprisonment talked about openly**? How much do the children know? Are they allowed to ask questions? What are very young children told? At what age does this change?
- How does the **parent at home** view the relationship with the imprisoned parent? For instance, a mother at home may want to terminate her own contact with her imprisoned partner, yet may see the importance of the child maintaining contact.
- Does the **nature of the crime committed** impact on the children and family? For instance there may be community hostility towards a family as a result of local drug dealing offences, and crimes such as sexual abuse may have had a profound effect within the family – and may have involved the child as a victim.
- What impact has the crime had on the family's **external support networks**? Has it cut the family off from neighbours or wider family members such as grandparents?
- Of particular importance for health workers will be the **impact of the imprisonment on health issues in the family**. For instance, has the mental health of the parent at home deteriorated? Are the children showing signs of stress, anxiety, or depression?

Practical advice

Often the most significant support that a community health professional can provide for children and families is offering practical advice.

It is very important that families can access information promptly when a parent enters the criminal justice system (Gill and Jacobson-Deegan, 2013). For instance, health visitors may be asked what to tell the children and how to tell them. Getting this right at an early stage may mean that later anxieties and difficulties can to some extent be avoided.

For those families who have just lost a parent to imprisonment, the immediate requirement may be advice on finding out where the parent is and arranging visits. For many families on a low income, an immediate question will be

whether they can receive financial support for visiting. The answers to these and other frequently asked questions are covered in Appendix 1.

As the sentence progresses, other questions will arise. For instance, children who come into contact with the school nurse may want practical advice about visiting and what will happen when they go to the prison. They may also require help with anxieties about what is happening to the parent in prison.

The important point to make on this is that although community health professionals will need their skills in empathy and effective communication, the practical information required is not hugely complex (see Appendices 1 and 2).

Health professionals should also be aware of any schemes operating in their local prisons, including those designed to support contact between imprisoned parents and their children, and to offer parenting advice to prisoners.

Provision varies greatly, but some prisons are actively engaged in this work. Information on what prisons provide is available on the i-HOP website and via Inside Time (insidetime.org).

The provision of practical advice will also on occasion reveal a need for liaison and advocacy on behalf of the child and family. Community health professionals may be able to carry this out themselves, or they might refer them to a relevant service.

Talking about imprisonment with children

'We had to be honest. We explained everything. She knows everything. Dad had to go... to prison... because he had been naughty. People say he has gone to work. He has not gone to work. He (has gone) to the jail house because he has done something wrong.'

Mother, COPING project

Children and young people are likely to ask some challenging questions when a parent goes to prison, of themselves and of their parents, such as:

- My parent has done things which have led to them leaving the family. What does that say about their care and love for me?
- Am I responsible in some way for my parent's imprisonment?
- Have I inherited the same characteristics as my parent? What does it say about me?
- How do other people (e.g. wider family, friends and teachers) now view me?
- Is there anybody I can trust to talk to about this?

Community health professionals need ways of helping children to answer these questions, and of supporting parents who want advice about how to answer their children's questions.

According to practitioners experienced in working with prisoners' families, there are some general points to bear in mind when speaking with this group:

- It is usually best to tell children the truth. Telling them that a parent is 'working away' or 'away at college' is not likely to be appropriate in the long term. At some stage the child will realise the truth, and ultimately may feel disempowered, lied to or not trusted.
- It is important to give the idea that although the crime committed is wrong, it does not necessarily define the whole person, particularly in their role as a parent.
- Many children will be concerned whether the parent is safe in prison. While there is disturbing evidence of the current levels of violence in prisons, generally it will be important to reassure the child that the prison's role is one of maintaining prisoners' safety.



Talking to very young children

Because of the large estimated numbers of under-fives experiencing parental imprisonment, and the emphasis placed on this age range in government health policy, it is vital that health workers address very young children's understanding of their situation.

Health professionals may be speaking directly with young children, or advising parents on how they might do this. Again, the consensus is that it is important to be as honest as possible with the child, in an age-appropriate way.

The health professional will need to allay any fears about what has happened to the parent, as well as giving the child some sense of the timing of what will happen next and what contact they can expect to have.

Some methods of working with grief in very young children may also be of use in this situation, such as 'memory boxes' to keep the parent present in the child's mind. Also, pictures may help the very young child to understand, as in the example below.

Practice example: preparing for visits

A worker in a specialist Children of Prisoners service was involved with a family where the mother had been remanded in custody. The children, a girl aged three and a boy aged five, were being looked after by their aunt. The children wanted to see their mother, but both were anxious about where she was and concerned about going to visit her.

The worker explained remand to the children, by saying that people were 'looking after Mummy and keeping her safe, until we know what is going to happen.'

The worker took some pictures from the internet to show the children what their visit would be like. The pictures included a map showing where the prison was, the entrance to the prison, a picture of a guard dog at the security check, the visiting hall, and a picture of a cell in a women's prison.

She used these pictures to speak with the children in an age-appropriate manner and, using words they understood, what going on the visit would be like. She gave the children different coloured stickers that they could put on the different pictures if they had any questions they wanted to ask about them.

The older child put a sticker on the cell (the 'bedroom') and asked where it was and what her mother would be getting to eat. The younger child was scared of dogs and put a sticker on the dog. The worker told him it would be friendly and would not bite.

The worker said she would be going with the children on the visit and would hold their hand as they went into the prison.

In this way, the anxieties of the children were to a large extent addressed and the visit went well.

Encouraging resilience

Public Health England's framework for public health (2014) has an emphasis on resilience building, prevention, and working in a holistic way that addresses all factors affecting children and young people. There are two main approaches to supporting resilience, linking with the importance of addressing stigma. The first focuses on supporting the child to develop a personal narrative which does not involve offending; instilling the belief that, although their parent has done wrong, this does not mean that the child will follow in their footsteps.

The other approach to increasing resilience focuses on family, wider family and community strengths which can help the child to endure parental imprisonment. For instance, a child may get real support from a loved and understanding grandparent who can stand outside the pressures in the immediate family. A community health professional such as the health visitor may be able to directly enlist the grandparent's support in working to limit the impact of the imprisonment on the child.

Building family resilience, both in relation to parental imprisonment and to the pressures and disadvantages that contribute to offending, can also have community dimensions which the health professional needs to be aware of. Interventions to address this have been developed in relation to specific BME communities, such as the following:

Practice example: Training for BME offenders

POPS (Partners of Prisoners and Families Support Group) has developed The Routes to Roots training programme. Originally developed with adult BME offenders and BME Offender Support Groups working in the North West, it is tailored specifically to the needs of BME offenders.

The training uses the context of black history, teaching participants about positive black role models, and developing basic skills for life, to deliver its outcomes, but can also be adapted for other groups in custody or within the community. Sessions within the programme explore the roots of offending behaviour, conflict management strategies and solutions to barriers to employment.

The course employs community-based facilitators from diverse backgrounds and encourages a positive group culture that promotes self-responsibility and enables learning through interaction with other group members and pro-social modelling. The training also stresses the importance of positive family relationships, and empowers the offender through identifying and sustaining the involvement of the offender's family and children.

Continuity of support

Children and families affected by parental imprisonment need continuity of available support. The 'offender journey' takes the family through many different stages, each of which may present its own challenges.

The following case notes from a rural setting indicate the role of health visitors, both in maintaining contact with a family affected

by imprisonment, and in bearing in mind difficulties that can arise over time:

Practice example: support from a health visitor

A 30-year-old woman living in a rural area of high deprivation is married to a man in his 40s. They have a two-year-old boy. The mother has experienced mild postnatal depression.

The father has been in prison repeatedly for short periods over recent years. He is sentenced again and the mother feels this is the 'final straw'. She decides to finish the relationship. She also decides that she will not organise any contact between the child and his father. She makes no plans for them to visit and says she will be against the child seeing his father when he returns to the area on release.

The health visitor is concerned that over time the mother's mental health could deteriorate again and that the family's current situation could lead the mother to resent her son.

The health visitor arranges with her manager that she will keep in contact with the family and visit at monthly intervals until she is confident that the mother will cope effectively.

Linking in with local strategies and initiatives

Parental imprisonment is often linked with other disadvantages, and community health professionals are well placed to recognise these connections and make links with relevant local policies.

The health visitor, for instance, is in a position to see the associations between parental imprisonment and other family issues such as domestic violence or substance misuse, and to link to appropriate local services when working with individual children and families.

A school nurse might find connections between parental imprisonment and other issues the child is facing, such as bullying, and could be able to find relevant anti-bullying support.

Also, it is increasingly possible that some schools or local authorities may have policies in place to support children with parents in prison, such as the following example from Somerset:

Practice example: School champions

A cluster of 17 Somerset schools have each appointed a member of staff as a 'Champion' for children with a parent who has been involved in offending behaviour. The role of each Champion is to act as an information resource for staff, children/young people and families around parental offending. The identified Champions have attended a day's Hidden Sentence training at HMP Bristol to learn about the impact of parental imprisonment and improve their understanding of the criminal justice system.

Each school has promoted the Champions scheme through their school newsletters, staff rooms and by displaying a poster in reception areas to ensure everyone in the school community knows who the named Champion is. The Champions have developed a recording system and clear protocols for how to respond to children affected by parental offending and they meet once a term to share learning and provide one another with support. Each school also has a pack of resources to support children and families.

Somerset Early Help Hubs have also identified Champions in their services to ensure that families across the locality have targeted information and support when needed. It is hoped that the multi-agency nature of these Early Help Hubs will ensure that children and families of offenders will be able to receive targeted support and information from the agencies they need, including community healthcare provision.

For more information about the Somerset Champions Scheme and copies of the protocols and recording documents development, visit:

https://www.i-hop.org.uk/app/answers/detail/a_id/662

Multi-agency working and information sharing

The Department of Health (2013) emphasises joint working across services as a way to better meet the needs of vulnerable children and young people.

When working in partnership with other agencies and sharing family information, it is important that health professionals consider the danger of adding to any potential sense of stigma. Unless there are safeguarding issues, information sharing should be done with recognition of the child and family's rights to control knowledge of their circumstances. Health professionals also need to be clear with children and families about who will have information concerning their situation.

Working with other agencies for the benefit of vulnerable children may also mean that health professionals take a lead role in a team around a child for whom parental imprisonment may be a significant factor.

Practice example: Joined-up working and information-sharing

Children's centres in Bristol have made supporting families with a parent in prison an important part of their offer to local communities.

Each children's centre in the city has a designated 'champion' for these families, whose role it is to act as a resource for colleagues and other agencies around parental imprisonment, and to offer direct support and advice to families (for instance how to arrange visits, how to find out where a prisoner is, what to tell children). Liaison in this respect is guided by Bristol's protocol for data sharing between children's centres and health services, and a form has been devised whereby health visitors can refer families affected by parental imprisonment to a local children's centre champion.

For some families, this will lead to joint visits to the family by a health visitor and the children's champion.

Health professionals should also be aware of relevant specialist agencies working in their area. A range of specialist services across the UK work with children of prisoners and are developing practice to meet the needs of this group. Details of these are listed on the i-HOP website (www.i-hop.org.uk).

Some organisations may focus on supporting particular communities, such as Bringing Hope, a Birmingham-based organisation which provides family and community support, primarily to high-profile and high-risk offenders, ex-offenders and families of African and Caribbean origin.

However, provision of specialist services is varied, and it is important for health professionals to have up-to-date information about what is available in each locality. Many of these are searchable online, and the i-HOP website has an up-to-date list of all current interventions, and professionals can search for their own region.

It is also important that health professionals have information about the national support services for children and families with a parent in prison. There are a range of phone support services, some of which support children directly (See Appendix 2).

Most crucially, professionals need to be aware of the mainstream services that can offer support and advice. For families with under-fives, local children's centres are likely to be the most important of these.

Unless there are clear safeguarding implications, the principle should be discussion with children and parents on the benefits of referral to other agencies.

Safeguarding

The majority of parental imprisonment cases will fall below safeguarding risk thresholds. However, parental imprisonment will have clear safeguarding implications for some children, and it is also often associated with other difficulties in the family such as substance misuse, domestic violence, and serious mental health difficulties (Phillips et al, 2006).

The health professional must therefore use their skills to assess what is happening in the family and the impact that parental imprisonment is having on children, and must respond accordingly if they think safeguarding dangers have risen above the thresholds. For instance, the 'vision' for the role of school nurses (DH, 2012b, p13) refers to the need for the service to 'maximise the contribution to safeguarding through multi-disciplinary working, provision of early help and referral when appropriate to specialist services'.

Information on parental imprisonment may also need to be shared with other agencies if there are possible safeguarding concerns resulting from a change in residence or care arrangements.

Checklist:

Understanding how to support children of prisoners

Item	Yes/No	Comments	Applying my understanding
Understanding the impact			
I understand the sense of loss that children are likely to experience when a parent goes into prison, and that very young children cannot express these feelings in words.			
I understand the anxiety and uncertainty that many children experience when a parent goes into prison, and that very young children cannot express these feelings in words.			
I understand that parental imprisonment may be followed by significant changes in a child's living circumstances, and that this is particularly the case when a mother goes into prison.			
Practical advice and support			
I can advise families on how to find out where a prisoner is being held.			
I can advise families on how to organise visits and maintain other forms of contact such as letters and phone calls.			
I can advise families of financial support available for families on low incomes to help with visits.			
I understand that children and parents will want information as soon as a parent enters the criminal justice system.			

Continued on next page

Item	Yes/No	Comments	Applying my understanding
Talking to children and families affected by parental imprisonment			
I understand that, unless there are very clear reasons why this is not appropriate, it is important for children to be told that their parent is in prison.			
I understand that children, even very young children, will want to know their parent is safe and is having basic needs met.			
I understand that children, even very young children, will want to know what kind of contact they can expect to have with the imprisoned parent (e.g. visits, letters, and phone calls).			
Knowledge of local resources			
I am aware of any local specialist resources for supporting children/families of prisoners.			
I am aware of the expertise around this issue that may exist in local mainstream services in my area (for instance a 'champion' in a local children's centre or a Child and Adult Mental Health Services (CAMHS) professional with a specialism in this field).			

Conclusion

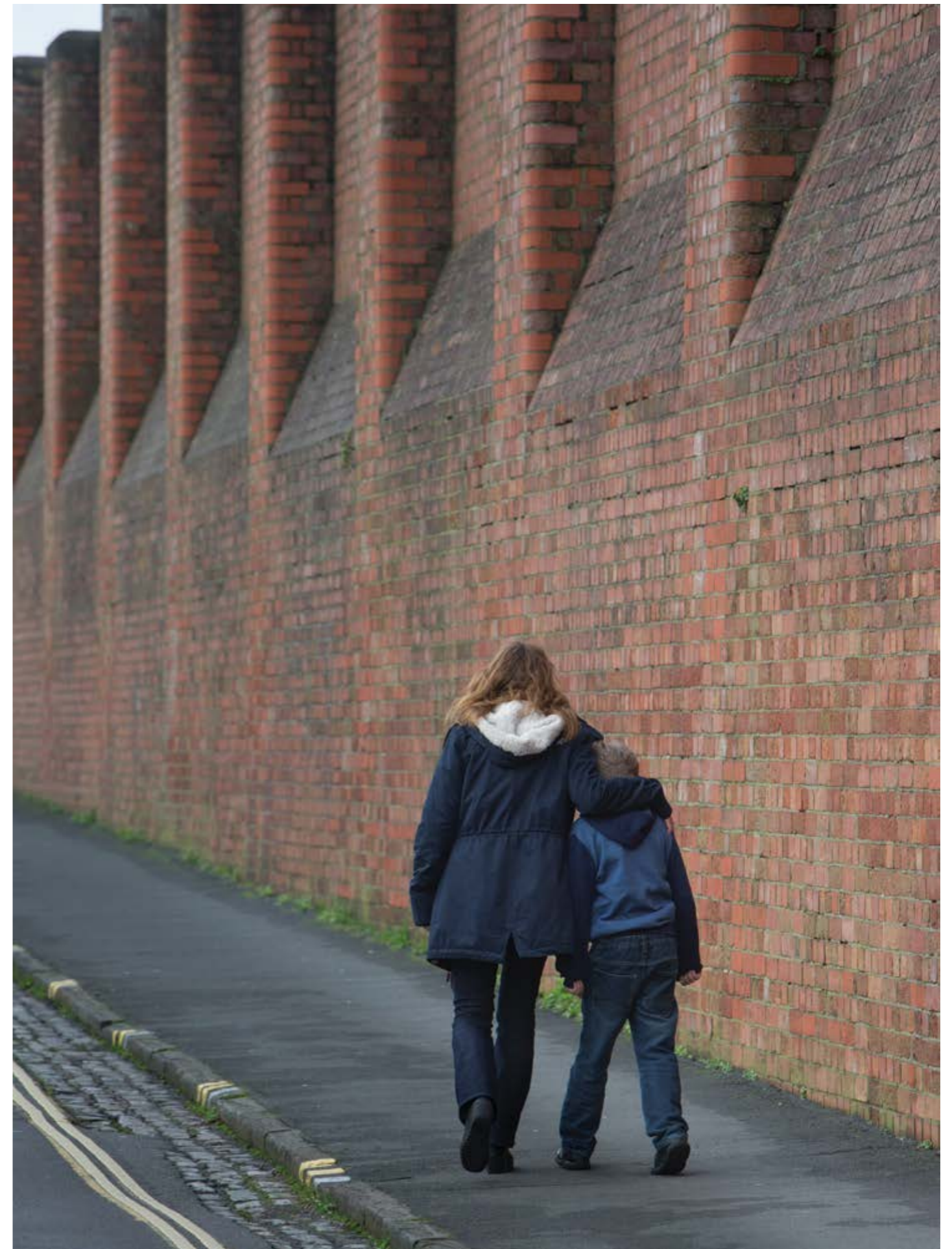
The role of health professionals in their local communities, the increased emphasis on the social risks to children's health, and the attention given to mental health all underline the importance of effective community health responses to the impact of imprisonment on children and families.

Community health professionals can be a major resource for vulnerable children and their families, so this guide seeks to help support this group in understanding the needs of children and families affected by parental imprisonment.

The links between the Healthy Child Programme framework and children affected by parental imprisonment can, hopefully, help community health professionals to develop support for these children.

In an era of constraints on spending, this guide does not call for new resources or additional services; rather, it aims to provide a resource to support community health professionals in recognising and responding to the needs of this group of potentially very vulnerable children.

It is hoped this guide and the accompanying poster will make a real difference to the support that health professionals feel confident in giving to children where a father or mother is in prison.



Appendix one:

Frequently asked questions

See below for answers to the most common questions families ask:

How can I find out which prison someone has been taken to?

For prisoners who have been sentenced in the past few days, ring the courts and ask to speak to someone in the cells, who should be able to tell you which prison the family member went to. Their solicitor may also be able to let you know this. If the family member has been in prison for some time, or has been transferred to another prison, contact the Prisoner Location Service. They will only take queries in writing or by email, and this can take about two weeks as the prisoner will be asked if they are happy for you to know where they are.

**Prisoner Location Service,
PO Box 2152, Birmingham, B15 1SD
Email: prisoner.location.service@noms.gsi.gov.uk**

How do I arrange a prison visit?

The online prison visits booking system allows people to book visits using www.gov.uk/prison-visits. The visitor can select their preferred date and time, and this is then reviewed by the prison. Details are confirmed by email within three working days. Visits can be booked up to 28 days in advance, and you don't need a Visiting Order to request a visit. Not all prisons currently have this system – find out which do at www.gov.uk/find-prison.

Visits can also be booked by phone. To book a visit with a convicted prisoner, the prisoner will need to send a Visiting Order to the visitor, with all the names of the people who are going to visit. This should have the prison's visit booking phone number on it, which the family will need to ring to arrange a visit. Phone numbers for individual prisons can also be found on www.gov.uk/find-prison.

Prisoners on remand (e.g. not convicted) do not need to send a visiting order, but will usually need to let the prison know the details of any visitors (name, address, date of birth, relationship to prisoner) before a visit can be booked.

It should be possible to visit a prisoner within 48 hours of a court appearance – unless the court appearance was immediately before a weekend. In the first few days of being sent to prison, convicted prisoners are allowed one 'reception visit'. You do not need a visiting order for this, but still need to book the visit by phoning the prison (you cannot use the online booking system), and the visitor should say that they are booking a 'reception visit' when they do so.

How often can I visit?

If someone is un-convicted and on remand, they are usually allowed three hour-long visits a week. A convicted prisoner is usually allowed a minimum of two hour-long visits every four weeks. However each prison is different, and depending on the prison, there are different rules for aspects such as the number of visits allowed and how many visitors can visit a prisoner at one time.

What will the visit be like?

Each prison is different. There may be a visitor centre at the prison – usually these are located outside the prison, but near the entrance. Visitor centres often have experienced staff or volunteers from outside agencies working there, and provide a welcoming, family-friendly space for visitors to the prison. They may offer services such as family support, or be able to provide information about other services available to families. The visitor centre is a good place to go on arrival at the prison.

Visitors will need to book in for their visit. If there is a visitor centre then often this can be done there. If there isn't a visitor centre then it is likely this can be done at the main prison reception. All visitors, including children, need ID to book in and enter the prison. The required ID will differ for different prisons and so it is best to check, but generally adults will need photographic ID.

It is best not to take too much to the prison, as visitors are not allowed to take in personal belongings, with the exception of some money (often coins only) and some essential baby items.

There are usually lockers outside the prison for belongings such as phones and keys.

Visitors, including children and babies, will be searched when they go into a prison. This will usually involve a pat-down search and may include use of a metal detector (similar to those used at airports) and drug detection dogs. These dogs are very well trained and will not bark or jump up. If they detect illegal substances, they will sit down.

During visits, prisoners are generally not allowed to move around the visits hall or get up from their seat, although visitors are allowed to do so. Usually only minimal physical contact is allowed, although some prisons allow small children to sit on prisoners' laps. Most prisons have a canteen where drinks and snacks can be bought, and some prisons have a play area for children which may or may not be staffed.

Is there any help with the cost of making a prison visit?

If a family is on a low income or on certain benefits (income support, employment and support allowance, income-based jobseeker's allowance, tax credits, universal credit or pension credit) they may be able to get financial help with the cost of prison visits. Close relatives, partners, sole visitors, or those escorting a child or young person are eligible to claim assistance, which can cover costs of public transport, mileage (if using your own car), car hire, parking, overnight accommodation and childcare costs. Visitors will need to fill out an application form, which can be downloaded, along with guidance for completing the form, from www.gov.uk/government/publications/assisted-prison-visits-form.

Alternatively, it can be obtained by contacting the **Assisted Prison Visits Unit: APVU, PO Box 2152, Birmingham, B15 1SD**
Tel: 0300 063 2100
Email: assisted.prison.visits@noms.gsi.gov.uk

What other ways are there to stay in touch with family members in prison?

It is not possible to phone prisoners, but prisoners are able to make calls out. They must give the prison a list of people they wish to call, to be approved. They can then use the phone, usually at set times depending on the prison.

Prisoners need to buy credit to spend on phone calls, but if they have enough credit and there are available phones they can make as many calls as they like. Mobile phones are not allowed in prisons. Phone calls may be recorded for security reasons.

There is no limit to the number of letters that can be sent to someone in prison. They will be opened by the prison to check there is nothing in them that is not allowed. Sometimes they might be read by the prison for security reasons.

Prisoners can send as many letters out as they wish, if they can pay for stamps, envelopes and paper themselves (bought from the prison shop). Convicted prisoners are given one free letter a week, and prisoners on remand are given two free letters a week.

It is possible to send an email to a prisoner. The email doesn't go straight to the prisoner but is printed by staff, put in an envelope and delivered to prisoners with the rest of their mail. This costs 35p per email and is likely to be only slightly quicker than writing a letter. This is done through the website:

www.emailaprisoner.com.

Are there any restrictions on children maintaining contact through visits, letter, email etc?

If there is deemed to be a potential risk associated with a child having contact with their parent then there may be restrictions. If a prisoner has committed a violent or sexual offence then they will need to be assessed by the prison and children's social care. It may be that a child is not allowed any contact, or that they are only allowed certain types of contact, e.g. letters.



How can the prison be contacted?

Information about specific prisons (such as contact details, addresses and visiting information) can be found by using 'Find a prison' on GOV.UK: www.gov.uk/find-prison

If there are concerns about a family member in prison, then the prison should be contacted directly. The prison will be able to advise who it is best to share the concerns with, but often the best people to talk to will be the Safer Custody team or the duty manager.

Sometimes it is helpful for family members to speak with staff at the visitor centre, if the prison has one. You can find contact details for visitors centres online and on the Inside Time website (www.insidetime.org).

Will schools allow children to be taken out of school for visits?

Schools may authorise absences for children to visit parents in prison if they are informed of the situation. As long as children and parents are sure that confidences will be respected it is likely to be beneficial to tell a member of staff (teacher, tutor, school nurse) about a parent being in prison.

Are there any services that will support families with a parent in prison?

There may be local services that specifically provide support to offenders' families, for example by providing advice and information or more intensive support. However, this varies greatly from area to area. You can find local services on the i-HOP website (www.i-hop.org.uk), by filtering information by location.

There are also some national organisations that support offenders' families. Key services include the Offenders' Families Helpline, and the Prisoners' Friends and Families Service helpline and befriending service (see Appendix 2). More organisations are listed on i-HOP.

Appendix two: Resources for children, parents and professionals

1. Resources for children and young people

My Special Book

A booklet produced for Ormiston, a children's charity. Young children can document their visit to their parent in prison, and write down how they felt, what they talked about, what they saw and so on.
www.i-hop.org.uk/app/answers/detail/a_id/258

Child's Journey Worksheets

Worksheets produced by Thames Valley Partnership that professionals can use with children to help them explore their feelings and experiences.
sid.southampton.gov.uk/kb5/southampton/directory/advice.page?id=aFVnGBzJILk&familychannel=9-12

Little Children, Big Challenges: Incarceration

A multimedia toolkit produced by Sesame Workshop (Sesame Street), containing various resources for children, families and professionals.
www.sesamestreet.org/parents/topicsandactivities/toolkits/incarceration

What's the Story? What Happens When a Relative Is Sent to Prison

A booklet produced by Families Outside for young people aged 12-16, using a story about a girl whose dad goes to prison to explore issues and challenges.
www.familiesoutside.org.uk/content/uploads/2012/03/WhatsTheStoryMar2012web.pdf

On the Inside

A website with separate areas for children aged 6-10, young people aged over 10, and parents or carers, with age-appropriate information about a parent going to prison, staying in touch, and so on.
www.ontheinside.org.uk

Danny's Mum and Tommy's Dad

Illustrated storybooks, one for children up to six years old, and one for those aged between four and seven. The books help children explore the impact of having a parent in prison and could be used with children by family members or professionals.
www.prisonersfamilies.org.uk/our-work/our-publications/for-families

2. Resources for families, parents and carers

Offenders' Families Helpline

A free and confidential service for families of offenders. The helpline aims to provide information, basic advice and emotional support, and to signpost callers to support services within their local communities. The helpline is open Monday to Friday, 9am-8pm; Saturday and Sunday, 10am-3pm
0808 808 2003
www.offendersfamilieshelpline.org

Prisoners' Friends and Families Service

PFFS has a free helpline, which provides a non-judgmental and impartial person to talk to, open Monday to Friday, 10am-5pm. They also run a national telephone befriending service.
0808 808 3444
www.pffs.org.uk

Court to Custody

This descriptive leaflet, produced by Prisoners' Friends and Families Service for defendants and their families, details the CJS processes and their impacts from arrest to reception.
www.pffs.org.uk/uploads/Booklet_Low_res.pdf

What shall I tell the children?

A leaflet produced by Ormiston Families to help parents with ways of telling a child that a parent is being sent to prison, covering various questions and issues.

www.i-hop.org.uk/app/answers/detail/a_id/245

The Outsiders

The Outsiders is a range of guides produced by Action for Prisoners' and Offenders' Families (APOF), explaining possible impacts and experiences when a relative is in prison, with practical information about different points in the offender journey. There are four booklets in the series: Sent to Prison, Telling the Children, Living with Separation and Preparing for Release.

www.prisonersfamilies.org.uk/our-work/our-publications/for-families

3. Resources for Professionals

i-HOP

i-HOP is a national one-stop information service for all professionals working with children and families of offenders. The i-HOP website provides up-to-date resources for children, families and professionals; details of local and national support services for families; details of training for professionals; research; local and national policy and guidance; practice examples and case studies, and so on. The resources below and many more can be found on i-HOP.

www.i-hop.org.uk

Children affected by the imprisonment of a family member: A framework for schools developing good practice

A framework produced by Barnardo's, with background information and practical ideas to help individual staff and whole schools to effectively support children affected by parental imprisonment.

www.i-hop.org.uk/app/answers/detail/a_id/26

Under fives and their families affected by imprisonment: A framework for Sure Start Children's Centres

A framework produced by Barnardo's for Sure Start Children's Centres, containing practical guidance and suggestions on how Children's Centres can develop their reach and practice in relation to children and families affected by imprisonment.

www.i-hop.org.uk/app/answers/detail/a_id/27

eLearning: Children of prisoners

Social Care Institute of Excellence eLearning resources provide interactive, multimedia information aimed at professionals working with children and families.

www.scie.org.uk/publications/elearning/childrenofprisoners/index.asp

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Children of prisoners

A guide for community health professionals

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