

# UNDERSTANDING THE IMPACT OF IMPRISONMENT ON FAMILIES AND CHILDREN

This project is organised by the Irish Penal Reform Trust (IPRT) and supported by Think-tank for Action on Social Change (TASC). It aims to understand how having a family member in prison affects families.

Your answers will inform a report on the challenges families face, such as financial strain, childcare, and the effects on children's education, health, and wellbeing. The goal is to use this information to push for better services and policies for families with a loved one in prison.

All responses are confidential and your personal details will not be shared.

For more information, please contact Sara Singleton, Head of Public Education at TASC, at [ssingleton@tasc.ie](mailto:ssingleton@tasc.ie)

By continuing, you agree to provide anonymous feedback that will be used in the final report.

Thank you for your time and support.

## SECTION 1: ABOUT YOU AND YOUR FAMILY

### 1. I am:

- Male
- Female
- Other

### 2. My family member who is in prison is:

- Male
- Female
- Other

**3. What is your country of origin?**

**4. What is your first language?**

**5. What type of accommodation do you currently live in?**

- Owned outright (no mortgage)
- Owned with a mortgage
- Rented (private landlord)
- Rented (local authority or public housing)
- Living with family or friends (not paying rent)
- Temporary accommodation (e.g., shelter, hostel)
- Supported accommodation (e.g., group home, assisted living)
- Homeless or without stable accommodation
- Other (please specify):

**6. What county in Ireland do you live in?**

**7. What prison is your family member in?**

- Mountjoy Prison
- Dóchas Centre
- Cloverhill Prison
- Midlands Prison
- Portlaoise Prison
- Wheatfield Prison
- Arbour Hill Prison
- Limerick Men's Prison
- Limerick Women's Prison
- Cork Prison

- Loughan House
- Shelton Abbey
- Other (please specify):
- My family member is in prison overseas

**8. Relationship to the person in prison:**

- Partner (spouse or significant other)
- Previous Partner
- Child
- Parent
- Other (please specify):

**9. Number of children in your family:**

- No children
- 1 child
- 2 children
- 3 children
- 4 or more children

**10. Number of children in your household (living with you):**

- No children
- 1 child
- 2 children
- 3 children
- 4 or more children

**11. What are the ages of the children in your family?**

(Select all that apply)

- 0–2 years
- 3–5 years
- 6–9 years
- 10–12 years
- 13–15 years
- 16–18 years
- 19 years or older

**12. Do you have a child with a disability or additional needs?**

(If yes, please indicate the type(s) of disability or additional needs. Select all that apply)

- No, my child does not have a disability or additional needs
- Yes, my child has a physical disability
- Yes, my child has a developmental disability (e.g., autism spectrum disorder, intellectual disability)
- Yes, my child has a sensory disability (e.g., hearing, vision)

- Yes, my child has a learning disability (e.g., dyslexia, ADHD)
- Yes, my child has a mental health condition (e.g., anxiety, depression)
- Yes, my child has a chronic medical condition (e.g., epilepsy, diabetes)
- Prefer not to say
- Other (please specify):

**13. Length of time your family member has been in prison:**

- Less than 3 months
- 3-6 months
- 6 months to 1 year
- More than 1 year

**SECTION 2: FINANCIAL IMPACTS**

**14. Has your household income gone down because of imprisonment?**

- Yes
- No

**If yes, approximately how much per month?**

- Less than €200
- €200 - €500
- €500 - €1,000
- More than €1,000

**15. Has your ability to work been affected by the imprisonment of a family member?**

- Yes, I had to work fewer hours
- Yes, I had to work more hours
- Yes, I had to stop working
- No change to my work situation
- Other (please specify):

**16. Has the imprisonment of a family member affected your childcare responsibilities or arrangements?**

- Yes, I had to change childcare arrangements (e.g., find alternative care, reduce care hours)
- Yes, I had to take on more childcare responsibilities myself
- Yes, I had to pay for additional childcare support
- No change to my childcare situation
- Other (please specify):

**17. How much do you spend each month to support your family member in prison?**

- Less than €50
- €50 - €100
- €100 - €200
- More than €200

**18. How much do you spend monthly on:**

(Please estimate an amount for all that apply)

- Public transport for prison visits: €
- Taxi travel for prison visits: €
- Petrol for prison visits: €
- Communication (phone calls, internet access): €
- Sending letters (postage): €
- Sending personal items (clothing, books, etc.): €

**19. Have you reduced spending on any of the following to support your loved one in prison?**

(Select all that apply)

- Food (e.g., groceries, eating out)
- Heating, electricity, or other utility bills
- Household essentials (e.g., cleaning products, toiletries)
- Personal essentials (e.g., clothing, mobile phone bills)
- Child-related costs (e.g., school supplies, activities, childcare)
- Health-related expenses (e.g., medication, medical care)
- Social or recreational activities (e.g., outings, hobbies)
- Transportation (e.g., fuel, public transit, vehicle maintenance)
- Savings or investments
- Other (please specify):

**SECTION 3: EFFECTS ON CHILDREN AND DAILY LIFE**

**20. Has lack of money affected your children's ability to participate in:**

(Select all that apply)

- School trips (e.g., day trips, overnight trips)
- Sports clubs or lessons (e.g., football, swimming, local sports teams)
- Social events with friends (e.g., birthday parties, social gatherings)
- After-school programs or clubs (e.g., homework club, after-school care)
- School events (e.g., end-of-term celebrations, fundraisers, or special projects)
- Arts or creative activities (e.g., music lessons, dance classes, school play)
- Religious or community activities (e.g., youth groups, church events)
- Seasonal activities (e.g., summer camps, local festivals, Christmas events)
- Other (please specify):

**21. How has the imprisonment of a family member affected your children in the following areas?**

- **Emotional Health:**
  - Not affected
  - Somewhat affected (e.g., increased sadness, anxiety)
  - A lot affected (e.g., frequent mood changes, withdrawal, depression)
  - Prefer not to say
- **School Participation:**
  - Not affected
  - Somewhat affected (e.g., difficulty focusing, absenteeism)
  - A lot affected (e.g., significant decline in performance, frequent absence)
  - Prefer not to say
- **Friendships and Social Activities:**
  - Not affected
  - Somewhat affected (e.g., less interaction with peers, social withdrawal)
  - A lot affected (e.g., difficulty maintaining friendships, avoiding social events)
  - Prefer not to say
- **Behaviour at Home:**
  - Not affected
  - Somewhat affected (e.g., acting out, increased arguments, withdrawal)
  - A lot affected (e.g., noticeable behavioral issues, anger, frustration)
  - Prefer not to say
- **Physical Health:**
  - Not affected
  - Somewhat affected (e.g., difficulty sleeping, changes in appetite)
  - A lot affected (e.g., frequent headaches, stomach issues, physical illness)
  - Prefer not to say
- **Other (please specify):**

**22. How has the imprisonment of a family member affected your own well-being and daily life?**

- **Emotional Health:**
  - Not affected
  - Somewhat affected (e.g., stress, anxiety, sadness)
  - A lot affected (e.g., severe emotional strain, depression)
  - Prefer not to say
- **Physical Health:**
  - Not affected
  - Somewhat affected (e.g., fatigue, stress-related physical issues)

- A lot affected (e.g., chronic illness, significant physical health issues)
  - Prefer not to say
  - **Social or Support Networks:**
    - Not affected
    - Somewhat affected (e.g., reduced socializing, feeling isolated)
    - A lot affected (e.g., loss of friends, withdrawal from social activities)
    - Prefer not to say
  - **Other (please specify):**
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## SECTION 4: SUPPORT AND RESOURCES

### 23. Do you receive any help from:

(Select all that apply)

- Government benefits
- Charities or organisations
- Family or friends
- Other (please specify): [Open text field]

### 24. What types of support would be most helpful for you and your family?

(Select all that apply)

- Financial help for basic needs
- Help with travel costs for prison visits
- Mental health support for children
- Educational support for children
- Peer support groups
- Other (please specify): [Open text field]

### 25. Is there anything else you would like to share about how imprisonment has affected you or your family?

### 26. Would you be happy to be contacted regarding a future focus group on this project?

- Yes
- No

**If yes, please give your email address:**