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Enhancing Care for Childbearing Women and their Babies in Prison

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Hallam Centre for Community Justice

**Action for Prisoners' and Offenders'
Families (part of Family Lives)**

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Foreword

Since the publication of my report 'A Review of women with particular vulnerabilities in the Criminal Justice System' in 2007, which focused on practical solutions to long-term problems, the women's prison population has declined slightly, from 4,400 to at just under 4,000, but many of the problems I identified still remain. One area of particular concern for me was imprisonment of mothers and pregnant women – many of whom are not even aware they are pregnant when they come into prison. I will never forget the first time I saw a baby in prison, over 20 years ago, in the Mother and Baby Unit in Holloway prison, the closure of which under the last government is a cause of regret to me. And I am still haunted by the look on one young woman's face when she told me that her baby was eight and a half months old: I knew that women were only allowed to keep their babies with them until they were nine months old.

This welcome report examines these issues through a focus on these Mother and Baby Units (MBUs) in women's prisons, and the services they provide to childbearing women in prison and their babies. It also looks at the broader issues faced by women prisoners, which remains all too often one of short sentences, self-harm, mental illness, drug and alcohol abuse, as well as their vulnerable and sometimes abusive families and relationships.

MBUs, and how they fit into the treatment of women prisoners, have been the subject of debate in CJS circles for decades, but there has been no serious analysis or overview for many years. This is not a straightforward subject to tackle. As the report says in its introduction “the struggles of childbearing women in prison are extremely complex...and whilst their babies represent a relatively small proportion of all children affected by maternal imprisonment, they are arguably the neediest and most vulnerable group.”

This report does an excellent job of putting MBUs and mothers in prison firmly back on the agenda. There has been no recent analysis of why take up of places at MBUs has been consistently low, despite evidence that they may be one of the few safe and supportive places in a prison environment. Nor has there been any research on the extent and consequences of women's babies being 'removed' by social services shortly after birth (sometimes never to be returned), which is an issue touched on by the report.

Innovative approaches in prisons such as HMP Styal, which is a prison 'hub' with open conditions, are to be welcomed as one way of enabling women to develop and nurture relationships with their children, but at the same time children and their mothers in women's prisons are now more geographically spread out than ever; the Holloway MBU is not the only one to have been closed, and others such as HMP Askham Grange are under threat. So for many women the options for keeping their families together are extremely limited.

It makes complete sense to me to continue to look at the options for reforming the treatment of women offenders and their children, particularly for those with babies and infants. This report is an excellent starting point for doing just that.

The Right Honourable Baroness Jean Corston

September 2015

Executive Summary

Introduction

All available research suggests that the struggles of childbearing women in prison are extremely complex. And whilst their babies represent a relatively small proportion of all children affected by maternal imprisonment, they are arguably the neediest and most vulnerable group. This report documents the findings of a collaborative research project, funded by Barrow Cadbury Trust, between Action for Prisoners' and Offenders' Families (APOF) and the Hallam Centre for Community Justice (HCCJ) at Sheffield Hallam University. The project aimed to map current knowledge and research evidence on childbearing women in prison and their babies and to transfer this learning into policy and practice.

Findings

MBU applications

All women who are pregnant or have a child below the age of eighteen months at the point of entering custody have the opportunity to apply for a place within designated living accommodation within a Mother and Baby Unit (MBU). However, in England, there is a high rate of rejection of MBU applications, MBU places are under-utilised and frequently lie empty across the women's estate. The research identified a range of factors which mitigated against an MBU application including:

- women choosing to not reveal their status as mothers to the authorities and making their own 'informal' care arrangements;
- women not expecting to receive a custodial sentence at court so are unprepared for making the necessary care arrangements, including MBU application;
- women being traumatised when they arrive in prison creating a difficult context in which to absorb information about their child placement options;
- the trauma of arrival in prison causing a mother's breast milk to dry up thus having a detrimental impact on the bond with their baby, and making it less likely that they will seek to keep their baby with them;
- mothers feeling like they are 'choosing' their baby over their older children who may be living with relatives in the community, should they apply for an MBU place;
- women being inadequately informed about the provision available in MBUs and the benefits of residing in one;
- some social workers working within a 'pro-separation' model which focuses on finding alternative care for children rather than exploring fully the possibility of MBU placement;
- mothers viewing themselves as incapable of effective parenting and their babies as being better off without them;
- women may be under pressure from family members to leave their babies in the community.

Mother and baby relationships during MBU residence

The research highlights how a period of co-residence in an MBU offers a relatively predictable environment where mothers and their babies are protected from some of the risk factors which blight their lives (including partners 'telling them what to do'). It can also offer mothers the opportunity to bond with their baby in a more stable environment than usual. In particular it was felt that MBU staff can provide a vital source of support for mothers, a secure base from which mothers can explore and begin to re-shape their self-narratives, a crucial first step in the journey to more effective parenting and desisting from crime. For some women this may be the first time they have experienced a nurturing attachment.

A recurrent theme in the research was the importance of a sound understanding of attachment theory underpinning provision and support for childbearing women in prison. This should involve encouraging women to examine their own attachment patterns and to identify the ways in which they impact on their current parenting practice. Unresolved issues arising from emotional deprivation and abuse in childhood may affect a mother's current relationship with her baby and the prison environment can activate many negative aspects of a mother's relationship histories. This can create significant problems for developing the care-giving bond with their own children. Thus mothers and babies who remain together in custody are a high risk and vulnerable group for whom the provision of programmes which address relational issues and parenting interventions were identified as key. It is not sufficient for MBUs to 'house' mothers and babies, rather they should be seen as an opportunity to 'hothouse' mothers and babies to improve longer-term outcomes.

What happens when mothers go to prison and do not secure an MBU place?

Participants in our research felt that custodial sentences are being used inappropriately for women, especially those who have young children, and expressed frustration and concern that prison takes mothers away from their children often for crimes which warrant only very short sentences and pose no risk to the public. Previous research shows that women serving short sentences and those on remand are less likely to secure a place in an MBU than women serving longer sentences and are also less likely to apply for a place. Within the context of the current study, this was deemed to be hugely problematic given that this is a crucial time in the development of the mother/baby relationship and separations of a few weeks or months can have a significant negative impact.

Mother and baby relationship when separation occurs

The limited amount of research evidence available suggests that maternal separation following imprisonment may damage attachment and increase the likelihood of poor developmental outcomes for children. Research has found high levels of severe mental illness among women who had been separated from their babies due to imprisonment. This separation may contribute to or exacerbate a woman's existing mental health problems and lead to negative effects on the child's current and future mental health. This study highlighted how mothers sometimes reject their children completely to help them cope with their distress around impending separation. Participants highlighted the need for all practitioners to recognise the extreme trauma of the separation experience and also the need for appropriate and detailed multi-agency risk assessment for mother and baby.

Resettlement and reunification issues

Participants in this research suggest that for mothers who have resided in an MBU during their sentence, release from prison represents moving from an environment which may have allowed them to nurturing attachment with their baby and be protected from factors (such as domestic abuse) previously experienced. The following factors were also reported:

- Following release, women may be confronted with negative environmental influences (e.g. peer group, drugs contacts) which may have led them to prison in the first place. Practitioners need to be focused on supporting women to make their own decisions on behalf of their children.
- Women who leave prison without custody of their children but hoping to resume care of them may face a 'Catch-22' situation whereby if they apply to their Local Authority as homeless they will be offered housing which is unsuitable for family living (e.g. a room in a shared house or a one bedroom property). She will then be unable to secure custody of her children because she does not have suitable living accommodation for them.
- Substance use relapse may threaten the mother–baby relationship which has developed during a period of MBU residence and will place the mother at risk of re-offending and separation from her baby.
- Research participants highlighted the importance of relationships with family members during the resettlement process, especially with regards to desisting from criminal activity and building upon the positive parenting work which has been done in prison. It is particularly problematic therefore that families are not routinely involved in resettlement planning, even when offenders will be relying on them for support following release.
- The need to help women manage expectations regarding reunification with their children was highlighted. Mediation, family group conferencing, home leaves and day release were all identified as good practice.
- Particular problems may arise if women are returning to an abusive relationship. Programmes in custody which address relational issues were highlighted as particularly useful.
- The care 'pathway' for mothers and their babies on release was problematic with the transfer of information between health and social care professionals poor at times.
- And women whose babies have been adopted may be the most vulnerable of all following release from prison but are often the 'hardest to reach'. This research has identified these women as a highly vulnerable, forgotten and invisible group.

However, despite significant barriers to multi-agency working prior to and following release, this research has found a number of areas of good practice in individual establishments including: weekly multi-agency team meetings and extended family and father visits to the MBU to help with reunification post-sentence.

Impact of MBU residence on re-offending

There is a growing body of evidence which suggests that MBU residents are less likely to re-offend than the general female prison population. This may be attributed to the wide range of support offered to develop confidence as mothers during their time in MBUs, and a subsequent positive shift in aspirations for themselves and their children, ultimately leading

to reduced re-offending. However participants in this research expressed frustration with the narrow focus on recidivism as a measure of success for MBU residence and indeed for many interventions with women offenders. Whilst demonstrating the link between MBU residence and reduced re-offending was helpful in increasing the political viability of the Units, this emphasis runs the risk of detracting from MBU potential for promoting children's rights, future well-being, and welfare as well as the well-being of mothers. In particular, participants highlighted the need to develop an evidence base around the longer-term impacts of MBU residence on a wider range of outcomes - particularly reduced risk of harm as a result of abuse, trauma and substance misuse.

The changing landscape of the female prison estate

The criminal justice system is currently undergoing considerable upheaval as a result of the Government's Transforming Rehabilitation reforms which are impacting on the management of women offenders. How these changes will impact on childbearing women and their babies is currently unclear. Research participants expressed concerns about these changes. For example they were concerned that funding for tried and tested services will be affected by the new commissioning arrangements. In particular, the Government's desire to commission for all offenders 'at scale' in order to enhance cost effectiveness will potentially militate against funding for small, specialist (often third sector) services for childbearing women in prison whose work is unlikely to achieve measurable outcomes in the short term due to the complex needs of the client group.

Recommendations

- Effective and tailored alternative sentencing options for mothers of young children need to be available to sentencers.
- Women need access to relevant, appropriate and timely information about MBUs in order to make an informed decision about child placement.
- The benefits of MBUs need to be actively promoted to external staff, to mothers and also to non MBU prison staff.
- Mothers in prison need programmes which address self-esteem and healthy relationships.
- Intensive support packages, with a strong therapeutic focus should be put in place for women who have had their babies adopted, during the mother's prison sentence and continued post-release.
- Programmes which encourage attachment should be developed and funded at the same time as through the gate programmes and funding for longitudinal evaluation of these programmes.
- The Ministry of Justice needs to consider how small, expert agencies (e.g Birth Companions, can not only survive but thrive in the Payment by Results commissioning framework. Commissioners of services for childbearing women need to understand that long-term outcomes for this group will require intensive support and will not be the cheapest to deliver.
- Release from prison needs to be viewed as a process not as an event. The sentence planning of women prisoners who are also mothers needs to include parenting support on release and a 'whole family' approach where appropriate.

- It is vital that all training related to childbearing women and their babies (and indeed women offenders more generally) should include an awareness of women's often dual role as victim and perpetrator.
- Practitioners working in the community (e.g. health and social workers) would benefit from more information about how MBUs work, in particular what they offer for mothers and babies and the potential benefits (e.g. reductions in re-offending).
- Given the issue of under-capacity of MBUs and also the recent/threatened closures, the Ministry of Justice/NOMS may wish to commission qualitative research to understand how women make decisions about the placement of their babies following a custodial sentence.
- There is also a pressing need for further research into why the number of people rejected for MBU places is so high. This could include an examination of how admission criteria is applied across establishments.

Introduction

Project aims and rationale

This report documents the findings of a collaborative research project between Action for Prisoners' and Offenders' Families (APOF) (now Family Lives) and the Hallam Centre for Community Justice (HCCJ) at Sheffield Hallam University which has been funded by Barrow Cadbury Trust. The project takes forward some of the key development priorities identified during a previous consultation exercise on childbearing women in prison conducted by HCCJ and the University of York.¹ The key aims of the project are as follows:

- to map current knowledge and research evidence on childbearing women and their babies;
- to map current provision for mothers and babies across the female estate and to develop a 'bank' of good practice examples for work with women prisoners and their babies;
- to highlight knowledge gaps and training needs for professionals working with this group;
- to conduct awareness raising activities to address these needs and enable the sharing of good practice, thus enhancing collaborative working between different professional groups;
- To transfer the learning from current and past research on childbearing women and their babies into the realms of policy and practice.

All available research suggests that the struggles of childbearing women in prison are extremely complex and relentless in their intensity. And whilst their babies represent a relatively small proportion of all children affected by maternal imprisonment, they are arguably the neediest and most vulnerable group. This is because attachment to the primary care-giver occurs during the first two years of a baby's life and there is a robust evidence base across the disciplines of child development, psychology and psychiatry which

¹ Albertson, K., O'Keefe, C., Lessing-Turner, G., Burke, C. and Renfrew, M. (2012) *Tackling health inequalities through developing evidence-based policy and practice with childbearing women in prison: A consultation*. Hallam Centre for Community Justice, Sheffield Hallam University.

demonstrates that sudden separation from a primary care-giver before the age of 18 months has a profound and long lasting impact upon a person's ability to establish healthy relationships and to engage with the world in a positive way. Separation due to a custodial sentence threatens this crucial process, yet residence in a prison Mother and Baby Unit (MBU) as a means of avoiding this separation poses its own challenges for women during early motherhood when they may be at their most vulnerable. For these reasons APOF felt it was necessary to examine the impact of imprisonment on childbearing women and their babies. It felt particularly important to raise awareness of the needs of this vulnerable group given the current changes in the female custodial estate and also the introduction of the Government's Transforming Rehabilitation reforms, and the resulting impact on commissioning of services for women in the criminal justice system (CJS). We also hope to build on the findings from a number of important reports focusing specifically on childbearing women in prison over the past decade² and to maintain momentum for change in both policy-making and practice.

Throughout the report we use the definition of childbearing women in prison, suggested by Albertson et al. (2012), as follows:

"Childbearing women are defined as women who are pregnant, in labour, or postpartum, or who have children up to the age of 18 months (the longest time a mother can keep her child in prison with her), including women who have suffered miscarriages or perinatal/infant deaths while in prison. We include those whose babies are with them in prison as well as those whose babies are not."

² These include the following: North, J. (2005) *Getting it Right? Services for pregnant women, new mothers, and babies in prison*; Edge, D. (2006) *Perinatal Healthcare in Prison: A Scoping Review of Policy and Provision*, The Prison Health Research Network, Department of Health; Children's Commissioner (2008) *The 11 Million Report: Prison Mother and Baby Units - do they meet the best interest of the child?*; Albertson, K., O'Keeffe, C., Lessing-Turner, G., Burke, C. & Renfrew, M. J. (2012) *Tackling health inequalities through developing evidence-based policy and practice with child-bearing women in prison. A consultation*. Hallam Centre for Community Justice and The Mother and Infant Research Unit, University of York; Galloway, S., Haynes, A. and Cuthbert, C. (2014) *All Babies Count: Spotlight on the Criminal Justice System*. NSPCC and Barnardo's.

Methodology

A number of activities have taken place in order to meet the stated aims of the project: a questionnaire distributed to all women's prisons across England; semi-structured interviews with a range of practitioners working with childbearing women in prison; an ongoing literature review throughout the project to ensure that the current study is grounded in a robust evidence base. The research team have also used the findings of the study to develop a tailored version of the Hidden Sentence training which is currently delivered by Action for Prisoners' and Offenders' Families. The training has been piloted at a women's prison and also evaluated by the Hallam Centre for Community Justice (HCCJ). The extensive discussions by training participants during this pilot have also informed the findings of this report.³

The questionnaire

The questionnaire was designed and administered using the web based tool, SurveyMonkey and aimed to map current provision for childbearing women across the female estate in England. The design was informed by the findings of Albertson et al. (2012) and addressed the following areas of care and support:

- Maintaining family ties and family cohesion
- Development of mother's health and wellbeing
- Pro-social support and opportunities for mothers
- Maternal mental health
- Supporting positive health and development for babies in prison
- Food and nutrition for mothers and babies
- Preparations for the release of the mother with her baby
- Other agencies providing support to mother and baby.

³ Further details of this training including how to book a place can be found at Appendix Three.

A final question addressed perceptions of the key challenges to provision of care and also possible solutions. The questionnaire was designed with three separate practitioner cohorts in mind: those working in prisons with MBU provision; those working in prisons without MBU provision; community-based practitioners delivering services to this cohort both in prison and on release. The questionnaire was piloted with a Mother and Baby Unit Manager; the Director of a children's charity and a practitioner working with a community family training project. Following the pilot a researcher from HCCJ approached all of the then 13 female prisons in England to request their participation in the study and to obtain the contact details of the most appropriate person to complete the questionnaire. Of the 13 prisons approached, six agreed to take part in the research.

Semi-structured interviews

Semi-structured interviews were conducted with a total of 22 practitioners who work with childbearing women and their babies both in prison and the community. A complete list of interviewees can be found at Appendix One. A sample of interviewees were selected to give a range of perspectives from inside and outside custody and within statutory and third sector agencies. The interviews aimed to: examine practitioner awareness and knowledge of the issues and needs facing mothers and babies; identify any training needs which exist for enhancing work in this area; seek views on how training needs may best be met in order to improve service delivery. In addition, some of the interviews were used for gathering descriptive information around the care and services provided by those establishments/agencies that had been unable to complete the survey. Analysis of interview data was undertaken using a thematic framework approach (Ritchie & Spencer, 1994) and was an interactive approach between the researcher at HCCJ and the Practice Development Manager at APOF, involving ongoing discussion of the key themes emerging. This provided a 'checking mechanism' for the interpretation of data, thus adding to the validity of the results.

Literature review⁴

The literature review aimed to answer the following questions:

⁴ More detailed information regarding search strategy can be found in Appendix Two.

- How and why do women offend and how does their offending affect their ability to mother?
- What are the needs of childbearing women in prison and beyond?
- What happens when women go to prison and what is the specific impact on mothers and their babies?
- What is the policy framework which has influenced the delivery of services for mothers and their babies?
- What type of provision has been shown to be effective for childbearing women in prison?
- What happens when childbearing women leave prison?
- What are the gaps in joined up working practices and how can these best be filled?.

Limitations of the study

This is a small-scale research project and whilst the findings reported here reflect the views of participants in the current study, they may not apply to the wider professional population working with childbearing women and their babies. The questionnaire was distributed at a time of upheaval and intense pressure for staff working in the female estate and the response rate was therefore low (a total of 10 questionnaire returns were recorded). Whilst we have attempted to supplement questionnaire results with data from the qualitative interviews, some information may have been missed. There may also have been some changes in service provision during the research period and these will not be reflected in this report.

Structure of the report

The report begins with an outline of current provision for childbearing women in prison and their babies in the UK. This is followed by an exploration of the decision-making process which mothers undertake when considering the care of their baby during their prison sentence and a synthesis of good practice in supporting women through the decision-making process is presented. The mother/baby relationship when residing in an MBU is then examined. We then consider the experiences of women who go to prison and do not

secure an MBU place and this includes the impact on the mother/baby relationship following separation. We then turn our attention to issues around resettlement and reunification following imprisonment, including the impact on re-offending which MBU residence may have. Finally we provide an overview of the recent policy changes in the management of female offenders under the Transforming Rehabilitation reforms and the implications of these changes for childbearing women both in custody and in the community. The report concludes with a number of recommendations for a variety of professional groups including practitioners, commissioners, sentencers and policy-makers. Throughout the report, findings from the questionnaire, interviews and the pilot training session are interwoven with research evidence from the literature review. Good practice examples are included where appropriate. The authors of this report feel strongly that any discussion around addressing the needs of childbearing women in prison needs to be firmly grounded in an understanding of why and how women offend; the implications of imprisoning women who are mothers of young children; and also the extensive support needs of women in prison. Therefore exploration of these issues is interwoven with the narrative.

Findings

Current provision for childbearing women in prison and their babies

All women who are pregnant or have a child below the age of eighteen months at the point of entering custody have the opportunity to apply for a place within designated living accommodation in a Mother and Baby Unit (MBU). An operational framework for delivering the MBU specification is set out in PSI 49/2014, Mother and Baby Units⁵. It provides "*clear, substantiated guidance*" for MBU staff, enabling them to make defensible decisions with regard to assessment for and ongoing provision of MBU places (ibid: 2). Whilst this document makes reference to the management of pregnant women in a custodial setting, there is currently no specific PSI for pregnant prisoners (see North, 2005). The NOMS Women's Team (in co-operation with Training Services) offers a training course entitled "Management of Pregnant Women and Mothers with Babies in Prison" to assist Governors/Directors in this specialist area (HM Prison Service, 2014).

All MBU applications are considered by an Admissions Board led by an independent Chair (NOMS, 2015). In the UK female estate as it currently stands there are 13 female prisons 8 of which have MBUs, 6 in England and 2 in Scotland, there are also 2 Mother and Baby rooms in Northern Ireland. Together these have capacity to accommodate approximately 73 mothers and their babies. There is also a three bed MBU at the privately run Rainsbrook Secure Training Centre, where babies can stay with their mothers who are under 18 years of age (Galloway et al., 2014). Prisoners have to apply for a place on an MBU and their suitability is assessed by a multi-agency panel. Whether MBU admission is in the best interest of the child is the primary consideration for the Board and the decision to admit a woman and her baby to an MBU is dependent upon satisfying the following criteria:

- There are no concerns about mother's conduct and behaviours which may place her own and other mothers and children on the unit at risk.
- The applicant has provided a urine sample for a Mandatory Drugs Test (MDT) which tests negative for illicit substances.

⁵ This PSI supersedes PSI 54/2011 Mother and Baby Units and also [PSO 4801](#) Management of Mother and Baby Units. 4th edition.

- The applicant is willing to refrain from substance misuse.
- The applicant is prepared to sign a standard compact, which may be tailored to her identified individual needs.
- The applicant's ability and eligibility to care for her child is not impaired by poor health or for legal reasons such as the child being in care or subject to a Child Protection Plan as a result of the applicant's treatment of that child.

(HM Prison Service, 2014: 8).

Whilst MBUs are part of the prison and its residents are required to participate in the prison regime, Units are required to have a child-focused regime and environment and the adverse effects of living in prison must be alleviated for babies wherever possible (HM Prison Service, 2014). Children should have access to a similar level of services and support to that which is available in the community (NOMS, 2015).

In England, there is a high rate of rejection of MBU applications, MBU places are under-utilised and frequently lie empty across the women's estate (Galloway et al., 2014). The recent HMP Inspector of Prisons Annual Report states that:

“Mother and Baby Units had good facilities but were underused. More imaginative thought needs to be given to how Mother and Baby Units and the skilled staff who work in them can be more fully used to help women in prison maintain or develop positive relationships with their children.” (p. 15).

Between March 2011 and February 2012, 116 of the 246 applications for a place in a MBU in England were approved (Women in Prison, 2013). The Prison Service states that the applicant should be refused a place on an MBU if her case fails to meet any of the admission criteria (HM Prison Service, 2014: 12). In addition research shows that reasons for refusal include: length of sentence, nature of offence, previous childcare history and behavioural issues (Gregoire et al., 2010). Research has also shown that due to poor levels of awareness and detection of mental health problems in the female prison, women who have treatable

Substance misuse

Drug addiction plays a huge part in all offending and is disproportionately the case with women. 52% of women in a national survey by the MoJ reported using heroin, crack, or cocaine in the four weeks prior to coming to prison. Women may conceal or understate their substance misuse through fear of losing their children (Stewart, 2008). 48% of women report having committed offences to support someone else's drug use (Light et al., 2013). In a study of pregnant prisoners, almost half of the 63 women interviewed reported using drugs and alcohol during the past year and in their current pregnancy and substance-abusing respondents were twice as likely to have been victims of physical abuse during childhood. All of the women who had been sexually abused during childhood were substance abusers whereas women who did not use drugs had no such history (Fogel & Belyea, 2001).

mental health problems are often refused an MBU place (ibid).

Mental health

A recent study found that 49% of women prisoners were suffering from anxiety and depression. This can be compared with 19% of the general female population in the UK (Light et al., 2013). Self-harm is rife and one study reported rates 10 times higher for women than for men (MoJ, 2012). Between 2002 and 2009 there were 55 self-inflicted deaths of women in prison and 37% of women going into prison reported they had attempted suicide at some time in their lives (Plugge et al., 2006).

It has also been suggested that there is significant inconsistency in practice relating to MBU admissions. This may be a result of: the paucity of information provided to admissions boards by children's services relating to mothers, and their babies, where applicable; and also discrepancies in how admission criteria are interpreted subjectively. For example, in HMP Holloway (when there was an MBU),

lengthy sentences served by foreign national prisoners for drug-related offences were not seen as a bar to MBU residence, whereas this would often be the case in other prisons (Children's Commissioner, 2008). Foreign national prisoners may be more likely to apply for an MBU place as kinship care is less likely to be an available option (Galloway et al., 2014) and there is less likely to be a formal safety net of social services in their country of origin (Prison Reform Trust, 2012). In addition, the selection criteria for MBUs favour women from ethnic minorities (especially foreign nationals) because they tend to be serving longer sentences, are less likely to have mental health issues, and thus tend to have increased capacity to care for their babies (Birmingham et al., 2004).

Legal challenge

The upper age limit of 18 months for infants residing with their mothers in MBUs was successfully challenged by two mothers (known as P and Q) in a landmark legal case. In this case the High Court Judge highlighted the need for Sentencers to carry out 'a balancing exercise' before deciding whether the separation of a mother and child is justified by the seriousness of the offence committed. Furthermore it was stated that Sentencers must make attempts to acquire information about dependent children to assist with sentencing decisions (Epstein, 2011).

Babies are usually able to stay with their mothers until they are around 18 months old, however there is some flexibility in these arrangements (for example, if the mother is due for release shortly after the child reaches 18 months). One US study showed that out of 100 infants accepted into prison nursery, 41 were separated from their mothers during or at end of the nursery stay, reasons for this included: maternal request (due to

perceived inadequacies in the medical care their babies were receiving in prison); change in programme (e.g. mother required intensive drug treatment where co-residence was not an option; disciplinary action on part of prison; reached upper age limit; imminent deportation of mother; and death of baby (Byrne et al., 2012). Whilst the Prison Service acknowledges that some mothers who have a long prison sentence may have to face separation from their babies at some point, it is recognised that in some cases it may be considered in the child's

best interest to allow admission for a short period to foster the necessary attachment to promote a future relationship (HM Prison Service, 2014).

Decision-making and take up of MBU places

There is evidence to suggest that only a small number of women who are eligible for an MBU place actually apply for one. A study by Gregoire et al. (2010) sheds some light on this issue; of the 112 women in their study sample, the vast majority (90%) knew about MBUs prior to imprisonment but just less than a third of women (30%) applied for a place. In a significant number of cases this decision related to the living circumstances of the child at the time of the mother's imprisonment with 24% of children being in a social services placement and 16% living with another family member. A further 10% of women did not apply as the age of their child meant that a separation from them would be inevitable at some point in their sentence. It is interesting to note that almost a quarter of women (24%) felt that prison was not the right environment for their child and 4% of women did not know they could apply.

The APOF/HCCJ research has identified a range of other factors which mitigate against an MBU application. Participants reported that some women choose to not reveal their status as mothers to the authorities (e.g. police, courts, prison staff) because they were fearful their children would be taken away from them. Previous negative experiences of social services mean they often make their own 'informal' care arrangements:

*"It's like, they've got their plan in place and they don't want it interfered with!
They're doing what they think is best for the children."* (Family Support Worker, No. 2)

It was also reported that often women do not expect to receive a custodial sentence at court so they have not given any thought to care arrangements for their children and the option of MBU application. Furthermore when women first arrive in custody, they are often traumatised and find themselves in 'flight or fight' mode. They may be focused solely on survival and this is an extremely difficult context in which to absorb information about their child placement options and to make decisions about their children's future. Participants felt that if children's welfare was a priority from the point of arrest and throughout the criminal justice process, women would be able to make more considered choices about their placement, should imprisonment be the outcome of the charges they face. In addition

if women felt that they would be fully supported in making the best choices for their children's care they may be more likely to disclose their status as parents.

Participants in our research also reported that the trauma of arriving in prison can cause a mother's breast milk to dry up and this can have a detrimental impact on the bond with their baby, further compound their sense of failure and make it less likely that they will seek to keep their baby with them. The responses of some prison staff were felt to be unhelpful in some instances:

"Some officers will say 'don't worry about that - anyone can give her a bottle'. This really undermines the mothering role and may reinforce the view that she isn't needed by her baby." (MBU Manager, No. 1)

Due to the small number of MBUs in England and Wales, mothers may need to move a long way away from home to secure a place. For young mothers (those under the age of 18 who are the responsibility of the Youth Justice Board), problems of geography are further compounded by the fact that there is only one Mother and Baby facility for them in the UK. It has been reported that young women residing here were an average of 76 miles away from home, the range being from 23 miles to 105 miles (Children's Commissioner, 2008).

Participants have outlined some of the problems caused by this geographical dispersion of MBUs, particularly when the mother also has older children. They reported that mothers often feel like they are 'choosing' their baby over their older children who may be living with relatives in the community. This is especially problematic given that: visiting may be very costly and also stressful if travelling long distances; it is difficult to get permission to take children out of school for prison visiting and may be especially difficult if the family has chosen to keep the imprisonment a secret. In addition, conditions for family visits are often less than ideal and women fear that if they choose to go to an MBU a long distance from their current home, they will receive less visits from family and friend thus increasing their isolation. This may especially be so for young women who only have the option of one MBU and care proceedings may be more likely to be initiated for the babies of young women (Children's Commissioner, 2008). Participants highlighted the need for a 'whole family' approach during the decision-making process with designated MBU workers and/or Family Support Workers having a role to play in working with siblings and also partners (if they are involved) to fully explain the implications of MBU placement:

"We need to think really carefully how older siblings are affected when Mum chooses to apply for an MBU place. It can be hard for them to accept that their baby will be with them but they'll be missing out." (Third Sector Worker, No. 3)

Some participants in our research felt that women are not adequately informed about the provision available in MBUs and the benefits of residing in one, thus they are unable to make *informed* decisions regarding the care of their baby. MBU staff who participated in the research suggested that *some* social workers work within a 'pro-separation' model which focuses on finding alternative care for children rather than exploring fully the possibility of MBU placement:

"Social Care don't fully understand the role of the MBU and there are misconceptions. It feels sometimes that they don't have the right information or enough knowledge about the benefits of MBUs. It may be worth them taking the time to see how they actually work, and what the mother and baby gain from the time together." (Third Sector Worker, No. 1)

Participants were keen to point out that *"there are also great social workers"* and it was acknowledged that if a prison social worker has spent a long time working with the general prison population, they may understandably be more likely to follow a 'pro-separation model' as they have *"seen all sorts going on."* This will inevitably influence their view of whether prison can be an appropriate environment for a baby and whether women can be prisoners at the same time as 'good mothers.' Previous research has highlighted the strong feelings of powerlessness and 'fighting a losing battle' among women prisoners (O'Keeffe, 2003) and such feelings are likely to impact on women's decision-making capabilities. Participants in our research felt that mothers are susceptible to acquiescing to the views of others (e.g. social workers) even when these may contradict their own desires.

Staff identified by participants as providing the most effective support to childbearing women were those who held a deep rooted belief that the best place for a baby is with its mother, where there are no risk factors to indicate otherwise. A sound understanding of the potential impact and trauma of separation for both mother and baby was also seen to be key as well as a high regard for the mothers and a belief that *"they are doing the best they can in the circumstances they are in"*. It was suggested that prison culture does not

encourage positive views of the MBU and the women who reside there, with officers "getting stick from other officers" for wanting to go and work there.

Research participants reported that mothers struggle hugely with the concept of seeing their babies in prison. They are likely to already be feeling guilty about the impact of their crime on their family and this may well be compounded by negative community reaction and stigma. Many mothers will view themselves as incapable of effective parenting and unless this view is challenged by professionals it is easy to see how women feel babies are better off without them. Participants felt that this complex raft of emotions may militate against women applying to keep their baby with them in prison, making it all the more important that women get adequate information and support during the decision-making process:

"They already feel they've let their baby down, they've let their family down. Why would they deserve to keep their baby? We have to help them to challenge that view." (MBU Nursery Worker, No. 1)

Participants also reported that family members may be very influential in a woman's decision-making regarding child placement. For example, grandparents may not want to (potentially) have their grandchild living in a custodial setting which is far away from their home, especially if poor health and/or mobility will make visiting difficult. Participants suggested some grandparents may have their own agenda for wanting the baby come to live with them (e.g. to assuage feelings of guilt around their own parenting of the baby's mother). Women may be under pressure from partners to 'hand baby over' to them or to family members where he/she can have easy access, this is particularly difficult if the partner is controlling and/or abusive.

The high levels of rejection of MBU applications (highlighted in the previous section) are troubling, and the issue of MBUs operating under capacity is a serious one with regards to their future sustainability. Whilst under-occupancy has been a problem for many years, it has posed a particular threat since austerity measures introduced by the 2010-2015 Coalition Government. Research participants suggested it becomes more difficult to provide a high level of service for women when Units operate under capacity (e.g. can 'external' practitioners justify travelling a long way to see just one woman in an MBU?). In addition,

low capacity may heighten feelings of isolation for women in MBUs and they will miss out on peer support.

Decision-making process - a synthesis of good practice from fieldwork undertaken

In order to best support a pregnant woman or a mother with a young baby in making a decision about the care of their baby during a prison sentence, an open dialogue would begin with her as soon as possible after her arrival at prison. The woman should be immediately referred to the MBU Liaison Officer who will inform her of the most appropriate Unit for her and how to apply. A translator and interpreter will be offered if necessary. A dossier will be compiled by the MBU Liaison Officer which is likely to contain reports from social services, their personal officer, their probation officer as well as relevant medical reports and a security report. The mother needs to be closely involved throughout every aspect of the process and given the maximum amount of information possible, this will include talking through with them who will be involved in Admission Board process, including the presence of an Independent Chair from outside prison whose primary concern is the best interests of the child. In order for women to make a fully informed decision about whether or not to apply for an MBU place a 'whole family' approach should be adopted and a Family Support Worker will be involved where possible. Where it is *appropriate and beneficial for the woman*, family members should be encouraged to be active participants in her sentence planning, including decisions around placement of her baby. The mother and other family members (including Dad if he is around) should be invited to visit the MBU where possible, to meet other mums and their babies and also to find out the type of support which may be available (e.g. nursery provision and scope for outside visits for their baby). Intensive discussions should be held to identify the woman's main concerns, wants and needs and also to try to assess levels of confidence in her own parenting. There should be a general ethos of empowering women to make their own decisions in a caring and supportive environment. She also needs to be made fully aware of her role and responsibilities for caring for her baby in the MBU as well as the role of staff. Mothers may need reassurance about the role of staff in the MBU i.e. that they are not there to criticise or to 'spy on them'. Family Support Workers may also play an important role in working with older siblings to explain what will happen if Mum gets an MBU place, how and when they will be able to visit and also to reassure them that Mum is not 'choosing' their new baby over them. It will be useful for mothers to be made aware of the potential benefits of MBU residence (e.g. helping to stay away from crime in the longer term). Once an application has been submitted and a decision has been made the woman should be informed of the final decision within 2 working days of the Board sitting. Should the application be unsuccessful, the woman needs to be informed of her right to appeal through the Prisoner Complaints system and she should be supported through this process.

Mother and baby relationship during MBU residence

There is now overwhelming evidence which suggests that abrupt separation from a primary care-giver before 18 months of age has lifelong effects on a person's ability to establish

healthy relationships and interact in a positive way with the world (Sroufe, Egeland, Carlson & Collins, 2005). The development of healthy attachment between a child and his or her primary care giver is a long process occurring over the course of a child's first two years, with the period between 9 and 18 months being particularly critical (Emde, 1989; Hazan & Zeifman, 1999). During this early developmental phase babies synthesise their experiences of the world and form an understanding of how to relate to the world and regulate themselves in relation to others. Children who are separated from their primary care-givers during this period may learn that *“they cannot depend on others to care for them and that the world is an unpredictable and frightening place”* (Byrne et al., 2012:11).

Residence in an MBU offers the *potential* for a new mother to bond with her baby in a supportive environment with the assistance of appropriately skilled staff. Indeed the National Offender Management Service highlights attachment promotion between a mother and her child as key service outcome for MBUs (NOMS, 2015). Research evidence suggests that there may be a period of time during the first postnatal year when a mother's attachment and care-giving systems are reorganised and thus are amenable to change and interventions with mothers and their babies at this point can usefully capitalise on this window of opportunity (Sleed et al., 2013). There may be additional positive 'unexpected outcomes' given that women residing in MBUs are a 'captive' audience for receipt of personal development opportunities and health promotion messages (Albertson et al., 2012). The MBU environment may also mitigate some of the environmental threats to the early mother–infant relationship for some families. Research has found that prisoners (and their families) are the embodiment of multiple deprivations and socio-economic challenges (Codd, 2008) being more likely than the general population to be affected by poverty and unemployment, mental health problems as well as substance abuse and domestic violence (Murray, 2005; Johnson & Waldfogel, 2004). A period of co-residence in an MBU offers a relatively predictable environment where mothers and their babies are protected from some of these risk factors and offers the opportunity to bond with their baby in a more stable environment than may otherwise have been experienced (Sleed et al., 2013).

Participants in our research concurred with this view:

"Prison is a protected environment for women, there's not a partner there to tell them what to do so they're more likely to be open and speak freely about how they feel." (Family Support Worker, No. 3)

In particular they felt MBU staff can provide a vital source of support for mothers, a secure base (Ansbro, 2008) from which mothers can explore and begin to re-shape their self-narratives, a crucial first step in the journey to more effective parenting and desisting from crime:

"This may be the first time that the woman has had a nurturing attachment; in fact being in an MBU may well be the best time of their lives." (MBU Manager, No. 1)

Research has also highlighted the ways in which MBU residence provides an uncluttered and relatively stress-free space for mothers to bond with their babies without having to worry about bills, partners or indeed other children; indeed mothers felt that attachment with their babies was stronger than it would have been at home (Elliott-Hohepa & Hungerford, 2013).

Despite a growing body of evidence which demonstrates the importance of early parent-infant attachment in long-term outcomes for children, relatively little is known about the ways in which the attachment process occurs in a custodial setting. An early UK based study compared mother and baby dyads residing in MBUs (n=74) compared with a control group of babies who were either placed in state care or with relatives (n=33) and found that the MBU babies showed healthy attachment and other developmental markers that were on a par with the non MBU babies, thus concluding that babies would not be detrimentally impacted by residing with their mothers in a custodial setting. Whilst babies who stayed in the MBU for more than four months showed some short-term locomotor and cognitive delays in development, these were attributed to a lack of free space, variety in environment and relatively little contact with qualified child care-givers and these deficits soon disappeared after leaving the prison environment (Catan, 1992). More recent UK based research conducted as part of the New Beginnings programme has demonstrated that MBU residence may have some positive impacts on the quality of attachment and positive developmental outcomes for babies. The New Beginnings programme was a short-term, experiential programme for mothers and their babies in MBUs in two women's prisons. The programme aimed to intervene in potential intergenerational cycles of disordered

attachments in the high-risk female prison population in the hope of enhancing mother-baby bonding and attachment in the crucial first few months of life. This was facilitated by delivering eight two hour sessions which were structured around eight topics shown by research and clinical evidence to activate the attachment relationship (for further details see Baradon et al., 2008). New Beginnings was piloted with 27 participating mother-baby dyads in 2004-5. Initial research used a pre- and post-interview design to explore mothers' thoughts and feelings about their babies and found that participation in the programme resulted in improved levels of reflective functioning in mothers; that is their capacity to think about and understand their own internal states and those of their babies and the impact of these on behaviour. Analysis of qualitative data also demonstrated a reduction in women's defensive idealisation of their babies and a move towards a more complex, multi-dimensional depiction of themselves and their babies in relation to each other (Baradon et al., 2008).

Further research in the New Beginnings Programme involved examining intervention outcomes for both mothers and their babies within a randomised controlled design which enabled comparison between those who received the intervention (88 dyads in total) and those who did not (75 dyads residing in the 'control' prisons). Results showed two relatively independent improvements that were observed to be associated with the New Beginnings program. Again there was evidence of improved maternal reflective functioning and whilst the quality of behavioural interaction showed a general deterioration over time in the control dyads, the decline appeared to be moderated by the intervention in both of these areas (Sleed et al., 2013).

A longitudinal study conducted in the US with 97 mothers and 100 children from two nursery programmes has also provided important evidence of the impact which MBU residence has for babies. Byrne et al. (2010) conducted a five year intervention study of mother and child outcomes following prison nursery residence. The intervention involved weekly visits by a Nurse Practitioner (NP) who offered guidance around infant development, responsive parenting, life goals, and resettlement issues. In addition video-recording of mother and baby in unstructured play was undertaken and used as a learning tool by providing feedback to mothers. Results showed that mothers in a prison nursery setting are able to raise babies who show comparable rates of secure attachments to children in the community, with the infant secure attachment distribution of prison nursery babies being

60% compared with 62% in meta-analysed low risk community samples. It is highly significant that this result occurred despite the fact that the mothers themselves had insecure internal attachment representation. It is also significant that secure infant attachment was more likely with the mother-dyads who co-resided in the prison nursery for a year or more than those who exited prior to twelve months (ibid, 2010). This indicates that the prison nursery provided a protective environment for mothers and their babies, when compared with the stressors they may have encountered upon re-entry into the community (Borelli et al., 2010; Byrne, Goshin & Blanchard Lewis, 2012). Furthermore the children in this study achieved developmental milestones at ages which were comparable to their community based counterparts and mothers reported improved parenting skills, knowledge and confidence (Byrne et al., 2010; Byrne et al., 2012).

Similar results were found in an evaluation of a 15 month jail diversion programme for pregnant offenders who had a history of substance abuse in the US. The intervention involved wrap-around social services support as well as the Circle of Security support (a programme, similar to New Beginnings in the UK, which aims to improve care-giving capacities and encourage secure attachment by developing the mothers' reflective functioning and responsiveness to baby's cues). Babies who had been involved with the programme showed rates of attachment security which were comparable to those found in low risk community samples and mothers showed levels of maternal sensitivity comparable to mothers in a community comparison group and also their depressive symptomology improved over time (Cassidy et al., 2010). Thus it is clear from the available research evidence that the quality of attachment between infants and parents in high-risk populations can be improved by early interventions and this is likely to be advantageous for positive developmental outcomes for the child. The APOF/HCCJ research has provided a plethora of good practice examples within MBUs across the UK which promote secure attachments and enhance parenting skills. These include:

- Pre-birth visits to the MBU to reassure the mother and/or locating her on the MBU well before her due date to be fully supported by the Unit staff and work closely with the Nursery and Healthcare. This will reduce anxiety and facilitate the best possible start to the mother/baby relationship.
- Enabling mothers to exercise normal parental responsibility for their babies, in particular being able to cook their food for them.

- A multi-agency team approach to promote and support breastfeeding, including the involvement of midwives, nursery key workers and specialist organisations such as Birth Companions.
- Weekly multi-agency family team meetings where the needs of each mother and baby are discussed and any concerns which may impact the relationship between them can be raised (e.g. postnatal depression).
- 'Family learning' and 'strengthening families' classes provided by MBU Nursery and Family Support worker with a focus on: physical and emotional development; communication; attachment; healthy eating; interaction and engagement.
- Nursery worker involvement in sentence planning boards to ensure that the mothering role is considered in sentence planning and the principles of "every child matters" are being adhered to.
- Thorough working knowledge of Early Years Foundation Stage among MBU and Nursery staff which facilitates access to appropriate resources for babies and mum to enhance their bond and develop a positive relationship.

A recurrent theme in the research was the importance of a sound understanding of attachment theory underpinning provision and support for childbearing women in prison. This should involve encouraging women to examine their own attachment patterns and to identify the ways in which they impact on their current parenting practice:

"Part of this is discussing how she was parented and what was their own experience of childhood, we try to look at levels of confidence both practically and emotionally."
(Third Sector Worker, No. 3)

It was felt to be crucial that such an approach should underpin policy-making at the highest level:

"If the Government would invest in enabling women prisoners to be better mothers initially, there would be huge long-term benefits. We see everyday women can form healthy attachments with their babies as long as the support is there."(Third Sector Worker, No. 2)

Secure attachment and successful parenting is by no means a guaranteed outcome for mothers and babies who stay together in custody and a number of challenges to the relationship have been highlighted. Mothers' feelings of shame and guilt at being in custody may impact negatively on their babies. Feelings of loss of control may be compounded by conflicts with prison staff which may mirror punitive parenting from their own childhoods (Baradon et al., 2008). Research in an MBU in the UK indicates that unresolved issues arising from emotional deprivation and abuse in childhood may invade a mother's current relationships with their babies. For example, mothers may: attempt to protect their babies from their own anger and disappointment through the process of idealisation; rely on their babies to help them get through their sentences and 'rescue' them from negative experiences whilst in prison; be unable to differentiate between self and baby resulting in very limited capacity for mentalisation;⁶ and experience high levels of anger and hostility towards their babies (Baradon et al., 2008). In addition the prison environment can activate many disturbing aspects of the mothers' relationship histories (particularly negative transference underpinned by conflictual parent/child relationships) thus creating significant problems for developing the care-giving bond with their own children (Baradon et al., 2008).

Mothers in MBUs are required to leave babies in the MBU crèche to participate in the prison regime (e.g. attend education and work) when babies are around 6-8 weeks old. Parenting education and antenatal birth preparation are not counted as core prison regime activity (unlike attending the Education department) so women may struggle to engage with activities which could potentially enhance the parenting experience. This early separation may also impact on women's capacity to breastfeed on demand (Albertson et al., 2012) which again may impede the mother/baby relationship. In addition, our research participants reported that MBU residents can be seen by some fellow prisoners and also prison staff as having an 'easy ride' and this can result in (sometimes openly expressed) hostility and isolation from peers within the custodial setting.

The fact that mother and baby are isolated from social networks and other family members may be detrimental relationship as women become increasingly reliant on their babies for comfort and emotional regulation during their sentence (Baradon et al., 2008). This process of 'parentification' results in role reversal which is a risk factor for the development of

⁶ The ability to understand the mental state of oneself and others which underlies behaviour.

insecure attachment relationships (George & Solomon, 2008). Thus whilst there is evidence to suggest that the intensity of the relationship between mother and baby in prison can indeed facilitate the development of a close and secure attachment bond (Goshin, 2010; Goshin & Byrne, 2009), there are also indications that mothers and babies who remain together in custody are a high risk and vulnerable group with potentially extensive needs around parenting issues. This vulnerability may be compounded by the fact that being pregnant or having recently given birth poses particular risks for mental health (Cox, Murray & Chapman, 1993) and also that a lack of co-ordinated services can impede care during the perinatal period. Whilst women in MBUs have been found to have lower levels of mental illness than women in the general prison population, one UK study did find high levels of mild to moderate mental illness which had gone unrecognised and untreated in 60% of participants, although no cases of severe mental illness (Birmingham et al., 2006).

Research participants reported that mothers may not necessarily have a 'natural' maternal instinct and their parenting is likely to be impacted hugely by negative experiences in their childhoods; negative relationships experiences in later life and possibly substance abuse which arises from the need to self-medicate the pain of such experiences. Thus the provision of programmes which address relational issues and parenting interventions were identified as key. It is not sufficient for MBUs to 'house' mothers and babies, rather they should be seen as an opportunity to 'hothouse' mothers and babies to improve longer-term outcomes.

Women's pathways into crime

To explain why women commit crime and how they may best be supported, theories relating to their psychological development have also been explored. Relational theory suggests that girls develop their sense of self through intimate relationships and meaningful connections, whereas boys develop in the direction of social autonomy (Gilligan, 1982). The importance of understanding relational theory is reflected in the recurring theme of relationships seen in the lives of female offenders. In particular, abusive relationships and coercion feature strongly in women's pathways into crime (Corston, 2007).

Good practice example - Birth Companions

All the services provided by Birth Companions are designed to nurture a positive mother and baby relationship during pregnancy, birth and the immediate postnatal period. At the time of the interviews, they were delivering services in HMP Holloway (which has now closed), HMP Bronzefield and HMP Peterborough and also working in the community where appropriate. Birth Companions believe that every woman has the right to support through childbirth to give their babies the best start in life. Birth Companions offer birth and postnatal support in the hospital enabling women (both those who are keeping their babies and those who are separating) to have the birth experience they want, including skin to skin contact and early breastfeeding if they wish. They deliver pregnancy groups which are accessible to all women, including those who will be released before birth. These groups cover both typical antenatal class content, but are also an important place for women to talk about how they feel about being pregnant in prison, previous experiences, and to develop peer support relationships. Birth Companions also provide one-to-one support to women who do not feel able to attend the groups, this is often the most vulnerable women (e.g. asylum seekers, victims of domestic abuse, trafficked women). Within the pregnancy group they cover caring for a new-born which gives women a chance for people to discuss things such as eating cues, dealing with crying, bathing, soothing, etc. Birth Companions also has a dedicated qualified Breastfeeding Supporter who delivers a regular baby feeding session to pregnant women to ensure they have accurate and up-to-date information about the benefits of breastfeeding. They also provide support for women who have been separated from their babies, either having given birth from prison or whose babies are residing in the community during the woman's sentence. This can involve one-to-one support in order to provide a safe space for women to explore their intensely difficult feelings and also support them in hospital with the actual separation. These women are also helped to express milk for their babies if they wish to. Birth Companions also support women through still birth and miscarriage, including through labour and birth at the hospital if required and provide one-to-one support in the prison.

What happens when mothers go to prison and do not secure an MBU place?

Due to the relative infrequency of female imprisonment compared with male, many more children are affected by paternal imprisonment than maternal. However the *impact* of maternal imprisonment (and the resulting separation) is likely to be much greater and more likely to result in insecure attachment and psychopathology in children as mothers are very often the sole or main care-giver (Walker, 2007; Murray & Murray, 2010). The Home Affairs Committee *Report on the Rehabilitation of Prisoners* in 2005 put it in this way:

Female Prison Population

A snapshot of the prison population in May 2015 showed 3,889 women in prison in England and Wales compared with 81,795 men (MoJ, 2015a). During the last 5 years rates of female imprisonment have declined, following a dramatic spike between 1995 and 2010 when the population rose from 1,979 to 4,236 (Prison Reform Trust, 2014). This can be partly attributed to the impact of the Corston report in 2007 which highlighted the futility of prison for most women (especially mothers) and recommended the dismantling of the female prison estate.

“Men go into prison and they expect the women will maintain the house and family...it is not true in every case and it is easy to make generalisations, but the great majority are more concerned about themselves and what will happen when they come out than what is happening out there. Women have an entirely different mental approach to it when they go in. They are concerned, will the house still be there; what is happening to the children?”

Two thirds (66%) of women serving prison sentences are mothers with dependent children aged under 18 (Prison Reform

Trust, 2006), many of whom are single parents and it is estimated that around 17,000 children per year are separated from their mother as a result of imprisonment (Wilks-Wiffen, 2011).

Black and ethnic minority women in prison are especially likely to be lone parents given that over half of black African and black Caribbean families in the UK are headed by a lone parent compared with less than a quarter of white families (HM Chief Inspector of Prisons, 2009). Foreign national women are more likely to have a number of children and make up disproportionate numbers of pregnant women on arrival in prison and, therefore, a disproportionate number give birth in custody and rarely have the option of a family member as a birthing partner. This is especially troubling in cases where the pregnancy is a result of rape or enforced prostitution (Prison Reform Trust, 2012).

For the vast majority of mothers, prison is the first time they will be separated from their children for any significant length of time (Caddle & Crisp, 1997). There is no routine monitoring of the parental status of prisoners in the UK or systematic identification of children of prisoners, where they live or which services they are accessing. Where this information is collected, it is inconsistent and not necessarily shared between agencies (Galloway et al., 2014). The Ministry of Justice have recently attempted to estimate how many

Rights of the child

When a court sentences a mother who is the carer of a dependent child, the human rights of the child should be engaged. Article 8 of the Human Rights Act (1988) states that:

1. Everyone has the right to respect for their private and family life, home and correspondence.
2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals or for the protection of the rights and freedoms of others.

Decision Making

Article 3 of the UN Convention on the Rights of the Child states that their best interest should be carefully and independently considered by competent professionals and taken into account in all decisions related to detention, including remand and sentencing, and decisions concerning the placement of the child (Martynowicz, 2011).

female offenders have dependent children by linking Police National Computer (PNC) data with data from the Department of Work and Pensions (DWP). Results of this analysis estimated that that between 24% and 31% of all female offenders have one or more dependent children, with between 13% and 19% of women receiving immediate custody having child dependents (MoJ, 2015b). Through extrapolation from research samples, it has been estimated that 8% of children whose mothers are in prison are younger than 18 months (Caddle & Crisp, 1997).

Maternal imprisonment results in huge disruption for children, with only 5% remaining in their own home once their mother has been sentenced (Home Office, 2008) and only 9% being cared for by their father in their mother's absence (Corston, 2007). They are more likely to be cared for by grandparents or other family members, or to go into foster or residential care (Walker, 2007). A survey of women serving their first sentence in Holloway conducted by Revolving Doors found that of the 1,400 women interviewed, 42 had no idea who was looking after their children (Corston, 2007).

Cost of female imprisonment

Imprisoning women for non-violent offences costs that state more than £17 million over a ten year period, the main cost arising from the likelihood of children of imprisoned mothers becoming 'NEET' (Not in Education, Employment or Training, MoJ, 2012 - prisoners childhoods). For every £1 invested in providing support-focused alternatives to prison, £14 worth of social value is generated to women, their children, their victims and society generally over 10 years (New Economics Foundation, 2008).

It has been suggested that when sentenced to prison, women who are mothers are effectively penalised twice: firstly by being incarcerated and secondly by being separated from their children, with the possibility of not being reunited with them on release (Children's Commissioner, 2008). Whilst stable and high-quality care-giving from family members can provide support and resilience for children (Kobak & Madsen, 2008) family members who care for babies in their mother's absence face a unique set of challenges. A recent survey

conducted in the UK found that kinship carers experience significantly lower levels of personal wellbeing than population averages, scoring 22.6 on the Warwick Edinburgh Mental Wellbeing Scale compared with the population average of 25.2. Those on the lowest incomes, raising children with learning disabilities or with other caring responsibilities experience particularly low levels of wellbeing. Furthermore, 42% of kinship carers had to stop working to care for a child and 46% of those who gave up work are now dependent on welfare benefits. Many kinship carers also reported that they had experienced stigmatisation and discrimination as a result of being a kinship family and that bringing up

kinship children was more difficult than bringing up their own children (Gautier & Wellard, 2014).

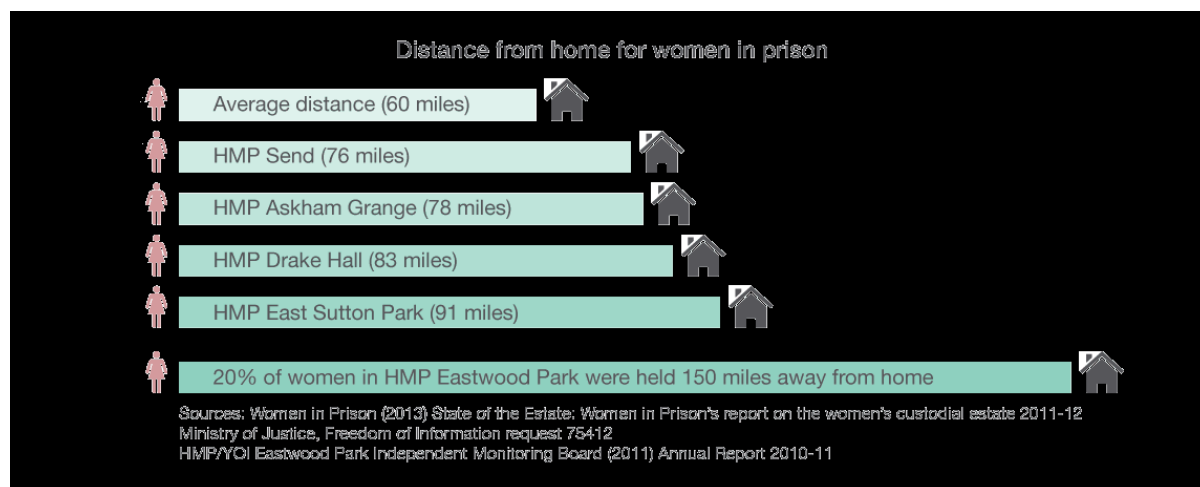
Sentencing analysis

Analysis of the sentencing remarks of Crown Court judges, the reports of the Court of Appeal and the files of magistrates in 75 cases found that the balancing act of weighing the seriousness of a mother's offence against the rights of the child under Article 8 of the human rights act, is frequently not undertaken in Crown Courts, Magistrates Courts or in the Court of Appeal. In addition Sentencers do not always seek information on dependent children. (Epstein, 2011) A recent study of 103 foreign national female prisoners found no evidence of appropriate responses which took account of the wellbeing of children with regards to arrest procedures, bail procedures and facilitation of contact (Hales & Gelsthorpe, 2012).

Other studies have highlighted the lack of information on the quality of care which children receive while their mothers are incarcerated (Hagan & Coleman, 2001). Participants in this research highlighted the lack of financial assistance for those families who make 'informal' kinship care agreements. They also reported a vicious circle of stigmatisation and silence whereby kinship carers are reluctant to access services because they feel ashamed of their circumstances, and this results in further isolation and suffering. An evaluation

of the Kinship Care Support Service at HMP Holloway highlights the high level of need for the development of kinship support services across both female and male prisons and also the potential for such services to contribute to successful resettlement outcomes (Boswell & Wood, 2011). As previously highlighted and as shown in Figure 2 below,⁷ due to the relatively few female prisons in the UK, women are often imprisoned a long way from home leading to isolation from families and communities and also creating problems for resettlement. The average distance adult women in prison are held from their home or committal court address is 60 miles (Women in Prison, 2013).

Figure 2: Distance from home for women offenders



⁷From Bromley Briefings Prison Factfile (2014): Prison Reform Trust.

Women serving short sentences and those on remand are less likely to secure a place in an

Short term sentences

Many women in the UK serve very short prison sentences, in the 12 months to March 2014, 60% of sentenced women (4,113) entering prison were serving six months or less (MoJ, 2014d). Such short sentences offer very little opportunity for rehabilitative work and the delivery of effective parenting interventions. In addition, short-term custody (less than 12 months in prison, without supervision on release) is associated with higher rates of re-offending than community orders and suspended sentence orders (Mews et al., 2015).

MBU than women serving longer sentences and are also less likely to apply for a place (Gregoire, 2010). This is hugely problematic given that this is a crucial time in the development of the mother/baby relationship and separations of a few weeks or months can have a significant negative impact (ibid). Participants in our research felt that custodial sentences are being used inappropriately for women, especially those who have young children, and expressed frustration and concern that prison takes mothers away from their children often for crimes which warrant only very short

sentences and pose no risk to the public. Indeed it has been suggested that women offenders present a far greater risk to themselves than to the public and should be recognised as more “troubled” than “troublesome” (Corston, 2007). However, the concepts of family and motherhood are historically and culturally bound and imprisoned mothers are not only seen to offend against society, but also against their role as mothers (Cunningham, 2001). It has been suggested that these views have been reflected in sentencing practice over the years with women, and especially mothers, who do not conform to societal norms of expected behaviour regarding social relationships and social statuses, receiving harsher sentences by the state than their male counterparts (Beckermen, 1991).

Historically, mothers who broke the law were viewed by the courts and society more generally as being unfit parents, incapable of properly performing their parental duties because they knowingly risked the chance of imprisonment and subsequent separation from their children (Carron, 1984). This is contrary to a body of evidence which suggests that many imprisoned mothers care very deeply for their children, miss them desperately and make every effort to 'parent' from afar, trying to maintain their parental authority and involvement in decisions about their child welfare (Celinska & Siegel, 2010). In short, *“these mothers love their children and their children love them”* (Mignon & Ransford, 2012). Young mothers may be particularly vulnerable to negative judgements and stigmatisation as they may already be perceived as irresponsible prior to involvement in the CJS. This may *“intensify surveillance by both professionals and peers and produce enduring judgements of maternal deficiency”* (Sharpe, 2015:12). 'Blaming' accounts which seek to make a direct,

causal link between women's offending and their inability to be a 'good mother' fail to take into account that women's role as a victim often has a direct yet complicated link with their own offending behaviour:

"Whatever else a prisoner knows, she knows everything there is to know about punishment because that is exactly what she has grown up with. Whether it is childhood sexual abuse, indifference, neglect; punishment is most familiar to her."

(Women in Prison, 2014)

The prison system as it stands is particularly unsuitable for women and disproportionately harsher because it has been designed for men. Standard policies and procedures (e.g. searches, restraints, and isolation) have profound effects on women with histories of

Abuse issues

Research shows that 53% of women in prison reported having experienced emotional, physical or sexual abuse as a child, compared to 27% of men (Williams et al., 2012). Female prisoners are more likely than men (31% vs. 24%) to be have spent time in Local Authority Care as a child, (ibid) and 46% of women in prison report having suffered a history of domestic abuse (Corston, 2007).

trauma and abuse (Covington, 2007). Searches in particular can trigger feelings of helplessness common to the experience of abuse itself, to the extent that women are re-traumatised (Loucks, Malloch & McIvor, 2008). In addition, women in prison tend to be discriminated against in relation to security due to the small number of women's prisons. For example, in a region where there might be four male prisons with different levels of security classification, there may just be one women's

prison. Where this is the case, that one prison's regime will be determined by the maximum security requirement (Bastick & Townhead, 2008; Berry & Smith Mahdi, 2012) and women may be at the mercy of a security classification that is inappropriately strict for the risk that they pose. Additionally, because of the physical limitations of female establishments, halls are not ranked according to the different types of prisoners within them as they are in men's prisons.

This results in many women being forced to share cells with prisoners who have mental health problems or those suffering severe drug withdrawals or seizures which can be exceptionally frightening (Corston, 2007). These issues are likely to be difficult for all women prisoners to cope with but for those who are pregnant, newly delivered or have recently been separated from their baby, they may be experienced as particularly traumatic.

Good practice example - Relative Experience

Relative Experience was a pilot kinship carer support programme delivered in the North East of England by Grandparents Plus, Family Lives and the Family and Childcare Trust between September 2012 and February 2014⁸. It was funded by the Silver Dreams Fund and administered by the Big Lottery Fund. Relative Experience trialled a peer-led model of delivering support for kinship carers to raise public and practitioner awareness of the needs of older people who are kinship carers. The project provided a befriender to offer individual support to a kinship carer, many of whom had experience of being a kinship carer themselves. The befriender visited the kinship carer regularly to provide one-to-one support and advice with issues such as residency orders and availability of financial help. Support would continue for a period of up to several weeks or months. The project supported existing local support groups for kinship carers and also helped kinship carers to develop new groups and build networks where needed. Groups would meet regularly in a community venue and provide a chance for kinship carers and the children they care for to meet, share concerns, ideas and have some fun together. Befrienders also helped with signposting to relevant services for further information and advice. Evaluation of the service showed that the Relative Experience Project was effective at supporting this group who are often isolated and distrustful of conventional social services. Kinship carers responded well to the assistance offered, valuing the emotional support and the opportunity to take time away from their responsibilities to talk about issues. They were receptive to the empathy and support offered by the 'friendship' element of the relationship as well as appreciating the more unique character of befriending support which encouraged parents to think creatively about their situation and identify solutions within a supportive and non-threatening environment. Relative Experience befriending seems to be particularly helpful in building kinship carer's self-confidence, ability to cope and mental wellbeing. Referral relationships were successfully developed with Children's Centres, schools, and crisis support services as well as grandparent support networks.

Mother and baby relationship when separation occurs

Attachment theory provides us with a useful evidence base regarding what happens to children when they do not have secure attachment relationships. However, we actually know little about what happens to mothers and their babies when they are separated specifically as a result of imprisonment. The limited amount of evidence available suggests that separation may damage a developing attachment and increase the likelihood of poor developmental outcomes for children. Poehlmann (2005) collected data from 60 children,⁹ their incarcerated mothers, and children's non-maternal care-givers from 1999 to 2002.

⁸ See report at: <http://www.coram.org.uk/resource/relative-experience-north-east-pilot-final-evaluation-report>

⁹ The mother had at least one child between 2.5 and 7.5 years of age and had been the primary care-giver prior to imprisonment; the child was placed with family member following imprisonment.

Results of the study showed that two-thirds of children were not securely attached to either the absent mother or their current primary care-giver. Poehlmann (2005) found that children with mothers in prison exhibited their grief with persistent crying and sadness, developmental regressions and sleeping problems. These findings are consistent with another study which used a grounded theory approach to explore the experience of imprisoned mothers who stated they did not feel a "mother connection" to children taken from their care at early ages (Enos, 2001).

In a recent US study comparing outcomes of babies who had resided in prison nurseries and those who had not, results showed that children who had experienced separation as a result of maternal imprisonment had significantly worse anxious/depressed scores than those who lived in the nursery between 1 to 18 months, even after controlling for risks in the care-giving environment (Goshin et al., 2014). The author concludes that prison nursery residence, in conjunction with developmental support may promote resilience in pre-school children with imprisoned mothers.

A UK study found that there was a higher than expected level of severe mental illness among women who had been separated from their babies due to imprisonment and this separation may contribute to or exacerbate the women's existing mental health problems

Suicide in prison

Motherhood is a factor that appears to protect women in the community against suicide (with women being less likely than men to take their own life) but this protection is not evident in prison where mothers may be separated from their children, and those serving long sentences may be denied the opportunity to have children (Corston, 2007).

and lead to increasingly negative effects on the child's current and future mental health (Gregoire et al., 2010). One rare study utilising journal entries and interviews with pregnant women in a prison in the US did highlight the stress and anxiety that these women experienced. This included feelings of apprehension, isolation and a lack of personal autonomy with regard to their pregnancies. Women were also particularly worried that risky behaviours they participated in prior to imprisonment may affect their baby (Wismont, 2000). A further study of 112 participants found high rates of psychiatric morbidity amongst women prisoners who had recently given birth

and had been separated from their babies. This included 42% of women having current mental health treatment needs, with 30% having either moderate or severe depression (Gregoire et al., 2010). There is a small but growing body of evidence to suggest that being separated from children whilst serving a prison sentence is a uniquely stressful experience and existing problems may be compounded by this additional '*mental torture*' (Corston,

2007:33). Furthermore, there is a highly gendered component in the impact of imprisonment for women relative to men:

"Women and men are different. Equal treatment of men and women does not result in equal outcomes. Homes and children define many women's lives. To take this away from them when it may be all that they have causes huge damage to women."

(Corston, 2007:19)

As well as mental health problems (and perhaps because of them to some extent) childbearing women in prison experience significant disadvantage related to their physical health needs which may be compounded by the potential/actual trauma of separation. They have increased mortality and morbidity related to delayed prenatal care and perinatal risks, particularly during short sentences which allow little time for effective health interventions (Cordero, Hines, Shibley & Landon, 1992; Martin, Reiger, Kupper, Mayer & Qaquish, 1997). It has also been suggested that a lack of effective co-ordination of and liaison between the NHS, prison, social, and related services involved in delivering healthcare to childbearing women in prison result in them experiencing problems relating to their perinatal care (Edge, 2006). Such problems may include booking late for antenatal care, receiving minimal antenatal education and inadequate nutrition during pregnancy and postpartum, being without the support of a family member during labour and birth, having a premature or small-for-dates baby and deciding to formula feed (Edge, 2006; Albertson et al., 2010).

Our research participants showed extreme concern for the trauma and distress experienced by mothers when they face the prospect of separation from their babies (either due to not securing an MBU place, or having to separate during an MBU residence, for example, due to their child reaching the upper age limit for the MBU):

"The prospect of separation can drive women to the edge. It may cause mothers to reject their children to help them cope with enforced separation and the thought of their children going into foster care." (Third Sector Worker, No. 1)

For foreign national prisoners who already have children in their country of origin the experience of separation may be particularly traumatic given that there are likely to be on-going child protection issues and those who have been trafficked will face the challenge of

re-establishing links broken by the grip of traffickers. This trauma will be compounded where the mothers escape had resulted in threats to children and thus to their relocation (Prison Reform Trust, 2012).

Participants highlighted the need for all practitioners to recognise the extreme trauma of the separation experience and for appropriate and detailed multi-agency risk assessment for both mother and baby to be undertaken prior to and at the point on separation.

Women would also benefit from clarity around future visitation rights to help with the anxiety. Sometimes women get the message that they are not 'entitled' to see their babies and this view can easily become internalised when women are feeling vulnerable.

Participants were also concerned about the lack of knowledge, awareness, and understanding around those women who are permanently separated from their children whilst they are imprisoned. Such women's needs are likely to be extremely intensive and imprisoned women may have a very different experience from women in the community whose children are being adopted. For example adopters may be reluctant to visit the prison during the 'handover' period so women may feel less informed and reassured regarding their child's placement. Whilst adoption during imprisonment is a uniquely bleak and distressing experience, it was felt that useful learning could perhaps be taken from separation due to adoption in other high risk groups.

Good practice example - After Adoption

After Adoption is a national organisation which works with birth mothers in prison whose babies are going to be adopted. After Adoption acknowledges the powerful stigma which exists for women who have been deemed by the courts to be unfit to look after their child or children. Their work is grounded in recognition of the extensive and complex needs of many mothers involved in the CJS, in particular their experiences of emotional, physical and sexual abuse, poor parenting and attachment which have often led them to spending time in care and also entering abusive relationships in adulthood. As well as offering one-to-one support, After Adoption also provide: group work with other birth parents; final contact support meetings; life story work; intermediary services for those making contact with their children; and counselling to address issues raised by adoption. They also to support women to participate fully in the exchange of annual letters with adoptive parents, via the Letterbox provided by every Local Authority's adoption service. This support is considered important for the birth mothers' mental health and also in the children's best interests to have as much information as possibly about their birth family. They also promote the use of memory boxes for mothers, in which to keep precious items relating to the children they have lost. After Adoption also offer a national Freephone helpline (Birth Ties) which is staffed by trained counsellors. They work with men on an ad hoc basis if they get a referral from a prison or a Local Authority; this is an area they are seeking to develop further.

The fact that women prisoners are far more likely than men to be primary carers of young children from whom they are separated makes the prison experience particularly distressing. They often experience very high levels and stress and anxiety related to their inability to take care of their children and the care their children are receiving in their absence (Bloom & Steinhart, 1993; Boudin, 1997; Farrell, 1998; Houck & Loper, 2002). This may explain why women offend against prison discipline at a higher rate than men. In 2000, the rates were 256 offences per 100 female prisoners and 159 per 100 male prisoners (Kesteven, 2002).

Research shows there are significant challenges to the development and maintenance of relationships with children following separation through imprisonment. Despite the emphasis in PSI 54/2011 that “Mothers should be encouraged to maintain family contacts for their babies” (MoJ/NOMS, 2011) and a number of strategies and policies state a commitment to supporting family relationships, a significant proportion (around half in the UK; 58% in one US study) of women do not receive visits from their children during their time in custody (Social Exclusion Unit, 2002; Glaze & Maruschak, 2008). Lack of visits may be a particular issues for black, minority ethnic and foreign national women who are more likely to report that had not had a visit during their first week in prison, compared with white and British women (HM Chief Inspector of Prisons, 2009). In addition, for foreign

national prisoners the issue of how to maintain contact with their children can be extremely difficult, with isolated locations of prisons and immigration centres necessitating very expensive travel costs for families. Whilst there is a possibility of temporary relocation to a London prison for accumulated visits, this is not available for short sentenced prisoners (Prison Reform Trust, 2012). In addition, the closure of the MBU at HMP Holloway will cause specific problems for foreign national women who may previously have sought a London re-location to facilitate easier family visits. The reality is that visits to foreign national prisoners may be too traumatic for children and many women will have no contact with their children between arrest and deportation (ibid).

For all women prisoners, family tensions may prevent visits and enhance women's feeling of anger and powerlessness (Boudin, 1997). In addition, the financial hardship which families often experience following parental imprisonment means that prison visits and phone calls (both of which can be extremely expensive) are impossible for some families (Hairston, 2003). The problems of visiting are compounded by the small number of female prisons, meaning that families may have to travel greater distances and reduced funding for schemes providing financial help for prisoners' families¹⁰ in recent years has further exacerbated this problem (Action for Prisoners' Families, 2010). Both prisoners and kinship carers, particularly those experiencing the impact of a first prison sentence report difficulties in accessing practical information regarding contact between mothers, children and their carers (Boswell & Wood, 2011).

In addition, the commonly-available contact methods which are used with older children of imprisoned women (e.g. letters and phone calls) are not developmentally appropriate for infants and toddlers and the need to tailor contact methods to the developmental level of children has been highlighted (Poehlmann et al., 2010, in Byrne et al., 2012). This is especially important given that mothers who have frequent and flexible kinds of communication with their children during imprisonment experience lower levels of stress (Houck & Loper, 2002) and also that 40% of prisoners stated that support from their family, and 36% that seeing their children, would help them stop re-offending in the future (MoJ, 2012).

¹⁰ The Assisted Prison Visit Scheme.

The provision for prison visiting varies across establishments in the UK and the conditions in which visits take place can affect their quality greatly. Visits rooms can be large and have a formal layout with fixed furniture and where there is no play area, younger children in particular can become bored, agitated and distressed. If there is reasonable suspicion that unauthorised items may be smuggled into prison, very young children will be subjected to searches and the prisoner may also be restricted to 'closed visits' where prisoners are separated by a glass partition and no physical contact is allowed (Ormiston Children and Families Trust, 2007). Research participants reported that partners and or kinship carers may refuse to bring a baby (or older siblings where the mother is in an MBU) to visit in these circumstances and/or the mother may not wish to subject their babies and/or older children to visits.

Many prisons around the country now offer more child-centred visit sessions known as children's visits or family visits which are longer than normal visits (usually lasting two or more hours) and the focus is on the needs of children with play equipment and refreshments/meals being provided. In addition the parent is free to move around with their children, read them stories and perhaps share a meal (ibid). Research participants felt that such visits should not be offered as an incentive for prisoners to behave well, rather it should routinely be acknowledged that children have a right to contact with their parent, where this is in their best interest. Family visit provision is normally organised by prison staff and/or external family agencies who are contracted to deliver such services to the prison. However, participants highlighted how it is dependent upon the overarching prison regime in individual establishments and varies considerably across the female estate. Furthermore it was suggested that women were not always informed about their visitation rights and it was suggested that issues pertaining to contact with children and families should routinely be addressed in the pro-forma reports of personal officers. It was also deemed problematic that Prison Governors receive no specific funding to provide such visiting facilities and any provision must come from their (currently diminished) general prison budget. Previous research has also suggested that there are not enough family support officers to meet needs of prisoners and their families, there is no bespoke training available and because the role was not protected, officers could be re-deployed to other tasks at short notice leaving families' needs unmet (Martynowicz, 2011).

Good practice example - Acorn House and 'Communication Friendly Spaces'

Acorn House is an overnight child contact facility at HMP Askham Grange. It gives mothers opportunities for overnight stays with their children in accommodation within the prison grounds where they are responsible for normal domestic duties and care of their children. Acorn House plays a hugely important role in preparing mothers for returning to normal family life upon release. It is believed that access to this facility will ease the transition from custody back into the community and result in greater family stability. Acorn House provides women with a way of being physically and emotionally available to their children during the separation caused by their prison sentences, it also provides an opportunity for babies who are MBU residents to spend time with their siblings in a home environment. The facility enables mothers to better support their children through the experience of separation and to nurture their relationships to increase the likelihood of a successful reunification. Mothers are allowed to meaningfully 'mother' their children in the private and intimate space provided by Acorn House, in a way that is frequently impossible with the constraints of normal prison visits. This not only protects their maternal bond but also increases confidence in their 'mothering' skills and attributes. There is no fixed criteria for application to use Acorn House, all residents can apply and will be subject to rigorous risk assessments. The overall approach is "think family." For a detailed, small scale evaluation of Acorn House see Raikes and Lockwood (2011).

The Communication Friendly Spaces (CFS) approach was used as a framework for reviewing the visiting environment created during family visit days at HMP Styal. CFS bags containing a range of resources for creating 'family friendly' spaces were given to mothers to use with their families (firstly with their young babies and then with older children during visits). The aim of this was to support the creation of emotionally secure situations through more informed use of the environment where visits take place, thus impacting positively on the quality of family interaction during visits. In addition children were able to take the bags home with them to act as a transitional object *'to connect meaning and memories between Mum's physical world and the children's.'* Some promising findings emerged from this project with each family creating a defined 'space' which was used throughout the visiting period. This enabled children to spend time with their mothers in a 'safe' environment, making it more likely they would share their feelings. Significantly no one cried at the gate on exit at the end of the visit which was highly unusual (Jarman, 2014). The findings of this work are pertinent to our findings as it was suggested by participants that creating more favourable visiting environments for the children of mothers residing in MBUs with their babies may be an important factor in deciding whether to apply for an MBU place. If mothers feel confident that they can enjoy regular, positive visiting experiences with their older children, it may feel less like they are 'choosing one child over another'.

Resettlement and reunification issues

Given that imprisonment tends to cause greater disruption for women than for men, it is unsurprising that that the reintegration period from prison to the community can be

extremely challenging and chaotic (Richie, 2001). There may be particular challenges for mothers with very young children, as the 'rose-tinted' view which many women have of life 'on the out' gives way to the harsh realities of everyday life and the stresses of parenting (Hayes, 2008). Data from our research suggests that for mothers who have resided in an MBU during their sentence, release from prison represents a move away from an environment which may have afforded them a degree of nurturing and protection not previously experienced. There was clear evidence in this study that MBU staff have a sound awareness of the need to empower women and to enable them to make their own decisions on behalf of their children. Also following release, women may be confronted with negative environmental influences (e.g. peer group, drugs contacts) which may have led them to prison in the first place:

"All the support is there and then Mum is released...all the good work can be undone." (Family Support Worker, No. 4)

Indeed whilst continued, seamless parenting from prison through to community re-integration may be the key aim of MBU residency, there may be considerable challenges to this goal both during MBU residence and also once a mother is released from custody. A study of babies accepted into prison nursery between 2003-2006 reported that of the 59 infants who returned to the community with their mother following a prison nursery stay, 49 were still with the mother at the end of the first year post-release and 44 were still together at the end of the third year post-release. In addition just under half of these 44 babies had experienced brief, interim separations from their mother during this three year period (Byrne et al., 2012). The main challenges to continuing in the mothering role were identified as drug relapse and re-offending. Poverty, underemployment and housing problems were also highlighted as posing a threat to the mothering role (ibid, 2012). Around one third of women prisoners lose their home and often their possessions whilst in prison (Wedderburn, 2000). The APOF/HCCJ research has highlighted the 'Catch-22' situation which women can find themselves in if they leave prison without custody of their children but hoping to resume care of them. If she applies to her Local Authority for homeless status she will be offered housing options which are entirely unsuitable for family living (e.g. a room in a shared house or a one bedroom property). She will then be unable to secure custody of her children on the grounds that she does not have suitable living accommodation for them. Concurring with previous research, it was suggested in the

current study that post-release substance use relapse may threaten the mother–baby relationship which has developed during a period of MBU residence and may place the mother at risk of re-offending and separation from their baby.

Research participants have highlighted the importance of relationships with family members during the resettlement process, especially with regards to desisting from criminal activity and building upon the positive parenting work which has been done in prison. It is particularly problematic therefore that families are not routinely involved in resettlement planning, even when offenders will be relying on them for support following release.

Mothers who are planning to resume care for their children on release face considerable difficulties. Re-adjusting to the mothering role when another family member has been doing the day to day parenting tasks can especially challenging (O'Keeffe, 2003).

Participants reported that women have complicated and conflicted feelings. Whilst they are grateful for family support they may also feel hugely resentful of the bond which their baby has with other family members. Women often have strong feelings of jealousy and the anger which they often feel towards themselves can be projected onto those who have been caring for their children:

"They feel like they know their kids better than anyone else, so how can the family member possibly know what's best for them? But they also know that they've only been seeing a 'snapshot' of their baby's life whilst they've been inside. It's a difficult place to be..." (Nursery Worker, No. 1)

It was also reported that mothers may struggle to cope with the expectations placed upon them when they leave prison and the perceived lack of understanding from family members around their experiences of prison. Post-release parenting may be compromised in mothers who have been separated from their children because a meaningful relationship between them was not able to develop during her sentence due to the contact and visitation problems outlined previously.

Participants in our research have highlighted the need to help women manage expectations regarding reunification with their children. Family group conferencing, home leaves and day releases have all been identified as good practice. MBU workers undertake excellent work in attempting mediate between mothers and families, especially fathers when they are still

around (where they are still around). However, it is important to note that this work can be hugely stressful and can impose another weight of responsibility on already over-stretched practitioners. This highlights the need for funding for specialist mediation work to help with the re-unification process. Furthermore, a recent rapid evidence assessment of effective interventions for women offenders found that prison-based parenting intervention programmes need to be supplemented with home visits and efforts to increase social support in order to enhance their effectiveness following release (Stewart & Gobeil, 2015).

Particular problems may arise if women are returning to an abusive relationship following their sentence. The importance of programmes in custody which address relational issues has been highlighted as particularly important during this research, even for short-term prisoners. Prison can give women some 'breathing space' and the opportunity to re-evaluate their hopes and expectations for their intimate relationships:

"Prison is a protected environment for women, they've not got a partner there to tell them what to do. They have a chance to be more open and free...but they're not here for long." (MBU Manager, No. 2)

Some participants told us that they see a direct link between women's levels of self-esteem and their motivation to access services which can help them on release:

"We have to increase their expectations around what they deserve, show them "look, this is what it can be like." It's that pro-social modelling that's so important." (MBU Manager, No. 1)

This finding has resonance with research by Eaton (1993) which highlighted the importance of reciprocal relationships in increasing women's confidence and motivation to make changes in their lives. Furthermore, Worrall and Gelsthorpe (2009) suggest that for many women offenders, the relationships in women offenders lives (both in their personal lives and with 'authority' figures) tend to be hierarchical and experienced by women as oppressive and exploitative. They suggest that working with women in a way that develops mutuality in relationships can help motivate women towards change. This highlights the importance of relational theory as a theoretical underpinning for work with childbearing women in prison.

The APOF/HCCJ research has highlighted problems with the care pathway for childbearing women and their babies when they are released from prison. Whilst all establishments reported pre-release work with mothers (e.g. getting registered with local GP/dentist and ensuring that care is transferred to local area on release), some problems have been reported. Information about where a woman is being released to is not always passed on to healthcare practitioners (e.g. health visitors). The earlier consultation study by Albertson et al. (2012) also found the transfer of information to be problematic. Pre-release meetings for childbearing women do take place where prison healthcare liaise with community healthcare services to ensure that both general and specific support (e.g. bereavement) is continued. However, it is apparent that some women are 'slipping through the net' and continuity of care is not always achieved. Health visitors for example, reported having to spend a lot of time trying to find out where a woman has been released to. Whilst multi-agency, through-the-gate support has been highlighted as crucial, a number of barriers have been highlighted during our research, including:

- The frequently complex needs of women prisoners, in particular high prevalence of substance misuse and mental health issues, which may result in a large number of staff from different agencies being involved in their care.
- The constraints of the prison environment leading to access issues for practitioners who are external to the prison (e.g. emphasis on security, restriction of movement, geographical dispersion).
- The often transient nature of the female prison population (e.g. short sentences; women being transferred between prisons at short notice; high number of women on remand so may leave prison straight from court) makes it difficult to form consistent and enduring professional partnerships.
- Data on childbearing women in prison and their babies is not routinely collected by either the prison service or children's services. This makes it difficult to: assess the level of need for this vulnerable group; to plan and develop effective multi-agency service provision and to share information between agencies which may assist with the resettlement process.

Despite these significant systemic barriers to multi-agency working prior to and following release from prison, the mapping work undertaken during this research has revealed a

number of areas of good practice in individual establishments, relating to resettlement.

These include the following:

- Weekly multi-agency team meetings which focus on preparing for release and assessing future needs in the community
- Comprehensive multi-agency approach to resettlement planning which may include: health visitor making contact with the home area, nursery makes contact with a nursery in home area, contact made with Home Start who can support mum in her home following release
- The emotional impact of resettlement is also addressed (e.g. concerns about caring for baby alone without the support of MBU staff and peers)
- Women eligible for ROTL are risk assessed and where appropriate can enjoy day releases and monthly home leave to support the resettlement process. Mothers are supported by MBU staff to structure and plan their visit home to maximise the benefits
- Extended family and father visits to the MBU are actively encouraged in order to maintain family relationships during the mother's sentence and thus promote more positive relationships on release.

The importance of Women's Centres and also Children's Centres in supporting the resettlement of mothers leaving prison with young babies has been highlighted by this research. In particular, Women's Centres provide a range of gender-responsive support for women across a range of issues and have developed robust integrated offender management (IOM) arrangements which provide a cost-effective way of supporting desistance among women offenders (Hedderman, 2012). Children's Centres are a potentially excellent source of support for women with young babies when they leave prison but participants in our research reported that there may be barriers to access:

"There seems to be a bit of a stigma for some of our women accessing these services. The Centre's need to make it clear they are welcoming to everyone. You get the middle class 'four wheel drive mafia' so it's really intimidating for so called 'problem families'" (Family Support Worker, No. 1)

A recent report has highlighted how the criminal justice system and children and family services (C and F Services) have historically maintained rigid boundaries around their areas

of responsibility and expertise, with CJS practitioners focusing largely on issues of risk and re-offending and C and F services focusing on facets of the child's world without necessarily contextualising these within the community and family context (Barnardo's, 2013). Similarly, there may be a 'silos' mentality among health services staff who may not understand the constraints of the criminal justice system among CJS staff who may have inadequate knowledge of maternal and infant health care (Albertson et. al., 2012).

Our research participants have highlighted the pressing need for non-offender specific practitioners to have increased awareness of the complexities of women offenders's lives, including an understanding of the trauma and hardship they have frequently endured during childhood and beyond. This would help them to see beyond the 'offender' label and to be able to provide a more effective, non-judgemental service:

"Practitioners in other services sometimes make the assumption that somehow they love their children less because they have offended, that they're not worthy of being a Mum but it's more often the case that they have fought to be the best Mum they can be even when they're up against it at every turn."
(MBU Manager, No. 3)

Prevalence of trauma

A high proportion of female offenders have been victims of sexual/physical abuse and are at risk of re-traumatisation when they enter the CJS. Trauma is sometimes associated with direct experiences of violence but may also include witnessing violence, trauma of stigmatisation because of poverty, racism, incarceration or sexual orientation (Covington, 2007). It has been suggested that a 'trauma-informed' approach in the CJS is an important for the successful rehabilitation of women offenders (ibid). However a recent survey of health and care provision for women in the CJS has highlighted a lack of trauma-informed support as a particular problem in the UK (Clinks, 2014).

Participants highlighted how the needs of childbearing women in prison can be rendered almost invisible as a distinct group with distinct needs, due to their very small numbers. Practitioners may be unwilling or unable to allocate adequate time to provide services and/or to attend training because childbearing women in prison may form such a small part of the overall caseload. Again, this highlights the need for increased awareness and education around the extreme vulnerabilities of this group and their need for intensive support.

Finally, women whose babies have been adopted are the most vulnerable of all yet are often the 'hardest to reach' following release from prison. This research has highlighted the status of these women as a highly vulnerable, forgotten and invisible group:

"There are so many no shows for women who have lost their children once they're out of prison. It's so painful for them and they feel they don't deserve any help. Sometimes they are suffering with PTSD and will commit crime round about children's birthdays." (Third Sector Worker, No. 1)

Good practice example - Re-Unite

The Re-Unite programme was developed in partnership with Housing for Women and Women in Prison to enable women and their children who have been separated by imprisonment to be successfully reunited. They work as part of a multi-agency team (currently co-ordinated by Women's Breakout and Anawim) to address some of the barriers to unification by providing timely support. In particular, Re-Unite aims to support women to secure appropriate accommodation for themselves and their family following release from prison. They also work with women to encourage successful independent living following a prison sentence including support with parenting and managing finances. Re-Unite was originally piloted in South London and is now replicated in 12 parts of the country. They take referrals from prisons, in particular HMP Holloway, HMP Bronzefield and HMP Peterborough and also from Local Authorities, Probation Services and Third Sector agencies. They have eight key guiding principles for their service:

- Early in-reach contact
- Through-the-gate service
- Early reuniting with children (where appropriate)
- Individual, tailored support for women
- Family treated as an entity
- Help in finding and securing settled housing
- User involvement and feedback
- Move-on support with aim for independence.

And key goals are:

- Children are kept out of the care system (where it is in their best interests)
- Families are reunited and supported in suitable, stable family housing
- Mothers lead less chaotic, more healthy lives and desist from offending
- Children and young people access sufficient support.

Impact of MBU residence on re-offending

There is a growing body of evidence (mainly from the US) which examines the relationship between MBU residence and reduced recidivism following release from prison and there is general consensus that MBU residents are less likely to re-offend than the general female prison population. A study by the New York Department of Correctional Service reported 50% lower three-year recidivism rates (13% vs. 26% in New York and 15% vs. 38% in Washington) in women who had participated in prison nurseries compared with the general prison population (Rowland & Watts, 2007). Similarly Robins (2012) collected re-offending data

from 9 prisons during her investigative study of MBUs in the US and the UK. At all prisons re-offending rates were lower for mothers who had been able to keep their child with them during their sentence, than the rates for the general prison population. Some showed as much as a 77% difference (i.e. 10% re-offending rate for mothers from the MBUs and 87% for the general population of that prison). The 'average' rate across the nine prisons was a difference of about 50% (ibid). Another US study analysed 3 year re-offending rates among 139 women following release from a prison nursery and found that 86.3% remained in the community with just only 4% returning to prison for new crimes (Goshin et al., 2013). This finding is particularly encouraging given that the study sample were previously repeat offenders with substance misuse and depressive symptom history. The re-offending rate for women in the Nebraska State prison nursery programme was reported as 16.8% compared with a rate of 50% for women who were not in the programme who were forced to give up their children for the three years before the nursery programme began (Carlson, 2009).

Whilst there has been very little research conducted on the relationship between MBU residence and re-offending in the UK, evidence from HMP Styal suggests that the return to custody rate for the main women's prison population in general is around 77%, whereas the return rate specifically for the MBU is around 12.5%. That is as far as Action for Children could ascertain during their study period, for the total of 48 women who have been on the MBU, only 6 have returned (Action for Children, 2010). Researchers suggest that the low re-offending rates among MBUs mothers can be attributed to the wide range of support offered in developing their confidence as mothers during their time in prison. Action for Children work with a range of related staff and services (e.g. Children's Centres and health visitors) to help women improve attachments with their babies (as well as older children) and to sustain these relationships and those with wider family members and community services on release. As a result of this mother's experience a major shift in their aspirations for themselves and their children during their imprisonment, ultimately leading to reduced re-offending (ibid). There is some evidence to suggest that for young mothers, the threat of becoming the ultimate maternal 'feared self' (that is the mother who has their children removed into state care) offers a powerful motivator for desisting from crime (Sharpe, 2015). However, it has been suggested that it is almost impossible to track re-offending of mothers from the Rainsbrook Secure Training Centre in the UK. This is because once they reach the age of 18 years, should residents re-offend seriously enough to be incarcerated,

they would be placed in an adult facility and there is no way of comparing data between adult and youth facilities (Robins, 2012).

It has been suggested that the findings which link MBU residence to reducing re-offending upon release should be treated with a certain degree of caution as the application process for such facilities dictates that residents are screened by offence types, prison discipline record, mental health history and prior parenting outcomes so are not necessarily a directly comparable group to the general female prison population (Goshin & Byrne, 2009; Byrne et al., 2010; Robins, 2012). Notwithstanding these caveats however, the evidence base is still compelling.

Whilst a reduction in re-offending is undoubtedly a desirable outcome of MBU residence, participants in our research have expressed frustration with the narrow focus on recidivism as a measure of success for MBU residence and indeed for many aspects of interventions with women offenders. Whilst it was recognised that demonstrating the link between MBU residence and reduced re-offending was helpful in increasing the political viability of the Units, this emphasis runs the risk of taking attention away from MBUs as a way of promoting children's rights and welfare and also the wellbeing of mothers. It was deemed to be problematic that under the Transforming Rehabilitation reforms and the Payments by Results (PbR) commissioning framework the long-term sustainability of specialist services caring for childbearing women in prison may be dependent upon their ability to demonstrate reductions in re-offending. It was also felt that staff in such organisations do not necessarily have the expertise and/or sufficient resources to engage in the necessary performance monitoring requirements of a PbR framework.

In particular, participants highlighted the need to develop an evidence base around the longer-term impacts of MBU residence on a wider range of outcomes particularly reduced risk of harm. This was felt to be particularly important given women's pathways into offending and the strong correlation between abuse, trauma and substance misuse for this cohort. This chimes with recent research which has highlighted the potential value of developing joint outcomes between different professional cultures (e.g. those in the CJS and those in Children and Family Services) and in particular working towards a joint understanding of risk (Barnardos, 2013). Also, a consistent theme throughout our research has been the role of the relationships fostered in MBUs as crucial to the wellbeing of

mothers (and also their babies) and also the improved self-esteem and parenting skills of mothers. Thus it would be useful to know the extent to which positive relationship building in MBUs impacts on wider relationships and how this in turn impacts upon risk of harm in the longer term.

The changing landscape of the female prison estate

The CJS is currently undergoing rapid and wide scale change and at the time of writing there is considerable upheaval in the management of women offenders, both in the configuration of the prison estate and also service provision in the community, post-release as a result of the Government's Transforming Rehabilitation reforms. At this stage the full extent of how these changes will impact on childbearing women and their babies is unclear. This final section aims to map some of the key policy developments which have affected mothers in the criminal justice system in recent years and also to outline some the concerns around recent changes which have been raised by participants during this research study.

A series of policy developments which aimed to address the specific needs of women offenders, where these are different from men, began in 2002 with the Women's Offending Reduction Programme (WORP) and subsequent Action Plan in 2004. This three year programme aimed to reduce offending by responding more appropriately to the particular needs and characteristics of women offenders and address the wide range of factors which can contribute to why women offend (Community Justice Portal, 2004)¹¹. This involved developing a co-ordinated response between Government Departments and other agencies within the framework of the newly developed National Offender Management Service to the provision of community based services for women (Gelsthorpe et al., 2007). The provision of a significant amount of funding (£9 million) for the Together Women Programme resulted from the WORP programme, providing one-stop-shop provision with linked key workers to enable women to access appropriate services in the community (Worrall & Gelsthorpe, 2009). This level of funding from Government represented the first tangible commitment by Government to developing approaches designed to meet the gender-specific 'criminogenic needs' of adult females within the CJS. This commitment received validation through the evaluation of the demonstration projects with the

¹¹ <http://www.cjp.org.uk/news/archive/government-action-to-reduce-womens-offending-11-03-2004/>

programme, showing the 'women only' nature of the projects to be important to their success (Hedderman et al., 2008).

Soon after in 2007 the Corston Report was hugely influential in identifying the vulnerabilities of women offenders, highlighting the multiplicity and complexity of their problems and crucially making the link between women's dual identity as both offender and victim within the CJS. In addition, and also in recognition of the clear need for a gender responsive approach to women's offending, the Fawcett Society established the Gender and Justice Policy Network and published a review of community-based provision for women (Gelsthorpe et al., 2007). In 2012, £3.5 million of funding was identified and shared across 30 women's centres working with women offenders, again highlighting continued and current engagement with gender specific approaches (Gelsthorpe & Hedderman, 2012). In April 2013, the National Offender Management Service (NOMS) provided an additional £3.78 million to Probation Trusts in England & Wales, to enable them to enhance provision of services they commission or deliver to promote the rehabilitation of female offenders (NOMS, 2013). There is currently a high degree of uncertainty among women's centres over the services they will be required to provide under the Transforming Rehabilitation reforms and how they are expected to prove that they are effective (particularly in reducing re-offending) when they are invited to tender for future funding within a Payment by Results programme (National Audit Office, 2013).

In March 2013 the Coalition Government outlined their strategic objectives for female offenders and the creation of an advisory board to assist in their implementation. These objectives were focused on four areas.

- Ensuring the provision of credible, robust community sentencing options as alternatives to custody.
- Addressing the specific needs of female offenders, where different from male offenders.
- Tailoring the women's custodial estate to enhance the rehabilitation of women and to meet gender specific standards including locating women as near to their families as possible.
- Ensuring collaborative working to enable women to stop re-offending. (MoJ, 2013a)

Reflecting the findings of Corston (2007), the plans for reforming the treatment of female offenders recognised that 'many will have been themselves victims too'. To enable providers and commissioners of services to understand the needs of female offenders and target resources accordingly, NOMS is in the process of "segmenting" the female offender population (MoJ, 2013a), that is separating them out as a distinct group with distinct needs. The Prison Reform Trust have emphasised that there is currently limited support for offenders who span multiple groups within the NOMS model. Therefore, the model of segmentation needs to be sophisticated enough to allow offenders to 'belong' to multiple categories and identify services most appropriate to their individual needs¹². It has also been suggested that mothers need to be recognised as a distinct 'sub group' in order for their specific needs and priorities to be addressed, not least the need for support to maintain contact with, be reunited with and care for their children on release (Glover, 2013).

Custodial changes – Prison hubs

With regard to tailoring the custodial estate to better meet the needs of women offenders and their families a number of significant developments are currently underway including the establishment of a large number of strategic prison 'hubs' with open conditions (as proposed in the Corston report) which are located near large conurbations where possible. This means that women offenders who are nearing the end of their sentence will not have to move to one of only two women's open prisons, potentially a long distance from their homes, families and local communities. It is intended that the hubs will reduce the need for movement in the female estate, ensuring that women can stay close to home and family whilst at the same time establishing employment links and through-the-gate support into their local communities. Plans also include establishing community employment regimes across the prison estate which will enable women who are suitably low risk to 'work out' in the community in preparation for release (MoJ, 2013a).

As part of these reforms, in January 2015 new 'open' accommodation for 25 women offenders was opened just outside the gates of HMP Styal in Cheshire to provide a 'stepping stone' back into the community for those women nearing their release date. Women who reside here will be able to make the community links they need on their release (e.g.

¹² See <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/92/9206.htm>

accessing housing, employment, training and education, and other local services). In February 2015 a similar open Unit was opened for 25 offenders at HMP Drake Hall in Staffordshire which will serve a similar purpose to the HMP Styal hub. The Drake Hall Unit also contain a facility which allows the children of prisoners to stay overnight with their mothers, to help to strengthen relationships and provide increased motivation for desisting from crime on release. All offenders residing in open conditions have been categorised as being of low risk to the public. In addition to the development of 'hubs' HMP Downview has recently been re-rolled to house male prisoners and this along with the proposed closure of a further two women's prisons will reduce capacity in the female estate by 401 places (Robinson, 2013).

We do know that as a result of the changes it is likely that the two open prisons in Yorkshire and Kent will close as they offer limited resettlement opportunities for women due to their rural locations. This will involve the closure of the highly successful and well-resourced MBU at HMP Askham Grange and will mean that the only MBUs will be in closed establishments. In addition the MBU at HMP Holloway was closed recently because of under occupancy and apparently the intention is that the demand for mother and baby places will be better met by the modern, purpose built Unit at HMP Bronzefield (MoJ, 2013). The Women in Prison report 'The Road to Reduction: Response to the Women's custodial estate review' contains a comprehensive overview of the changes in the female custodial estate and some of the implications (both positive and negative) of these changes.¹³

Community changes

The changes outlined above are part of the Ministry of Justice's far reaching Transforming Rehabilitation (TR) reforms which in the longer term aim to reconfigure the female estate to ensure that all women's prisons become resettlement prisons. Transforming Rehabilitation will also have significant impact on the way women offenders are managed in the community. Perhaps most significantly, offenders who are serving less than 12 months in prison (a high proportion of these are women) will receive at least 12 months rehabilitation support on release. Whilst the National Probation Service will still have responsibility for high risk offenders a diverse mix of charities, private companies and public organisations will

¹³ <http://www.womeninprison.org.uk/research/reports.php?s=2015-07-08-road-to-reduction>

be contracted to provide support to low/medium risk offenders following a custodial sentence.

There will be an increased focus on life management, with mentors on hand to support offenders into housing, employment and substance abuse programmes, helping them address the root causes of their criminal behaviour. Services have been configured across 21 contract areas with the contracts being awarded to Community Rehabilitation Companies (CRCs) who will sub-contract a range of public, private and voluntary organisations to deliver the services¹⁴. Within the first few days of an offender entering custody the CRC will be responsible for drawing up a rehabilitation plan; the same organisation will support the prisoner throughout their sentence as well as on release into the community. The new providers will be 'paid by results', that is they will only be paid in full if they are successful at reducing re-offending, the rationale being that this should create competition and innovation and also offer value for money to tax payers (see MoJ, 2013b). The female offenders Advisory Board has a remit to ensure new providers identify and consider the particular needs of female offenders when they design and deliver their services and are issuing guidance around this (MoJ, 2013a).

Concerns arising from the research

Whilst participants in this research study have welcomed proposals to extend rehabilitative services to women serving sentences of less than 12 months they also raised some concerns about the potential impact of the reforms, these can be summarised as follows:

- The closure of the MBUs at HMP Holloway and HMP Askham Grange may represent a lack of political commitment to MBUs as a viable and beneficial option for the care of childbearing women in prison and their babies.
- Whilst the Government claim that there is a lack of demand for MBU places resulting in 'oversupply', participants in this report felt strongly that the under occupancy in many MBUs is as a result of a lack of awareness of MBUs among both women prisoners and practitioners who work with them. In addition a stringent risk assessment process could

¹⁴ Nineteen of the 21 contract areas will be led by new partnerships and joint ventures between private sector firms and some of Britain's biggest and most successful rehabilitation charities, and six will be run with the involvement of a probation staff "mutual." In addition, around 75% of the 300 subcontractors named in the successful bids are voluntary sector or mutual organisations, putting them at the frontline of offender rehabilitation.

be excluding some women from MBUs who may greatly benefit from a place, given some extra support (e.g. those with undiagnosed but treatable mental health problems).

- The departure of staff as a result of these MBU closures may mean the loss of highly skilled staff working with this group as they seek to find employment elsewhere in the CJS and/or other sectors.
- Open conditions provide opportunities for mothers with young babies as they are able to access a range of activities in the community. These opportunities will not be available in the closed prison environment and this may have a negative impact on babies' development.
- The news of the potential closure of HMP Askham Grange has caused distress among its residents particularly so for MBU residents who are concerned they will be separated from their babies when they have to move.
- The Unit at HMP Bronzefield is more difficult (and more expensive) to access from some parts of London and this will impact on family visits and also on resettlement opportunities.
- New providers delivering services to women offenders in the community may not have the required experience and expertise to deliver truly gender-responsive approaches to childbearing women in prison and may not use ways of working which have a robust theoretical underpinning (i.e. a sound understanding of attachment theory, relational theory and trauma theory).
- Participants were concerned that funding for tried and tested services will be affected by the new commissioning arrangements. In particular, the Government's desire to commission for all offenders 'at scale' in order to enhance cost effectiveness will potentially militate against funding for small, specialist (often third sector) services for childbearing women in prison whose work is unlikely to achieve measurable outcomes in the short term due to the complex needs of the client group. Also because of the very small numbers of women in this cohort, it will be difficult to identify statistically significant impacts.
- As long as there is no routine and systematic way of identifying how many women prisoners have children under 16, participants felt that it will be impossible to

commission services effectively and appropriately within the Payment by Results framework.

- Current providers of support for childbearing women in prison may struggle to gain credibility with the newly formed CRCs bearing in mind the points mentioned above.

Recommendations

This research has highlighted the extreme vulnerability of childbearing women in prison and their babies and also some of the ways in which their complex needs may be addressed. We have aimed to highlight some of the excellent work currently undertaken by extremely dedicated and talented staff within the UK and also to outline concerns arising from the Transforming Rehabilitation reforms currently being implemented. It is clear there are no easy answers or 'quick fixes' in caring for childbearing women in prison and their babies. Whilst there is evidence which suggests numerous benefits to MBU residence for mothers and their babies, these benefits will only be realised if intensive support is in place both in custody and on release. However we hope that the ongoing learning evidenced during the lifetime of the project can create opportunity for reflection, review and positive change in both policy and practice. To support and give direction to this process the following recommendations are made:

Challenging sentencing practices for childbearing women

- There is a robust evidence base which points to the problems (for both mother and baby) of enduring the perinatal period behind bars. Therefore the authors of this report support the ending of imprisonment for mothers of young children, except for the most serious and dangerous offenders. Sentencers need to consistently and rigorously undertake the 'balancing' exercise of weighing up the severity of a woman's offences against the potential risk of harm to both mother and baby, should a custodial sentence be imposed. Information on parental status and the welfare needs of the child should be at the centre of the decision-making process of sentencers.
- In order to support this shift, sentencers should be required to undertake training in issues facing childbearing women in prison and their babies. This training would include a focus on women's pathways into crime (including a focus on relational, trauma and addiction theory) as well as the basics of attachment theory.
- Where a woman's childbearing status is known, pre-sentence report writers should always alert sentencers to the woman's parenting status in their court reports. Information regarding what will happen to the baby should the mother go to prison should always be provided.

- Effective alternative sentencing options for mothers of young children need to be available to sentencers which are appropriate to women's (often gendered) needs and which offer genuinely gender-responsive support to address issues such as abusive relationship histories; substance abuse and trauma.

Promoting informed decision-making for childbearing women in prison

- Women need access to relevant, appropriate and timely information about MBUs in order to promote informed decision-making. Third sector providers are often well placed to provide impartial advice and to explain the pros and cons of keeping baby in prison.
- The benefits of MBUs need to be actively promoted not only to external staff and to mothers but also to non MBU staff in the wider prison, in order to promote a more mother and baby friendly culture which may encourage mothers to consider applying for an MBU place where this is in the best interests of the child.

Addressing the needs of childbearing women and their babies

- Commissioners, policy-makers and practitioners (within the fields of criminal justice and health/social care) need to view mothering in prison within its social context. This will involve greater awareness of the multiple deprivations and socio-economic challenges often faced by childbearing women in prison. Awareness of the nature and influence of the mother's family history and in particular, her early family attachments on her current offending is to be encouraged.
- Programmes which address issues of self-esteem and healthy relationships are important given the relational pathways into crime for women offenders and also the potential link between self-esteem and accessing support following release from prison. Group work may be an appropriate format for this work as sharing difficult or shameful experiences and feelings can help to normalise and/or de-stigmatise them.
- Given the high prevalence of abuse and trauma in women's offending histories, it is very concerning that so little work undertaken in meeting their needs involves a

therapeutic focus. Under the new commissioning arrangements within Transforming Rehabilitation, priority should be given to programmes and projects which have a therapeutic element (New Beginnings was a useful example of this and would provide a useful template for future work). In particular, women who experience separation from their children (either temporary or permanent) would benefit from intensive therapeutic intervention

- Indeed women whose babies have been adopted during a prison sentence are a particularly vulnerable group who are likely to have mental health issues and possibly a reluctance to engage with services. Intensive support packages (involving After Adoption workers where possible and also a strong therapeutic focus) should be put in place during the mother's prison sentence and followed through on release from prison.

Ways of working with childbearing women and their babies

- Given the now considerable evidence that early intervention which encourages secure attachment can be advantageous for positive developmental outcomes for babies in prison, we strongly support the development and funding for future programmes. We also support the development of programmes which incorporate a through-the-gate component and funding for longitudinal evaluation of these projects.
- Programmes which explore how women's past patterns of relating impact their own views of parenting, in particular negative transferences from past relationships, may be particularly beneficial.
- All staff working with childbearing women in prison (both prison and 'external' staff) should be aware of the need to model 'an alternative way of being'. An empathic approach is necessary to ensure that women are heard, understood and cared for. This may provide a powerful developmentally reparative function for women who have experienced poor parenting themselves.
- All staff working with childbearing women and their babies (and especially MBU and Nursery staff) need to strike a balance between nurturing women in their care and empowering them to care for their babies independently. Developing a strong and trusting relationship should be the initial concern which can provide women with a secure base from which they can achieve greater independence.

- A fundamental component of caring for childbearing women in prison should be rigorous screening for substance abuse, as well as history of past and current violence and mental health issues.

Maximising the potential of the Transforming Rehabilitation reforms for childbearing women and their babies

- The TR commissioning reforms provide an opportunity to encourage and promote joint models of working (e.g. between CJS, Social Care, Children and Family Services, Health Services, Housing). It is a risk to fund services and programmes the success of which is dependent on relatively new and untested partnerships. However funding for joined-up services to target the multiple and overlapping needs of childbearing women and their babies is likely to result in a healthy social return on investment. Furthermore a more joined up commissioning framework will encourage a shared rhetoric that all of these agencies have a responsibility for childbearing women and their babies.
- The Ministry of Justice need to consider how small, expert agencies (e.g. Birth Companions) can not only survive but thrive in the PbR commissioning framework. Commissioners of services for childbearing women need to recognise that lasting outcomes for this cohort will necessitate intensive support and will not be the cheapest to deliver.
- As has been highlighted by recent reports (e.g. Galloway et al., 2014) there is a pressing need for routine and systematic identification and recording of: the parental status of prisoners (including care responsibilities); details of all prisoners children (including support needs). This need has become ever more urgent in the context of the new commissioning arrangements under TR.
- As part of the process of "segmenting" the female offender population NOMS should recognise childbearing women as a 'sub group' with distinct needs and priorities, in particular the need to keep in contact with their babies and to be reunited with them on release, if they separated.

Supporting the resettlement of mothers and their babies

- Release from prison needs to be viewed as a process not as an event. The sentence planning of women prisoners who are also mothers needs to include planning for parenting on release and should adopt a 'whole family' approach where appropriate.
- Standardised, multi-agency care pathways for mothers being released from prison should be developed to ensure appropriate flow of information between agencies. A named worker within the prison who has responsibility for ensuring all relevant agencies are informed of an impending release should be assigned to all childbearing women.
- A high level of through-the-gate support is vital. Post-release appointments with relevant staff should be made prior to release (e.g. Health Visitor, Midwife, Women's Centre key worker). Family Engagement Workers could have a useful role in attending appointments with mothers and babies post-release and also in maintaining women's motivation to access services.
- Children's Centres are hugely important in managing the transition between prison and the community. All mothers should have the opportunity to visit their local centre prior to release.
- Children's Centres need to ensure they are openly welcoming to all (including ex-offenders). This should be reflected in their promotional materials on display in their premises. It would be helpful for Children's Centres' staff to visit prison MBUs and prison Nurseries to promote their services to women and babies residing there.

Training and awareness

- It is vital that all training provision around childbearing women and their babies (and indeed women offenders more generally) seeks to heighten awareness of the link between women's often dual role as victim and offenders. This is likely to enhance the empathy of a range of practitioners who work with this vulnerable group.
- Practitioners working outside of the prison context (e.g. health and social workers) would benefit from increased awareness and information around the function of MBUs, in particular the provision they offer for mothers and babies and the potential benefits of MBU awareness e.g. reductions in recidivism. Non MBU staff within the prison may

also benefit from increased awareness and this may create a more 'MBU friendly' culture in establishments.

- Children's Centre staff would benefit from training to increase their understanding of the needs of women (ex) offenders who have young babies, in particular the barriers to accessing support which they may face (e.g. feelings of shame and stigmatisation).
- It is helpful for Mother and Baby Units to foster strong relationships with the Local Authority, they are able to provide excellent training opportunities (e.g. safeguarding) which will enhance the NOMS provided basis training for MBU workers. The Early Years Team may also be a useful source of information, advice and support for MBU staff in their work with mothers and babies.
- Pre-release, staff working in MBUs need to 'double and triple check' with social services that all relevant actions have been put in place regarding support upon release (e.g. housing).
- Childbearing women in prison and their babies are likely to form just a tiny part of a generic practitioner's workload (e.g. health visitors) and so Managers may not prioritise training and development work in this area. Training packages should be pro-actively marketed to raise awareness of the particular vulnerabilities of this group. This may result in workers affording greater priority to the needs of childbearing women and their babies, thus reducing their invisibility in commissioned services.

Future research and evaluation

- Robust and adequately funded evaluations of alternatives to custody schemes should be routinely undertaken. Success criteria for such schemes should not be solely associated with recidivism risk but should include reduction in risk of harm (for both mother and baby) and also reduction in need.
- Within all diversion from custody schemes it would be helpful to know how many mothers of young babies are diverted from prison, what provision has been made available to them, the appropriateness of such provision and the cost implications of the diversion.
- Further research on the application of laws in sentencing practice (e.g. Article 3 and Article 8 of the UN Convention on the Rights of the Child) is needed. Funding for the

pro-active dissemination of the findings of such research to sentencers and also Pre-Sentence Report writers should be made available. This may increase sentencer awareness and accountability for their decisions around the sentencing of mothers with young babies.

- Given the issues of under-capacity of MBUs and also the recent/threatened closures, the Ministry of Justice/NOMS may wish to commission qualitative research to increase understanding of how women make decisions about the placement of their babies following a custodial sentence. This may include examining their levels of knowledge and awareness, who is involved in the decision-making process and the support they have received.
- There is also a pressing need for further research into why rejection rates for MBU applications are so high and this could include an examination of consistency in applying admission criteria across establishments.

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Appendix One - Interview participants

Establishment	Role
HMP ASKHAM GRANGE	MBU manager Family Support Worker Matron in Healthcare MBU Governor
HMP STYAL	MBU Manager Practice Team Leader Health Visitor
HMP BRONZEFIELD	MBU Manager
HMP NEW HALL	Family Support Worker
HMP LOW NEWTON	Family Support Worker
HMP PETERBOROUGH	MBU Manager
HMP SEND	Children's Worker Family Support Worker
HMP FOSTON HALL	Family Support Worker
RAINSBROOK SECURE TRAINING UNIT	Senior Nursery Nurse
GRANDPARENTS ASSOCIATION	Project Worker
BARNARDO'S	Regional Manager
BIRTH COMPANIONS	Director Group Co-ordinator
AFTER ADOPTION	Prison Project Co-ordinator
RE-UNITE	Children's Worker
PAC-UK	Team Leader

Appendix Two - Search strategy for literature review

The following initial search strategies were used:

((women OR female) AND offend)*

((mother OR childbearing) AND (offend* OR prison*) AND (needs OR impact OR intervention* OR provision OR resettlement))*

and applied to the following on-line databases:

- Applied Social Sciences Index and Abstracts
- Child Development & Adolescent Studies
- Community Care Inform
- Criminal Justice Abstracts
- Family Law Online
- Maternity and Infant Care
- Medline
- National Criminal Justice Reference Service Abstracts
- Proquest
- Psychinfo
- Psycharticles
- PubMed
- Scopus
- Social Services Abstracts
- Sociological Abstracts
- Web of Knowledge

We used the sophisticated search features of these databases which include functionality such as Boolean searching which uses terms such as AND, OR, NOT to specify what words the results of the search should or should not contain, proximity searching which indicates how close search terms should be to each other; wild cards and truncation symbols, for example to retrieve plurals and variants of word; and restrictors which restrict searching to specific fields (e.g. the title) or date ranges. Our approach to searching was iterative and responsive and search strategies were refined depending on the results of initial searches.

The search results (bibliographic citation and abstracts) were downloaded and reviewed by the HCCJ researcher. An initial review of the titles and abstracts was undertaken to determine the item's likely relevance to the study aims. Further general internet searches were also undertaken using combinations of the search terms above. Bibliographies from articles identified as highly relevant were also reviewed and relevant articles accessed. All articles which were assessed as relevant or possibly relevant (drawn from the specialist database search and general search) were subject to a further review and either kept or discarded as appropriate.

Appendix Three - Hidden sentence training

This training developed by Action for Prisoners' and Offenders' Families and the Hallam Centre for Community Justice focuses on enhancing practitioner awareness of the needs of childbearing women in prison and also enhancing collaborative working and co-ordinating of services. The learning outcomes for the training are to:

- Understand the pathways to offending for female offenders.
- Understand the role and function of MBUs within the prison estate (and also what happens when a mother doesn't have an MBU place).
- Understand the support needs of childbearing women in prison.
- Understand own role in supporting childbearing women in prison and on release and how this can be improved.
- Understand how to improve collaborative working and co-ordinating of services for mothers and their babies.

The training is now available via Action for Prisoners' and Offenders' families. If you would like to book a place on the training and/or organise a training day for your organisation please contact Lesley Dixon, Practice Development Manager, at LesleyD@familylives.org.uk.