



# An unfair sentence

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ALL BABIES COUNT: SPOTLIGHT ON  
THE CRIMINAL JUSTICE SYSTEM

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**November 2014**

**NSPCC**

EVERY CHILDHOOD IS WORTH FIGHTING FOR

Believe in  
children  
 Barnardo's



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# Executive summary

- Pregnancy and babyhood are a time of major developmental significance. For babies to have a healthy and safe start in life, the following key ingredients are needed:
  - **A healthy pregnancy:** Development before birth is the basis for what happens next, so maternal mental and physical health in pregnancy are crucially important for babies' later wellbeing and development.
  - **Healthy early relationships:** Babies need their caregivers to provide sensitive, responsive and consistent care.
  - **Effective care and support for the caregivers:** Parents themselves need respectful care and help in overcoming some of the problems they may face, so that they have the emotional resources to care for their baby.
  - **A safe and stimulating environment:** Babies need to be in a safe and stimulating environment that supports them to learn and explore.
- If babies do not receive this care, it can have long term adverse effects on their physical, social and emotional development.
- Babies who are affected by parental offending and the criminal justice system often encounter risks that could affect their care and development. This occurs for a number of reasons. Firstly, those involved in the criminal justice system often have additional needs, such as poor mental health, that can impact on the care a baby receives. Secondly, the criminal justice system can disrupt relationships, particularly if parents and infants are separated. Thirdly, the physical incarceration of pregnant women and babies in Mother and Baby Units can impact on the health and wellbeing of infants.
- Pregnancy and birth are a time when people often feel motivated to make changes in their lives and by intervening at this important time we can not only improve outcomes for the most disadvantaged children, but also support parents' desistance from offending. Prison gives a chance to engage and support mothers and fathers who, because of the difficulties in their lives, are often described as 'hard to reach'.
- Astonishingly, there is no official estimate of the number of infants affected by the criminal justice system and there has been very little UK research on the impact of the criminal justice system on infant care arrangements and relationships.
- Awareness in services that an infant is affected by parental offending and the criminal justice system tends to be very low. Universal health and early years services will not necessarily be aware that a baby has a parent in prison, and community criminal justice agencies working with offenders will not necessarily be aware that someone is a parent.
- For the majority of babies, alternative care arrangements are made whilst their mothers serve custodial sentences. This means there are reduced opportunities for the baby and mother to bond and for an attachment to form. Dependent on circumstances, the mother may or may not be reunified with her baby after her release. If she is reunified with her infant, he or she may now be attached to another care giver, an attachment which would then be disrupted.
- Across the UK prison estate there are currently 8 Mother and Baby Units (MBUs), 6 in England and 2 in Scotland, and 2 Mother and Baby rooms in Northern Ireland. For those who are pregnant or who remain with their infant in MBUs, there is evidence to suggest that they do not receive the same quality of perinatal healthcare as those living in the community.
- There remain pressing questions about how best to meet the social, psychological and emotional needs of infants when their mothers are incarcerated. While MBUs may reduce the trauma of separation for children, it may mean living in an environment that is detrimental to child development.
- There are examples of promising practice in which the needs of pregnant women, parents and infants are identified and met, and we present these in Part Two of the report. However, there is inconsistent access to this support and many services and programmes require further rigorous evaluation.

## Six key UK-wide recommendations

1. **Prioritisation:** UK and devolved governments should formally identify infants affected by the criminal justice system as a specific vulnerable group so that their needs are prioritised in local perinatal healthcare, early years, criminal justice services and children's services planning.
2. **Data collection and assessment of needs:** UK and devolved governments should introduce Child Impact Assessments both for those given custodial and non-custodial sentences.
3. **Data sharing:** Local government and local services should develop data sharing protocols between mainstream universal early years, parenting, family support services and local offender management services so that infants and their carers are identified and offered support.
4. **Outcomes and accountability:** There should be clear National Frameworks of outcomes and standards for babies affected by the criminal justice system, integrating policy between maternal and infant health, early years children's services and the criminal justice system, in order to ensure accountability and joined up working.
5. **Co-ordination of services and policy integration:** The needs of infants affected by the criminal justice system should be clearly addressed within children's services planning and the planning of offender management services, to ensure formal and routine links between offender management services and children's services.
6. **Provision of support:** Support delivered to parents in prison should be evidence based, delivered by trained specialist staff and available to all. Support should both address parents needs and support parenting, with a particular focus on promoting sensitive caregiving.

# The scale and impact of parental involvement in the criminal justice system

We estimate that around

# 11,800

0-2 year olds had a parent in prison in **England** and **Wales** in 2009



= 1,000



We estimate that between

# 3,400-4,600

0-2 year olds are affected by parental imprisonment in **Scotland** each year



= 1,000



We estimate that around

# 3,000

0-2 year olds annually in **England** and **Wales** have their mothers imprisoned



= 1,000



We estimate that on average

# 100

**babies** are born to women prisoners in **England** and **Wales** each year



= 100



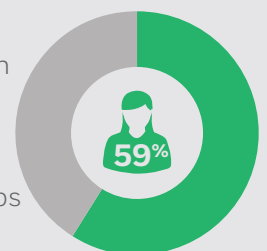
Women in prison are

# 5 times



more likely to have **mental health** problems than women in the general population

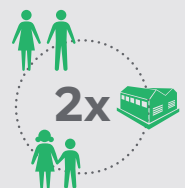
**59%** of women in prison report **problems with relationships**, such as poor childhood experiences and poor close family relationships (including abuse)



Children of prisoners have at least

# double

the risk of **mental health** problems compared to their peers



Children of prisoners have

# 3x

 the risk of **anti-social/delinquent behaviour** compared to their peers

In 2009, only

# 13 out of 150

Children and Young People's Plans in **England** and



# 2 out of 22

in **Wales** made reference to children of offenders as a vulnerable group



This infographic summarises available statistics and estimates based on research studies and available ONS population data. However, there remains a shocking gap in official data on this highly vulnerable group of babies and children. For further details, please see the full report, *An unfair sentence - All Babies Count: Spotlight on the criminal justice system*.

# Introduction

“I was shocked at the reality of prison life, at the life stories of some of the women in prison and, above all, will never forget my first sight of a baby in prison”.

Baroness Jean Corston, Foreword to *The Corston Report, 2007*.

This report is one of a series of Spotlight reports published as part of the NSPCC’s All Babies Count campaign<sup>1</sup>. All Babies Count aims to raise awareness of the importance of pregnancy and the first year of life to a child’s development. Existing reports in this series explore the impact on babies of parental drug and alcohol misuse<sup>2</sup> and perinatal mental illnesses<sup>3</sup>.

This report shines a spotlight on babies affected by the criminal justice system. We believe that all children deserve the best start in life. Having a parent or a significant adult involved in the criminal justice system should be treated as a strong marker of additional support needs in a child’s life, beginning at conception.

A preventative approach to supporting children and families is embedded in the legal and policy frameworks for children across the UK. In each nation, universal services for the early years aim to identify and offer enhanced support to children and families with additional needs. The complex social factors common in the lives of women and men within the criminal justice system are recognised as requiring a special response from perinatal healthcare services, recognition reflected in the Guideline from the National Institute for Health and Clinical Excellence and the national policy frameworks for maternity services across the UK.<sup>4</sup>

But how well does this work in practice for families affected by the criminal justice system?

## The case for action

### Why focus on babies?

The early care that babies receive lays down the foundations for all future physical, social and emotional development<sup>5</sup>. Research has established that encountering adversities and stresses in infancy (such as exposure to parental mental health problems, abuse and neglect and general trauma) significantly increases the risk of a number of mental and physical health outcomes in later life<sup>6 7 8</sup>. These experiences can alter the way an infant’s brain develops and functions,<sup>9</sup> and can lead to depression, anxiety, behavioural disorders, substance misuse<sup>10</sup>, cardiovascular diseases and cancers<sup>11</sup> in later life.

The recipe for a healthy and safe start in life requires the following key ingredients:

- **A healthy pregnancy:** What happens in the womb can last a lifetime. Maternal mental and physical health in pregnancy are crucially important for babies’ later wellbeing and development.
- **Healthy early relationships:** Babies need their caregivers to provide sensitive, responsive and consistent care. They thrive when their caregivers have healthy relationships with one another.
- **Effective care and support for the caregivers:** Parents themselves need respectful care and support in addressing the problems they face, so that they can have the emotional resources to care for their baby.
- **A safe and stimulating environment:** Babies need to be in a safe and stimulating environment that supports them to learn and explore.



The physical and mental health of mothers is crucial for their babies' development and wellbeing. Ensuring adequate nutrition and the absence of toxins plays an important role in ensuring healthy development of a foetus, as does the psychological wellbeing of a mother. Poor maternal mental health during pregnancy is associated with low birth weight and premature birth<sup>12</sup>, postnatal depression<sup>13</sup>, and longer term cognitive and emotional impacts on the child<sup>14</sup>.

Healthy early relationships, secure attachment and parental sensitivity, are crucial to the healthy development of a baby. An infant's brain develops through interaction with others, and it is particularly influenced by those closest to them, their primary caregivers. Their interaction with those primary caregivers shapes the way a baby sees the world<sup>15</sup>. Through attachment behaviours, such as crying, calling, babbling and smiling, babies are seeking comfort and reassurance. Poor or disorganised attachment occurs when they receive inconsistent or poor responses to their desire for comfort, and there is an absence of a warm, responsive and stimulating care giving, and this can lead to negative developmental outcomes for the baby. Caregivers may not be able to develop a secure attachment relationship with their baby for a number of reasons, including poor mental health, their own history of poor relationships with caregivers, or abuse and neglect.

All new mums and dads need support to cope with the challenges of having a baby. This is particularly the case for those who are already facing additional stressors, for example poor mental health, childhood experiences of abuse and neglect or social isolation. However, timely and targeted interventions with carers and infants can help to build the capacity of families to cope with these pressures and to provide their babies with a healthy and safe start in life.

Finally, babies also need a safe and stimulating environment for healthy development<sup>16</sup>. They need an environment which provides appropriate sensory, social and emotional stimulation, for example the space and encouragement to play and explore, learn using their senses and be creative. The provision of a stimulating environment is also linked to the quality of early relationships.

## Why focus on the criminal justice system?

Babies who are affected by parental offending and the criminal justice system often encounter risks that could affect their care and development. This occurs for a number of reasons.

- Those involved in the criminal justice system often have additional needs, such as poor mental health, that can impact on the care a baby receives.
- The criminal justice system can disrupt relationships, including the attachment relationship.
- The physical incarceration of pregnant women, and babies in Mother and Baby Units<sup>17</sup>, may impact on the health and wellbeing of infants.

Those who are involved in the system often come from disadvantaged backgrounds.<sup>18,19</sup> The physical and mental health and wellbeing of women and men in custody is extremely poor, with high rates of alcohol and substance misuse, domestic abuse, mental health problems and self-harming, particularly amongst women. Often linked to this, significant numbers of adults serving custodial sentences have experienced childhood trauma, abuse and maltreatment, and as a result have been in the care system, or 'looked after'.<sup>20</sup> Underlying all of this are high levels of poverty and deprivation.

None of these issues prevent someone from having a strong loving and nurturing relationship with their baby. But they can make being a parent a more difficult job, and we know that difficulties such as mental health problems and substance misuse, both especially prevalent amongst women in prison, can affect the quality of infant-parent attachment. We need to know if we are doing all we can to support these very vulnerable parents at this crucial time in their children's lives. Universal services must focus attention on interventions to support this in the most vulnerable parents and infants.<sup>21</sup>

In addition, the criminal justice system itself has an adverse impact on family relationships. Parent-child relationships are undermined, disrupted and damaged by the court and prison systems. The effect of this is easier to detect and understand in older children but can be overlooked in babies. Yet pregnancy and infancy - the perinatal period - is the time when arguably support is most needed.

The evidence that we do have shows that the babies of women in prison are more likely to experience perinatal mortality and morbidity than the babies of non-incarcerated women. We also know that their mothers are more likely than the general population to experience maternal mortality and morbidity. Both may also suffer separation and distress that could be alleviated.<sup>22</sup> The majority of these infants are separated from their mothers. Yet despite this, little attention has been paid to the impact on the physical and emotional development and longer term outcomes for infants affected by maternal imprisonment, or parental involvement in the criminal justice system. This is despite the UK being a signatory to international treaties and conventions which cover the perinatal care of women in prison and the rights of children.<sup>23 24</sup> If we are to give every child the best start in life, we need to provide the best healthcare, therapeutic support and parenting education in the perinatal period to babies, their mums, fathers and carers, both in custodial and community settings.

In addition, the relative absence of data on both the number of babies, parents and families affected by this issue, and its impact on them, also provides an important impetus for this report. While we know that incarcerated mothers and their babies are usually separated, we know little about the consequences of this for infant wellbeing and development, and without a better developed evidence-base cannot inform either care options or wider decision-making.

### Meeting government agendas for early help and family-friendly policies

All new parents should have access to support and services that fit their needs, and the specific needs of families affected by the criminal justice system deserve dedicated attention. Early help in this area meets the goals of a whole raft of public policy aims, including those of the criminal justice system itself. Primarily, it provides proactive preventative help to children with the greatest needs. It also helps local authorities meet their duties under the Child Poverty Act 2010 and to tackle health inequalities. In addition, it helps reduce reoffending, and potentially impact on the intergenerational transmission of criminal and poor health behaviours.

“... the evidence is now overwhelming that intervening in the early years of life will have significantly more impact on rates of reoffending

than intervening later in life. Parenting programmes and intensive family support have been shown to reduce conduct disorders in children, and reduce the likelihood that such children will experience future problems with offending behaviour. Prevention and early years intervention were not part of the Commission’s remit, but we strongly support prioritisation of evidence-based support for parents and young children. Early intervention must start with the mother. It will be more difficult to effect the behavioural change which is necessary to improve outcomes and to reduce reoffending once a woman is entrenched in the criminal justice system” (Commission on Women Offenders, 2012)<sup>25</sup>

In addition, placing a spotlight on how the criminal justice system affects babies supports the UK government’s recent announcement that it will conduct a ‘family test’ on all government policies from autumn 2014. It has stated that “policies that fail to support family life will not be allowed to proceed”<sup>26</sup>.

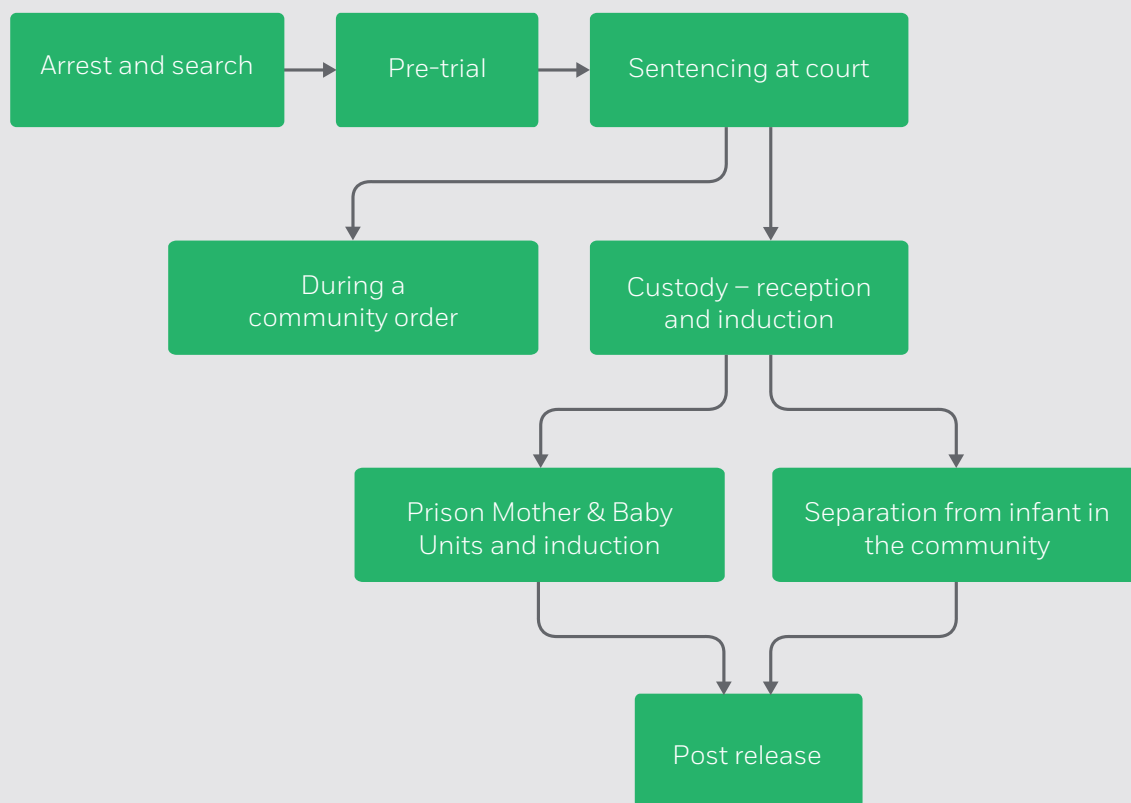
### Making the most of an opportunity

Pregnancy and birth are a time when people often feel motivated to make change in their lives; by intervening at this important time we can not only improve outcomes for the most disadvantaged children, but also support parents’ desistance from offending. Prison gives a chance to engage and support mothers and fathers who, because of the difficulties in their lives, are often described as ‘hard to reach’. Dependent upon the length of sentence, prison can also provide a positive structured environment for giving intensive care and support to vulnerable parents which may produce improved outcomes for women and their babies.<sup>27 28</sup>

### Scope of the report

Babies are affected in different ways at different points in their parent’s journey through the system, depending on which parent is in prison, on the other issues in their parent or parents’ lives, and on their prior attachment and caring arrangements.<sup>29</sup> Each family circumstance is different. In trying to identify what help parents need during their journey through the criminal justice system, we concentrate on the period from arrest onwards.

## The journey through the criminal justice system



Much of the focus in research in this area has been on mothers rather than fathers. As a result of the significant and disproportionate growth in the women's prison population over the past decade, the majority of women being imprisoned are of childbearing age, making this a pressing issue.<sup>30</sup> However, fathers also have a significant influence on babies' development and wellbeing<sup>31</sup>. As with mothers, the separation of babies from their fathers while they are in prison means there is little or no opportunity for an attachment to form. Therefore, we also highlight interventions which support father-infant attachment.

When we speak about 'families', we include the person involved with the criminal justice system

(the person accused or convicted of a criminal offence), and that person's family members or other key relationships. Family members may include, for example, spouses, siblings, parents, grandparents, children, extended family, step-family relationships or close friends. Exactly who constitutes the family should be considered on a case-by-case basis.

A valuable source document for this report has been the recent pilot scoping study of the health needs and health care of childbearing women in English prisons conducted by Sheffield Hallam University and the Mother & Infant Research Unit at the University of York.<sup>32</sup> We acknowledge the extent to which their work has informed this report, and are pleased that the team from Sheffield Hallam

University is currently engaged in a larger study of perinatal healthcare across the women's prison estate in England in collaboration with Action for Prisoners' Families. In addition, the Framework for the Support of Families Affected by the Criminal Justice System provides a useful tool for helping agencies to understand and take into account the ways in which the criminal justice system at every stage can affect infants, children and families.<sup>33</sup>

This subject involves overlapping areas of policy and service delivery. Other published work has focused on finding ways to improve and reform the structures and processes by which services are provided. The huge challenges involved in achieving joined up, holistic, family focused services with a seamless transition from prison to community have been examined elsewhere.<sup>34</sup> The focus here is on how to improve outcomes for babies through face to face interventions with parents, babies and other carers.

This report looks at practice across the UK wherever possible, and considers the issues in relation to both custodial and community settings.

**This report is in three parts. We look at:**

- **INSIGHT: what is known about babies affected by parental involvement in the criminal justice system;**
- **INNOVATION: which services and interventions are effective or show promise in helping create a safer and more nurturing environment for infants;**
- **IMPACT: what can be done to improve policy and practice.**

This report also draws from in-depth interviews held with pregnant women and mothers conducted by the NSPCC<sup>35</sup>. The interviews were conducted as part of an evaluation of the programme Baby Steps. Baby Steps is a nine-week perinatal education programme delivered to expectant and new mothers. It was developed by the NSPCC in partnership with parenting experts at Warwick University. Although the primary aim of these interviews was to explore parents' experiences of taking part in the Baby Steps programme in a prison context, the interviews also explored female prisoners' experiences of pregnancy, childbirth and early parenthood in prison.



### Summary of the case for action:

- Having a parent in the criminal justice system can be a marker of wider family needs which if unaddressed can affect the healthy development of babies. Poor or disorganised attachment relationships in infancy are linked to negative developmental outcomes, but these can be avoided through timely interventions with carers and infants, both in prison and community settings.
- There is a significant need for better data on the scale of needs; without an evidence-base we cannot improve care options or wider decision-making.
- Supporting babies affected by the criminal justice system and their parents provides proactive preventative help to children with the greatest needs.
- We can make the most of an opportunity to engage with parents when they are likely to feel motivated to make change in their lives

# Part 1: INSIGHT – What we know

## Introduction

Astonishingly, there is no official estimate of the number of infants affected by the criminal justice system and there has been very little UK research on the impact of the criminal justice system on infant care arrangements and relationships.<sup>36 37</sup>

<sup>38</sup> There is also no official estimate of the number of children who are affected by the criminal justice system. A 2007 UK Government review of children of offenders concluded that:

“... children of prisoners are an ‘invisible’ group: there is no shared, robust information on who they are, little awareness of their needs, and no systematic support... [and] a lack of knowledge, evidence and understanding about what works”.<sup>39</sup>

There has been little improvement in the quality of data since that report. This failure to collect, maintain, analyse and publish specific data on women in prison and women offenders by the UK governments contravenes the UN Rules for the treatment of women prisoners and non-custodial measures for women offenders.<sup>40</sup> This includes the requirement that “the number and personal details of the children of a woman being admitted to prison shall be recorded at the time of admission. The records shall include, without prejudicing the rights of the mother, at least the names of the children, their ages and, if not accompanying the mother, their location and custody or guardianship status.”<sup>41</sup>

The governments in the UK are not alone in their failure to collect data on women and children affected by the criminal justice system. A recent international study of children affected by parental imprisonment found this to be common in most European countries.<sup>42</sup>

## Parental convictions and the impact on infants

To help unpick a complex issue, it is useful to consider the spectrum of non-custodial and custodial measures that parents encounter, and the effects of these on infants.<sup>43</sup> The type of sentence, timing of the child’s birth in relation to the sentence and the mother’s individual choices,

as well as the mother’s capacity to care for the child all impact on an infant’s care arrangements. Babies are more likely to live with their mother before her imprisonment, and are therefore more likely to have stronger attachment relations with her. (See diagram on p. 14.)

## What the data tell us

### Infants affected by parental imprisonment

There are no definitive, up to date figures for the number of infants with a parent in prison. This information is not routinely recorded by either the Prison Service or Children’s Services.<sup>44 45</sup> In addition, no routine data exists about what happens to babies (or older children) once a parent is imprisoned, including the number of babies taken into care or looked after following the imprisonment of their primary carer. In light of the absence of data specifically on the number of infants with a parent in prison, we have used the available data on children affected by parental imprisonment to estimate the number of infants (children aged between 0 and 2) affected.

It was estimated in 2009 that approximately 200,000 children in England and Wales had a parent in prison at some point.<sup>46</sup> This is far higher than the number of children separated from a parent through divorce. While this data cannot be broken down by age,<sup>47</sup> we have used ONS data to estimate the number of infants who had a parent in prison in 2009. Assuming that the age distribution of children who have a parent in prison was the same as the age distribution of the overall child population in England and Wales in 2009, we estimate that around 11,800 0-2 year olds had a parent in prison during this year<sup>48</sup>.

As the prison population is mostly male, the majority of these parents are fathers; it is estimated that around 17,000 children annually in England and Wales have their mother imprisoned.<sup>49</sup> Again, we have used ONS data to estimate how many infants have their mothers imprisoned annually. Assuming that the age distribution of children who have a parent in prison is the same as the age distribution of the overall child population in England and Wales in 2013, we estimate that around 3,000 0-2 year olds annually in England and Wales have their mothers imprisoned<sup>50</sup>.

# What are the different ways in which parental convictions can impact on infant care arrangements?



## Non-custodial measures

### Mothers



- Women who are pregnant, or who care for their baby whilst carrying out Community Orders.
- Women who carry out Community Orders but whose babies are looked after by grandparents or other relatives (for example because of related issues with substance or alcohol misuse).

## Custodial measures

### Mothers



#### Women who are already mothers:

- Women who are already mothers to an infant when the offence is committed/sentence is passed, from whom they are separated while in prison.
- Women whose babies are already in care (either formal or informal) when they are sent to prison.

#### Women who are pregnant but do not give birth in prison:

- Women who complete short sentences while pregnant and give birth after release.

#### Women who are pregnant and give birth in prison:

- Women who are pregnant and give birth in prison, and who choose to apply for, and are successful in gaining, a place in a Mother and Baby Unit (MBU) for themselves and their baby for the period of their sentence (the smallest percentage of mothers & babies).
- Women who are pregnant and give birth in prison, but are separated from their infant because either:
  - they choose not to apply to an MBU
  - they are refused access to an MBU
  - they opt to have their babies looked after by relatives or friends while they complete their sentence (subject to the approval of social services/social work services).
  - the infant is placed in the care of the local authority, which then plans permanency arrangements for the child.

### Fathers



- Women who are pregnant or caring for a baby in the community while the baby's father is in prison.

In Scotland, we know that between approximately 20,000 and 27,000 children under the age of 18 are affected by parental imprisonment each year.<sup>51</sup> Using this data, and assuming that the age distribution of children who are affected by parental imprisonment is the same as the age distribution of the overall child population in Scotland in 2012, we estimate that between 3,400 and 4,600 infants are affected by parental imprisonment in Scotland each year<sup>52</sup>.

In Northern Ireland, the Prison Service (NIPS) estimates that around 1,500 children are impacted by parental imprisonment on any given day.<sup>53</sup>

In order to supplement these estimates and paint a fuller picture of how infants are affected by the criminal justice system, we also present existing data on the following:

- The number of prisoners who are parents
- The number of childbearing women in prison
- The number of births to women in prison
- The number of babies resident in prison Mother and Baby Units
- Babies cared for 'in the community'.

## The number of prisoners who are parents

To overcome the gaps in official data, various studies have tried to ascertain the percentage of prisoners who have children under the age of 18.<sup>54</sup>

### England & Wales

- Between 55% and 69% of all women in prison are estimated to be mothers.<sup>55</sup>
- Two thirds of women in prison in England are estimated to have children under the age of 16 years, with 30% of the children being under 5 years of age.<sup>56</sup>

### Northern Ireland

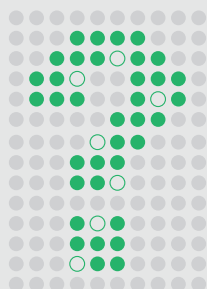
- 26% of adult women prisoners in Northern Ireland in 2010 had dependent children.<sup>57</sup>

### Scotland

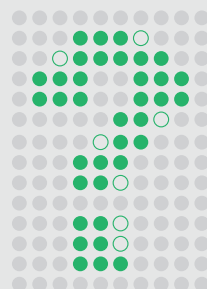
- Almost two thirds of female prisoners (65%) and half of male prisoners (52%) report having children.<sup>58</sup>

# Gaps in data

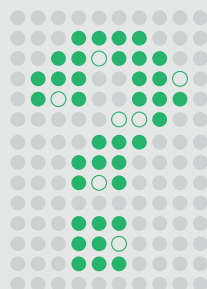
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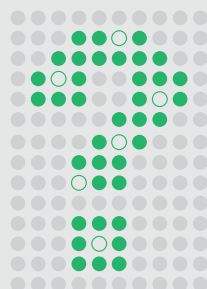
How many infants have a parent in prison in the UK



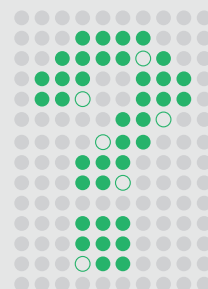
How many prisoners are parents to infants in the UK



How many female prisoners are pregnant in prison in the UK



How many female prisoners give birth in prison in England



Who cares for infants when they are separated from their mothers

## The number of childbearing women in prison

The Albertson Review defines childbearing women in prison 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. It includes those women whose babies are with them in prison as well as those whose babies are not.”<sup>59</sup>

Data is not routinely collected about childbearing women within the population of convicted offenders. Women are not obliged to reveal this, and some may not be aware themselves. Therefore, the number of pregnant and postpartum women in prison is unknown.

Research does indicate that women who require perinatal healthcare in prisons are mainly poor, undereducated and single, and women from ethnic minority backgrounds are over represented, with a high proportion of these women being foreign nationals.<sup>60</sup> Women prisoners have higher levels of health need compared to women in the community including mental health need. They experience significant levels of emotional and psychological distress during the perinatal period. In a study with 1,082 mothers in prison estates in England, almost two thirds reported that they were depressed and 56% were lonely.<sup>61</sup>

Despite this, and the fact the UK is a signatory to the Bangkok Rules on the treatment of women in custody, there is no specific Prison Service Order in England for pregnant women, although pregnant women are referred to in other Orders and Instructions. There is also no requirement in England and Wales for the NHS to provide antenatal classes for women in prison.<sup>62</sup> Where women prisoners take part in antenatal classes provided by voluntary sector organisations, this does not count towards their ‘purposeful activity’ target. However, there seems to be some progress in this area; NOMS has recently commissioned the charity One Plus One to develop an online parenting and relationship programme to go alongside

prisoners’ online learning system. In Scotland, the NHS is required to provide equivalent services in prison to those provided in the community, which includes antenatal classes. In Northern Ireland, the South Eastern Health and Social Care Trust has responsibility to deliver antenatal healthcare to pregnant prisoners.

We have the following data on childbearing women in prison:

- 82% of pregnant prisoners said their pregnancies were unplanned.<sup>63</sup>
- The Royal College of Midwives report that around 600 pregnant prisoners receive antenatal care each year in England and Wales.<sup>64</sup>
- Over the past 5 years, 21 female prisoners have received antenatal care whilst in custody in Northern Ireland.<sup>65</sup>

## Number of births to women in prison

Systematic collection of health data in relation to imprisoned women, pregnancy and childbirth began in England in 2005.<sup>66</sup> However the central collection of information on the number of births to women in custody in England and the number of women prisoners receiving antenatal care has been discontinued under the present Government.<sup>67 68</sup>

- A total of 382 babies were born to women prisoners between April 2005 and December 2008, a rate of almost two births per week in England & Wales. <sup>69</sup> In the first quarter of 2006, nineteen babies were born to imprisoned women in England and Wales.<sup>70</sup>
- Assuming that the birth rate from Jan 2009 to the present is constant and equal to the average birth rate from April 2005 to December 2008, we can estimate that on average each year, 100 babies are born to women prisoners in England and Wales. Our estimate is likely to be an underestimate since on average fertility rates have increased in the period since 2005 to 2008 in England and Wales.

The Scottish Prison Service is able to report the decisions made about the care of babies born while their mothers are in custody in Scotland.

- In Scotland 19 prisoners gave birth in the 5 year period 2008–2012. All the women were serving their sentences in HMP YOI Cornton Vale.<sup>71</sup>



In Northern Ireland, there were 4 babies born to women in custody in 2012, but none in the years 2009-2011, and none during 2013 (in the period up to October). Over the past 5 years the total size of the female prison population in Northern Ireland averaged 26 women per year.

## Number of babies resident in prison Mother and Baby Units

Across the UK prison estate there are currently 8 Mother and Baby Units (MBUs), 6 in England and 2 in Scotland\*, and 2 Mother and Baby rooms in Northern Ireland. Together these have capacity to accommodate approximately 73 mothers and their babies.

The number of MBUs in England was recently reduced with the closure of the MBU at HMP Holloway, which was announced in October 2013 as part of the Review of the Women's Custodial Estate. The decision to close HMP Askham Grange entirely is pending.<sup>72</sup>

\* The number of MBUs in Scotland is due to increase with 2 additional MBUs planned.

Occupancy rates for MBUs are routinely recorded by the prison service in Northern Ireland and in England (where they have been centrally collated on a monthly basis since May 2010) and in Scotland.

Between March 2011 and February 2012, there were 246 applications for a place in a MBU in England, 116 of which were approved.<sup>73</sup> An admission board, led by a qualified social worker, decides which women are eligible to be admitted into an MBU. The decision to admit a woman takes into account whether it is in the best interests of the child, the necessity to maintain good order and discipline within the MBU and the health and safety of other babies and mothers within the unit.<sup>74</sup> In England, there is a high rate of rejection, MBU places are under-utilised and frequently lie empty across the women's estate. In Scotland 3 applications were made for an MBU place in 2011, and 2 in 2012, all of which were granted.

In 2008 occupancy for MBUs in England was around 50% of capacity.<sup>75</sup> At that point there were 37 mothers with one child and one mother with twins resident in the MBUs, as well as 10 pregnant women in facilities that could provide for 75 babies and their mothers.

The upper age limit for babies remaining with their mothers is 18 months. However there is a flexible upper age limit of around 2 years when it is deemed in a child's best interests to be with their mother for longer. In practice, the maximum age varies across establishments; for example, in some MBUs the upper limit is 9 months. Women being prepared for release who are resident in Independent Living Units, attached to prisons, can be allowed to have a child live with them up to age 3 or 4 years. In the majority of countries which allow babies to live with their mothers in prison, the maximum age is around 3 years (twice the official UK maximum).<sup>79 80</sup>

Table 1: Annual number of mothers resident with their babies in prison MBUs

	Occupancy of prison Mother & Baby Units (number of mothers resident)		
	2011	2012	2013
England (6 MBUs) <sup>76*</sup>	50	49	36**
Scotland (2 MBU) <sup>77</sup>	4	4	2
NI (2 M&B rooms) <sup>78</sup>	0	3	0 (to date)

\*figure for England is the annual average, based on the monthly number of occupants.

The figure for Scotland and NI is the total number. \*\*Jan-Aug 2013 only (most recent available)

## PRISON MOTHER AND BABY UNITS (MBUs)

### England and Wales

There are currently 12 women's prisons in England, of which 6 have MBUs. Combined MBU capacity at present is 64 places for mothers and babies, and in addition, each unit has the capacity to take twins. There are MBUs at Styal, New Hall, Eastwood Park, Askham Grange, Peterborough and Bronzefield prisons. There is also an MBU at the privately run Rainsbrook Secure Training Centre, where young women under 18 years of age can stay with their babies. There may be a further reduction of 10 places pending decisions about the future of the open prisons at Askham Grange.<sup>82</sup>

These MBUs serve women from both England and Wales. Wales has no women's prisons and approximately 250 women from Wales are accommodated in English prisons at any time, the majority at Eastwood Park or Styal.<sup>83</sup>

The fact that not all women's prisons have MBUs has consequences for pregnant prisoners in England and Wales deciding care arrangements for their babies. These have been highlighted by the English Children's Commissioner; potentially this means that a woman choosing to apply for an MBU place may have to move to a prison even more distant from her existing children and family.<sup>84</sup> Alternatively, women in England choose not to apply for an MBU place because it means being far from home.<sup>85</sup>

### Scotland

In Scotland reform of the women's prison estate is underway. The single national prison establishment for women, HMP YOI Cornton Vale, is being replaced by facilities serving particular geographic areas. Cornton Vale currently has a Mother & Child Unit<sup>86</sup> with space for seven mothers and their babies.<sup>87</sup> There are also women's facilities at HMP Edinburgh (110 places) and Greenock (53 places) and a small Community Integration Unit housing women at HMP Inverness. The newly opened HMP Grampian has a 50-place unit for women with an MBU. A new purpose-built unit for women with an MBU is in development at HMP Edinburgh. The planned new (publicly owned and operated) prison at Inverclyde will have a purpose built MBU, with a capacity still to be determined.

### Northern Ireland

In Northern Ireland all adult women offenders serve their sentences in Ash House, the Women's Unit of Hydebank Wood prison in Belfast. Ash House does not have an MBU, but has two mother and baby rooms with capacity for 2 women with babies less than 9 months old (although this age limit can be extended, on a case by case basis).<sup>88</sup> All female juvenile offenders are accommodated at the Juvenile Justice Centre at Woodlands in Bangor.

Women accepted for MBUs appear to form a distinct sub-set of the female prison population with a different demographic profile. The selection criteria for MBUs appear to favour women from ethnic minorities (particularly foreign nationals) who are more likely to have longer sentences, are less likely to have mental health issues, and be more likely to be able to care for their babies.<sup>81</sup> In the case of foreign nationals, kinship care is also less likely to be an available option.

### Babies cared for 'in the community' while a parent is in prison or serving a non-custodial sentence

In England, Wales and Scotland, around three quarters of those who reach court receive a non-custodial sentence<sup>89 90</sup> and in Northern Ireland, this figure is around 85%.<sup>91</sup> While data about childbearing women and infants within the prison system is sparse, even less is known about the care of infants in community settings.

We know from the small numbers of mothers and babies in MBUs that for the majority of babies, alternative care arrangements are made whilst their mothers serve custodial sentences. However, there is no national data about this anywhere in the UK. For example, we do not know how many children are in foster care as a result of maternal imprisonment.

- The Scottish Prison Service collates information on the care arrangements of babies born to women in prison. In the 12 months to September 2013, there were 8 births to women in custody in Scotland: of these 8 births, 2 women were allowed to keep their babies with them in the prison Mother & Baby Unit, while 6 babies went into other care arrangements, including 2 taken into care after birth.<sup>92</sup>

### Kinship Care

Maternal imprisonment most commonly results in infants and children being cared for in formal or informal 'kinship care' arrangements, by grandparents or other family members. It is also the case that many infants and children are already being cared for by relatives, and do not live with their parent(s) prior to their imprisonment.

In a survey of women prisoners in England, 77% reported that their children are now living with another family member (compared with 10% of men).<sup>93</sup> In 2011, the Prison Advice & Care Trust (PACT) estimated that 6,000 of the 17,000 children separated from their mothers by imprisonment were in kinship care.<sup>94</sup>

This is in line with the findings of an earlier study, in 1997, by the Inspectorate in England which found that a majority of children affected by maternal imprisonment were in kinship care, looked after either by grandparents (25%) or other family members or family friends (29%) with their foster parents or adopted. This compared with 2% of children of male prisoners.<sup>95</sup>

In recent years dedicated support for prisoners' families, including kinship carers, has been developed in England, and more recently in Scotland, in the form of Family Support Workers. But this provision remains sparse and inconsistent. In 2011, the problems commonly experienced by kinship carers were considered during the Day of General Discussion on children affected by parental imprisonment convened by the UN Committee on the Rights of the Child. A case by case assessment

of each family's capacity to provide the necessary care was recommended, so that the suitable support can be provided.<sup>96</sup>

### Care arrangements prior to parental imprisonment

Care within the wider family is commonly the experience of many infants and children before their parents are convicted or imprisoned for an offence. UK and US studies suggest that around half of imprisoned mothers and fathers did *not* live with their children before imprisonment. We do not know how many infants and young children are in this category.

- Often grandmothers, other relatives or friends have become responsible for the upbringing of children prior to a parent being in custody because of issues such as addiction, mental health problems, domestic abuse and violence affecting their capacity to parent.
- The Ministry of Justice Resettlement Survey 2004 found that, of the prisoners of both sexes interviewed, most did not live with their dependent children before custody. However this differed by gender; 57% of men and 42% of women prisoners lived apart from their children before custody.<sup>97</sup>

### Services' awareness of infants

The visibility of infants affected by parental imprisonment to services is also very low. Universal health and early years services will not necessarily be aware that a baby has a parent in prison. For example, universal health services, midwifery and health visiting do not routinely collect data about babies who have a parent serving a sentence for an offence. Similarly, community criminal justice agencies working with offenders will not necessarily be aware that someone is a parent. Within social work services there is often a disconnect between children & families and criminal justice, where both are working with the same families.<sup>98</sup> As a result, the UK Government Children of Offenders Review found:

"Local authorities have no picture of the current demand for support, prisons do not know which prisoners have children, and we do not know how many children are in care as a result of the imprisonment of their primary carer..."<sup>99</sup>

Indeed, in 2009, only 13 out of 150 Children and Young People's Plans in England made reference to children of offenders as a vulnerable group.<sup>100</sup> A recent study in one area of Scotland examined the databases of a range of statutory and voluntary agencies working with women offenders and found that no agency collected sufficient data regarding whether women had children and, if so, whether they were living with them or elsewhere.<sup>101</sup>

Some attempts are being made to close this gap. The National Offender Management Service is currently funding organisations to undertake work to increase the knowledge and awareness in universal services of the impact of imprisonment on children and families, but this is time limited and restricted to selected parts of England and Wales. Children of offenders and/or those in custody are recognised as a vulnerable target group in children's centres.<sup>102</sup> In addition in England, the Healthy Child Programme, which offers a universal service to all families with an enhanced service for families with greater needs, identifies having a parent(s) with "a history of anti-social or offending behaviour" as a useful predictor of risk in an infant's life. A more wide scale proposed solution to this problem is to have families of prisoners formally recognised as a vulnerable group by statutory agencies, ensuring that this group is identified as a priority in all strategies aiming to improve the wellbeing of children and families.<sup>103</sup>

While a range of research evidence demonstrates a clear association between parental imprisonment and adverse outcomes for children, very little research has looked specifically at the impact on infants.<sup>104</sup>

## The impact of parental offending and the criminal justice system on infants

The parental offending and criminal justice system can have an effect on the extent to which a baby receives the five key ingredients they need for a healthy and safe start in life. This can go on to affect their development and wellbeing in later; children of prisoners have at least double the risk of mental health problems, and are at three times the risk of anti-social/delinquent behaviour, compared to their peers.<sup>105</sup>

This section explores the effect of parental offending and the criminal justice system on healthy early relationships, healthy pregnancy, the provision of a safe and stimulating environment, care for caregivers and effective support.

### Disruption to relationships

Babies need their caregivers to provide sensitive, responsive and consistent care. If a baby's parent is in the criminal justice system, this can be affected in several ways. On the one hand, parents and infants can be separated as a result of parental imprisonment. Babies are more likely to live with their mother before her imprisonment, and are therefore more likely to have stronger attachment relations with her. However, the separation through imprisonment of a baby from her father can also have a significant impact on a baby's development. On the other hand, there are also many children who live apart from their parent(s) prior to them being in custody, often as the result of issues which underlie their parent(s) offending behaviour (for example, drug addiction).

Most "invisible", argues the Albertson Review, are mothers in prison who are separated from their babies; the women who did not apply for, or were not eligible for admission to an MBU.<sup>106</sup> This is the majority of mothers of babies within the prison system. A study by Gregoire et al.,<sup>107</sup> suggests that this group comprises a higher than expected number of women with severe mental illness. For these women, separation from their babies can exacerbate their existing mental health problems, which in turn can contribute to the poor current and future mental health of the child.

The impact on the infant of separation from their mother, usually within a few days of birth, has not been extensively studied, although the effects have been considered. Separation means that there is no opportunity for baby and mother to bond, and therefore for an attachment to form. Dependent on circumstances, the mother may or may not be reunified with her baby after her release. If she is reunified with her infant, he or she may now be attached to another care giver, an attachment which would then be disrupted.<sup>108</sup> This is also the case for fathers. It is very difficult for an infant and parent to establish an attachment when that parent is in prison, because of the lack of contact. However, ways of tailoring contact methods to the

developmental age of prisoners' children, including babies, have still to be explored.<sup>109</sup>

When mothers are imprisoned children are less likely to live with their other parent and more likely to be taken into care or become looked after.

- When fathers are imprisoned studies show that at least three quarters of children remained living with their mother.<sup>110</sup>
- In contrast just 5% of women prisoners' children remain in their own home once their mother has been sentenced.<sup>111</sup>
- Only half of women who live with, or are in contact with, their children prior to imprisonment had received a visit from them since going to prison in England.<sup>112</sup>
- In Scotland two fifths of female prisoners (39%) received visits from their children compared to one third of male prisoners (33%).<sup>113</sup>

Other evidence suggests that women prisoners are less likely than men to receive visits from, and therefore have contact with, their children. Women tend to be incarcerated farther away from home, with implications for cost and travel times.<sup>114</sup> There is more stigma attached to being a mother in prison; compared to females, male partners are less inclined to organise children to visit their parent; and relatives often do not regard prison as a suitable place for children to visit.

“I haven't seen my daughter for 6 months which really hurts. We talk on the phone every day. My mum won't bring her in to see me because she doesn't know I'm in prison, she is only six. I really miss her.” (Mother on the Baby Steps in prison programme)

We also have little information about the reunification of women with their children following release from prison. A major factor here is that a higher proportion of women than men lose their home as a result of incarceration (around one third of women prisoners).<sup>115</sup> This has a particular impact on women whose children have been taken into care or become looked after as a consequence of their sentence.

All this means that when women are released they can face real difficulties in rebuilding relationships<sup>116</sup>:

- Their baby may have been taken into care or become looked after.
- Their baby may have formed close bonds with the grandmother or other relative or friend, or the foster carer, who has been looking after them.
- Women are likely to have suffered severe distress from the separation, often exacerbating pre-existing mental health difficulties.
- Poor mental health affects a woman's ability to meet all her baby's needs.
- They may have lost their house and struggle to get new accommodation where their child(ren) can live with them.
- Women will have missed important stages in their baby's development, and may even feel like a stranger to them.
- Their relationship with the relative who has been caring for their baby can often be a source of stress, adding another layer of difficulty to resuming parenting.<sup>117</sup>

The long term effects on bonding and child outcomes when a parent is imprisoned during their child's infancy is also an area where research is needed.<sup>118</sup> There is also a need to evaluate and share learning from those parenting interventions in prisons which focus on attachment behaviours and outcomes.<sup>119</sup> Evaluations of parenting programmes in prisons usually focus on short term outcomes in terms of increased knowledge and levels of confidence immediately following the intervention. We have no evidence of whether such programmes result in longer term changes in parenting behaviours or improvements in child outcomes after a parent's reintegration into the community.<sup>120</sup>

The systematic provision of parenting support in the community post-release to help parents in the reunification period is one area of unmet need that has been identified in recent research and evaluation. Aligned to this is the need to integrate this with prison based parenting programmes and to ensure there are sufficient resources to provide this on the longer term basis required by these very vulnerable parents.<sup>121 122</sup>

Despite MBU places usually being available to 'low-risk' 'low-tariff' offenders, who are likely only to be serving short terms and therefore going back into the community soon, the reintegration process seems to take very little account of the mother-baby relationship, and there appears in England to be a quite poor transition between prison and community based services.<sup>123</sup>

## Theories of causation

There is also very little evidence which helps explain *why* parental imprisonment has an adverse effect on children.<sup>124</sup> Rather than parental imprisonment causing poor child outcomes, it may be the case that children have experienced high levels of socio-economic adversity and/or insecure attachment even before the imprisonment of their parent.

Murray and Murray present a number of hypotheses about how "prior insecure attachment and social adversity might interact with parental incarceration and contribute to psychopathology."<sup>125</sup> Infants might have high rates of attachment insecurity even before their parents are imprisoned because:

- a high proportion are already living separately from their parent prior to their imprisonment,
- imprisoned parents are much more likely to be involved in risky behaviours likely to affect their parenting capacity and contribute to insecure attachment, and
- imprisoned parents are more likely to have experienced severe disadvantage and abuse that may compromise their ability to provide responsive care to their infants.<sup>126</sup>

However to date no empirical studies have been undertaken to test these hypotheses, either with babies or older age groups of children, by measuring attachment and development prior to and following the imprisonment of their parent.

The importance of attachment relationships for children of prisoners has been confirmed recently by the COPING study (2013) which used validated instruments to measure key constructs in a sample of over 700 children of incarcerated parents in four countries, including the UK. It found that the resilience of these children was closely related to having strong, positive bonds with grandparents and siblings, and this held true in each of the four countries studied.<sup>127</sup>

Few evaluations have been undertaken of perinatal parenting interventions in prisons and, of these, none has sought to measure child outcomes with a focus on attachment and social and emotional development in infants.<sup>128</sup>

Murray and Farrington<sup>129</sup> present the available evidence support various theories of causation, the mechanisms involved in producing adverse outcomes, and the moderating factors which may mitigate or enhance the impact on the child. These, described below, are:

- 'trauma theories', premised on the idea that parent-child separation is harmful for children
- the notion of 'strained parenting'.

## Trauma theories

The first hypothesis is underpinned by attachment theory<sup>130 131 132</sup> which emphasises the negative effect of separation from parents on children's attachments and subsequent developmental outcomes. It is particularly suited to children of offenders, as these are children who experience disruption in their family circumstances and living arrangements and separation from caregivers.<sup>133</sup>

Murray and Farrington<sup>134</sup> found the evidence to date "is generally consistent with the idea that traumatic separation because of parental imprisonment is harmful for children. However it is difficult to isolate the effects of separation from the effects of other adversities that often follow parental imprisonment, like loss of income, stigma etc. Therefore it is not possible to state conclusively that traumatic separation is a significant cause of adverse child outcomes following parental imprisonment." No study has yet attempted to measure the rate of attachment insecurity among children before their parents are incarcerated.<sup>135</sup>

Other evidence suggests that life changes of an order significantly less stressful than the disruption caused by the incarceration of a parent have been found to adversely affect the quality of infant-parent attachment.<sup>136</sup> During parental imprisonment the main determinants of child adjustment are the nature and quality of the alternative care giving relationships and the opportunities to retain contact with the absent parent. It is often assumed that kinship care is better for children, but there are few comparative studies of kinship versus foster care placements for this age group.<sup>137</sup>

### **‘Strained parenting’**

Murray and Farrington<sup>138</sup> also discuss the possible impact of ‘strained parenting’. The parent or caregiver who is left behind looking after the child while its parent is in prison may be under a lot of stress, which affects the quality of the care the child receives. As most prisoners are men, in most cases this relates to women left ‘outside’ to cope with caring for a baby, often alongside other children, and accompanied by the emotional, financial and other anxieties that come with having a partner in prison.

Parental imprisonment might decrease the quality of parental care and supervision that children receive, and this might cause their behaviour problems. Eddy and Reid<sup>139</sup> found evidence from three large longitudinal studies which supported the notion that children of prisoners are exposed to higher than average levels of potentially harmful parenting practices. However, they point out that no studies have looked into whether parental imprisonment causes an increase in parenting risks over pre-existing levels. It is a plausible mechanism to explain poorer child outcomes but it has not been tested in studies yet.

For young children raised by kinship carers while their mothers are in prison, there is evidence that the quality of the child’s alternative caregiving environment predicts their cognitive development. One study assessed the attachment representations of 54 children between 2.5 and 7.5 years of age whose mothers were in prison.<sup>140</sup> It found that almost two thirds (63%) of children had insecure attachments to their caregivers. However children who had had continuity of care from one individual were more likely to be assessed as secure. Warmth and acceptance from alternative caregivers is also associated with fewer behavioural problems in young children with a parent in prison. The problem is we know that the children of mothers sent to prison are more likely to experience multiple care placements during the period of imprisonment.

We know that prisoners’ families, including grandmothers and other relatives who care for children while their parent is in prison, are a particularly vulnerable and deprived group who typically experience poor physical and mental health. One study found poor emotional and mental wellbeing was the most common reason for

relatives seeking help from Family Support Workers.<sup>141</sup> Anxiety and worry about the imprisoned family member is a major cause of this, but it is often linked to bereavement, self-harm, substance misuse and emotional difficulties, as well as a wide range of worries about money, housing, education and child-related issues.

These studies raise the question of how we support kinship carers (and foster carers) to give the best possible care for children affected by parental imprisonment. Where these children are babies, we need to think about the role of universal health services and how policies can ensure that those who need additional support receive it in practice.

Murray and Farrington<sup>142</sup> also considered the assertion that prison visits – contact with the imprisoned parent – could cause adverse effects on children. Where children are separated from parents because of divorce, good quality regular contact can improve child wellbeing and relieve distress. However, this level of contact is often difficult to achieve when a parent is in prison. It has been asserted that prison visits might actually increase levels of stress because they involve, for example, “... the strains of long distance travel, stressful prison search procedures, a lack of physical contact during visits, and the difficulty of leaving parents at the end of a visit.”<sup>143</sup> Again, they conclude that no large scale studies have yet tested this.

### **Perinatal health and wellbeing in prisons**

The quality of antenatal healthcare received by women, combined with their diet and living conditions influences the outcomes for their babies at birth. As the overwhelming majority of offenders and prisoners are male, the criminal justice system is designed by and for men, with little acknowledgement of the different needs of women. Both the Corston Report<sup>144</sup> and the recent Commission on Women Offenders in Scotland<sup>145</sup> considered the needs of women prisoners as mothers. Corston found evidence of persistent institutional failure to promote and implement an equality agenda that might meet the needs of women offenders.

The Albertson Review recounts the practical impact of the “rigid and non-negotiable constraints” of the prison system, noting that:

“...Women are more likely to book late for antenatal care, receive minimal antenatal education, not receive adequate food and nutrition during pregnancy and postpartum, be without the support of a family member during labour and birth, have a premature or small-for-dates baby, decide to formula feed, and be separated from their baby soon after birth”. It notes that “...these factors combined may have a substantive impact on women’s own physical and mental health, the nutrition, health and development of their babies, and on the appropriate development of attachment, parenting skills, and stable family relationships following release.”<sup>146</sup>

In addition to this, there were found to be wide variations in the provision of perinatal healthcare between prison establishments. In England there is no Prison Service Order setting out standards of care for childbearing women.

“The pregnant girls get hungry at night. At tea you have a pack of sandwiches crisps and some other horrible stuff, and there’s no way of getting any more.” (Mother on the Baby Steps in prison programme)

“I have to spend my money on phone calls to talk to my children; I can’t afford to spend money in the canteen.” (Mother on the Baby Steps in prison programme)

Prior to the scoping review in 2006<sup>147</sup>, very little was known about healthcare provision for perinatal women within the prison population. The review by Edge was commissioned by the Department of Health to inform the transfer of prison healthcare in England and Wales from the Prison Service to the NHS, which took place in the same year. A review of prison healthcare conducted ten years earlier, in 1996, had specifically highlighted care during pregnancy as a serious deficiency.<sup>148</sup> In 1997, Caddle & Crisp<sup>149</sup> undertook a major survey of the women’s prison estate in England on behalf of the Home Office, and published a report, ‘Imprisoned

Women & Mothers’ which provided a snapshot of women in prison on a given day.

By 2006, pregnant women and mothers within the prison system briefly became the focus of policy interest, chiefly because of the significant growth in the numbers of women in prison, mostly comprising women of childbearing age (although women remain a small minority, 6%, of the prison population). The feasibility of Scotland following the example of England & Wales and transferring prison healthcare to the NHS was considered in 2006-2007. In order to inform this, a needs assessment of prison health care was conducted and published during 2007 but the perinatal health of women prisoners did not feature in this report.<sup>150</sup>

Evidence from voluntary organisation practitioners who work with pregnant women in prison suggests that equivalence in perinatal healthcare has not been achieved everywhere.<sup>151</sup>

Studies of pregnant women in prison show this to be a very vulnerable group of expectant mothers the majority of whom have had significant multiple adverse experiences in their lives.<sup>152</sup> These include childhood experience of violence, often linked to substance misuse, victimisation, and neglect; and personal experience of drug or alcohol addiction and homelessness. A systematic review of risk factors for adverse perinatal outcomes found that, despite known risk factors being present, 30% of pregnant women in prison had received inadequate care.<sup>153</sup>

Studies of the mental health of women resident in prison MBUs have shown that these mothers and their babies “are more likely than the general population to experience perinatal and maternal mortality and morbidity, and they may also suffer separation and distress.”<sup>154</sup>

In a systematic review looking at the association between maternal imprisonment during pregnancy and perinatal outcomes, Knight and Plugge (2005) found that imprisoned women are more likely to have low birthweight babies and to deliver prematurely than those not in prison.<sup>155</sup> However, when compared to women in the community experiencing similar social disadvantage to imprisoned women (for example, drug use or previous criminal conviction), it appeared that prison had a beneficial effect on infant outcomes. Some aspects of prison such as shelter, regular meals, a ‘drug-free’ environment, protection from



abusive partners, and provision of antenatal care may contribute to this. However, it was emphasised that the study did not explore the psycho-social effects on mothers and babies, which are known to be adverse.

Incarcerated women in general have high rates of mental health illnesses. Women in custody are five times more likely to have mental health problems than women in the general population.<sup>156</sup> Studies have also found that prisoners are likely to have experienced or observed violence and abuse in the past. For example, in a study by the Ministry of Justice of a representative sample of 1,435 prisoners, 41% said that they had witnessed violence as a child and 29% of prisoners stated that they had experienced emotional, physical or sexual abuse as a child.<sup>157</sup> Women (53%) were more likely to report having experienced some sort of abuse than men (27%). In addition, analysis by the Social Exclusion Taskforce of data for 11,763 women under probation supervision found that 59% of women prisoners report problems with relationships, such as poor childhood experiences and poor close family relationships (including abuse).<sup>158</sup>

Being pregnant, giving birth and caring for a baby within this context is likely to exacerbate existing difficulties. Often on top of these pre-existing conditions and experiences, pregnant women in custody experience some specific difficulties: feelings of isolation and powerlessness, and anxiety as they anticipate separation from their babies and await the result of sometimes lengthy decision making processes.<sup>159 160</sup> Experiencing abuse and mental health problems can make it more difficult for mothers to form an attachment with their baby, which in turn is likely to lead to negative developmental outcomes for babies.

“I wish I knew earlier whether I was going to keep my baby because I’m bonding more with him every day, I have to wait until I’m 7 months pregnant to find out, I’m going to be distraught if I can’t.” (Mother on the Baby Steps in prison programme)

Practitioners have also expressed concerns about the way that labour and birth is currently managed by prisons. For example, women in labour are attended to by prison nursing staff but do not have access to midwives until transfer to the hospital where they will give birth. Whereas outside of prison

a woman in the first stage of labour will phone the hospital to have their situation assessed by a midwife, women in prison cannot do this. During our interviews with mothers, we heard reports of women not being permitted to go to hospital until their waters had broken. Security checks can mean lengthy delays in transporting a labouring woman to hospital. In some instances babies have been delivered in prison with no midwife in attendance.

“It’s really uncomfortable having two [prison officers] in the room 24/7 watching you sleep and chatting to each other and stuff.” (Mother on the Baby Steps in prison programme)

“I wanted to try [breastfeeding] because they told us on the course that it’s good for bonding with the baby, but it was in a small room [in the hospital] and I had two officers sitting right there... so I just gave him a bottle. I tried him on the breast when I got back here [to the prison] a few days later but he didn’t take to it.” (Mother on the Baby Steps in prison programme)

## Outcomes for babies in MBUs

Studies and evaluations focused on outcomes for babies in criminal justice settings are rare.

Few studies have looked at the outcomes for infants of residing in prison MBUs. Most have measured the impact on recidivism in mothers.<sup>161 162</sup> Catan’s landmark 1992 study compared the development of babies raised in prison nurseries with that of a control group of children in the community, two thirds of whom were cared for by relatives, and one third by foster carers.<sup>163</sup> It reported a decline in motor and cognitive scores in the prison nursery group with these developmental delays attributed to poor MBU design, staffing and protocols. MBUs are likely to have in place restrictions that may prevent mothers caring for their infants in their chosen manner.

“If I let [my baby] cry in her cot then I can’t sleep so I put her on my chest but then you’re not allowed to have them in bed so you can’t win either way.” (Mother on the Baby Steps in prison programme)

However, Catan's study also suggested that child outcomes depended on a range of factors including the substitute care offered, and the initial mother-child relationship. Although there have been many improvements to prison MBUs since the early 1990s, there has been no follow-up study since Catan, which remains the only major study to look at infant outcomes.

A US study of attachment organisation in a sample of incarcerated pregnant women, followed the women's progress after the birth, when they were co-resident with their babies in prison nurseries.<sup>164</sup> Two thirds of these women were reported to have insecure attachment relationships with their babies. The authors concluded that parenting interventions targeted at improving the parent-child attachment relationship in the community could be utilised with mothers and their babies in prison to address issues specific to prison settings. They also recommended that future interventions with imprisoned mothers benefit from incorporating assessments of attachment security, and should target mothers with preoccupied and unresolved states of mind to receive additional support and preventative mental health care.

Caddle<sup>165</sup> reported examples from other countries of alternatives to MBU provision, including occasional residential stays with mother in prison for older children, three weeks' leave per year for mothers, delayed custody or community sentences.

The measures required to meet the needs of pregnant women and of babies and very young children residing with their parents in prisons was considered in 2011 by the UN Committee on the Rights of the Child Day of General Discussion.

### Critical questions about infant care arrangements

In the context of infants and the impact of parental imprisonment, the debate focuses on a number of key questions:

- Does it best meet the social, psychological and emotional needs of infants to live with their mothers in MBUs, or do infants thrive better living in care arrangements away from their mothers in the community? The dilemma is that MBUs "...may reduce the trauma of separation for children, but it might also mean living in an environment that is detrimental to child development."<sup>166</sup>

- At what developmental age might the trauma of being removed from the mother in prison outweigh any benefit from having lived with her in prison whilst younger? And, therefore, what should be the upper age limit for babies residing in MBUs?
- What are the optimum regimes and ideal environments for babies in MBUs, and how can these be achieved? How can we ensure that infants receive the same range of stimuli they would in the community?
- How do women and babies fare in supported community alternatives to custody, including in residential options? What are the outcomes for these mothers and babies "diverted" from prison, in comparison to those resident in MBUs, or other care options?

While recommendations based on international best practice in many of these areas, including living conditions in MBUs, have been identified,<sup>167</sup> the consensus is that there is still too little evidence to answer these questions, and further research into the issues surrounding MBUs, and the alternatives, is urgently needed.<sup>168 169 170</sup>

Researchers at the University of Stirling are presently undertaking research, in partnership with the Aberlour Childcare Trust, to investigate the decision making processes around prison Mother & Baby Units in the UK. The study is looking at the criteria and processes involved in determining occupancy and the evidence which informs these.<sup>171</sup>

The bigger picture here is growth in the women's prison population over the past decade or so, both in the UK and the US, due to the increasing use of custodial sentences for non-violent offences. In the USA this has stimulated a revival of interest in prison nursery programmes over the past decade.<sup>172</sup>

- Should the main objective be to reverse this, by developing non-custodial alternatives that address the causes of women's offending?
- Should pregnant women or mothers with infants ever be incarcerated and/or separated from their baby?
- Or should the focus be on improving the 'gender sensitivity' of the prison system, through measures such as MBUs?
- And crucially, which is best for babies?

## Part 2: INNOVATION – Promising practice

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In order to give babies the best start in life, parents need effective support. Timely and targeted interventions with carers and infants, both in prison and community settings, can help to build the capacity of parents to cope with the pressures they face. In this section, we present examples of promising interventions from across the UK which appear to be effective in creating a safer and more nurturing environment for infants affected by the criminal justice system. Some require further rigorous evaluation.

### The background

There has been a long history of action to improve perinatal outcomes for women and their babies in prison and some significant gains have been made since prison MBUs were created in the 1980s. Babies have been allowed to stay with their mothers in prison for over a century in the UK, a practice that was formalised by MBUs. The practice of handcuffing and chaining women to prison officers during labour and childbirth was finally ended in the UK in 1996.<sup>173</sup> Specialist midwifery care for expectant mothers in Styal Prison was developed in the mid-1990s by midwives at Manchester's Wythenshawe Hospital and midwives also delivered learning events for prison officers in the care of mothers and babies. In the late 1990s, a Doula Project was created for women prisoners in Holloway Prison which provided one to one support during pregnancy, childbirth and the postpartum period.<sup>174</sup> However, these have been local initiatives rather than part of a national policy on provision and, like most services in prisons, there has been considerable variation across the prison estate. An added complication for the provision of perinatal healthcare is that, until 2000, prisons were responsible for their own health services. Now, responsibility lies elsewhere, with NHS England in England, NHS Health Boards in Wales and Scotland, and the Health and Social Care Board in Northern Ireland, which has commissioned the South Eastern Health and Social Care Trust to deliver healthcare in prisons.

The same picture, of local variation and an absence of national coordination, applies to parenting interventions, which have been delivered in UK prisons for many years. As national government penal policy provides the framework for provision on the ground, there have not been many drivers for this, and so provision has tended to reflect the interests and commitment of local decision-makers. Like most prison services, family support and parenting programmes involve a wide range of voluntary sector providers, large and small, and still tend to rely on short term and insecure sources of funding.

As a result of programmes being commissioned or delivered by each prison establishment separately, there is scant information about the content of these programmes, both historically and currently. The extent to which any of these programmes are attachment-based, or how many are interventions focused on babies, for example, is unknown. However, there is evidence available regarding effective interventions for promoting the type of sensitive, nurturing care that promotes healthy attachment and for relieving postnatal depression.<sup>175</sup> In spite of this, we lack a comprehensive view of which of these is currently available in prisons or available in the community to families affected by the criminal justice system.

“Although attachment researchers have learned a great deal in recent years about successful attachment interventions for parents and parents-to-be, the application of this knowledge to incarcerated parents remains a goal for the future.”<sup>176</sup>

We have identified current promising practice in the following areas:

- A national framework for setting standards for parenting in prisons
- Establishment level promising practice
- Attachment and separation support programmes in prisons
- Community-based mental health services for perinatal women with a partner in prison
- Support for the reunification of imprisoned mothers or fathers with their babies

## A national framework for setting standards for parenting in prisons: Scotland

The Scottish Prison Service (SPS) has just adopted the first National Framework setting standards for parenting programmes in prisons. This was informed by a mapping exercise of parenting interventions commissioned and delivered across the prison estate, the first of its kind to be carried out.

The Framework sets out a strategy for meeting the needs of different groups of parents within the prison population, for example, young fathers. Since 2012 the SPS has core funded a specialist service, the Mother and Baby Project, to meet the needs of perinatal women and infants within the national women's prison, HMP YOI Cornton Vale. Good practice guidelines for working with children and families of prisoners were drafted by the SPS in 2009, recommending that every prison should have a Children and Families Group chaired by a senior manager. These were developed in 2013 by the SPS' Standards for Encouraging Family Contact.<sup>177</sup>

The wider context for these developments is the high priority placed by the Scottish Government on early intervention and the early years. This included the official endorsement for the idea that strong family relationships are central to reducing reoffending and for addressing health inequalities in a very vulnerable group, the majority of whom are parents. Key documents and initiatives include:

- The National Parenting Strategy (2012) which makes reference to the needs of families affected by imprisonment;<sup>178</sup>
- The Early Years Framework, the Pathway of Care for Vulnerable Families 0-3, and the Early Years Collaborative;
- The Framework for health improvement in prisons, *Better health, better lives for prisoners* (2012), which identifies parenting as one of eleven "health promotion pillars". The framework is designed to assist with the planning, commissioning and delivery of health improvement services in Scottish prisons following the transfer of prison healthcare to the NHS in 2011.

In addition, the Scottish Government has accepted the majority of recommendations made by Scotland's Commission on Women Offenders (2012), and is making efforts to implement them.<sup>179</sup>

The Commission argued that the vast majority of women who offend do so as a consequence of significant and complex adversities in their lives, for which they need help, rather than incarceration.<sup>180</sup>

Initiatives around parenting sit within a wider process of reform of the criminal justice system, one which recognises the importance of families and relationships and, in the government's words, "the particularly crushing impact"<sup>181</sup> of women's imprisonment on their children, who have not committed any offence. A key aim is to reduce the prison population by providing alternatives to custody, accompanied by the type of support that is proven to be effective for desistance, such as intensive mentoring and specialist supported accommodation that helps to address the underlying causes of women's offending. Two national intensive mentoring schemes, delivered through Public Social Partnerships, are being funded which support people at risk of reoffending or custody to be compliant with court orders. One focuses on women, while the other focuses on young male prolific offenders. Community Justice Centres for women are being created or expanded in Edinburgh, Glasgow and Dundee with different models for achieving the same aims being adopted in other areas of the country.<sup>182</sup> These will also help women at all stages of the justice system, including reintegration after custody. Work is also on-going at national level to improve the coordination and consistency of services provided in the criminal justice arena by the public and voluntary sectors.<sup>183</sup>

Scotland is currently exploring the use of community facing prisons, such as HMP Grampian, which opened in March 2014 and accommodates both women and men. Community facing prisons provide greater links between offenders and the outside world. However, budget restrictions mean compromises have had to be made about the number and size of these facilities, meaning some will be larger than envisaged. The current national women's prison at Cornton Vale has been upgraded and will eventually be replaced.<sup>184</sup> In the meantime, smaller regional facilities for women serving shorter sentences, including Community Integration Units for those nearing the end of their

sentences, have been opened around the country, including at Greenock (2009), Inverness (2010) and Edinburgh (2011). In the future, women will also be accommodated at the new prison serving Inverclyde (from 2015-16). This will have a purpose built Mother & Child Unit as well as specialist treatment facilities for substance misuse.

Budget cuts do present a significant challenge for progressing this agenda. Indeed, according to Audit Scotland there are risks to the long term sustainability of existing criminal justice services<sup>185</sup>. Compulsory statutory throughcare services, for example, are currently provided in Scotland only to people serving sentences of four years or more, with prisoners serving shorter sentences eligible for voluntary assistance. If the threshold is reduced, as the Government is considering, demand will increase. The Offender Management Bill and the creation of Community Justice Authorities (CJAs) were intended to improve integration of services between prison and community. However, it is recognised that to help reduce reoffending still more needs to be done to support prisoners with all the practical, physical and emotional issues they have to deal with in the transition between prison and the community, and to make sure that this is available consistently across the country.

### Establishment level promising practice: HMP Holloway, HMP Bronzefield, HMP Parc Prison, Bridgend and HMP Styal

**HMP Holloway** has recently closed its MBU, despite being highlighted as a model of good practice in care for perinatal women.<sup>186</sup> However, the prison continues to collate a weekly list of numbers and location of pregnant women in the prison and shares this with the Midwifery Service. Pregnant women are often housed together in a particular wing of the prison (although some are also housed in other parts of the prison as well). A midwife clinic is held in the prison's wellbeing clinic.

The organisation Birth Companions also continues to help and support expectant mothers in Holloway prison during their pregnancy and childbirth, in a way that is sensitive to their isolation and vulnerabilities. The aim is to make pregnancy, birth and motherhood a positive experience and give

babies the best start in life. Birth Companions provides a weekly pregnancy group and a Breastfeeding Supporter, who helps mothers with breastfeeding or expressing milk, as well as offering to attend the hospital with mothers when they give birth.

Pregnant women in HMP Holloway can still apply for a place with their baby in prison and be transferred during pregnancy to **HMP Bronzefield Prison** MBU. Birth Companions also visit HMP Bronzefield Prison to provide a weekly group for pregnant women, alongside breastfeeding and postnatal support on the MBU. In both HMP Holloway and HMP Bronzefield, Birth Companions also supports women returning to the prison who have been separated from their baby.

**Parc Prison at Bridgend, Wales** is one of the largest prisons in the UK, accommodating over 1,300 mainly Category B prisoners and more than 50 children and young people. The government recently announced it will increase the prison's capacity by 387 places.<sup>187</sup> It has adopted a holistic approach to supporting prisoners with children through its Parc Supporting Families programme, which began in 2005. The prison not only has extensive and attractive facilities for children, with facilities for younger children in all the visiting areas, but a team of family support workers, the Parc Supporting Families (PSF) team, who welcome visitors to the prison. The main visiting hall and waiting area is baby friendly with changing facilities, potty and breast feeding facilities, and baby chairs. The prison will soon have a new facility which will include a sensory room, baby bathing, feeding and changing equipment which is linked to a programme of "bonding visits" for new fathers, giving babies and their fathers the opportunity to bond and develop an attachment.

Inspections have recognised support for relationships and parenting as an area of strength within Parc.<sup>188</sup> The prison is host to the Invisible Walls Wales project, funded by the Big Lottery and delivered by Barnardo's in partnership with Barnardo's Cymru,<sup>189</sup> which supports prisoners and their families while they are in prison and, 'through the gate', in the community post-release. A number of evidence based parenting programmes are also delivered. These include Fathers Inside, the intensive parenting intervention developed by Safe Ground<sup>190</sup>, the NSPCC's antenatal programme Baby

Steps, and a programme called Language & Play – Number & Play delivered by the local authority. This is a six week programme designed for parents/carers and their babies/young children from birth to 3 years.

**HMP Styal, Cheshire** is the only female establishment in the North West. It provides a 'First Night Centre' which delivers support for women during their first 48 hours in custody and includes access to healthcare, probation and other agencies within the prison. It was highlighted as best practice in a report published by the Howard League in 2006<sup>191</sup>. The MBU at Styal houses mothers with babies up to the age of 18 months and is run by Action for Children. Each woman's needs are assessed on arrival, and an individual plan is put in place that combines parenting support, targeted intervention work and nursery provision. Each mother's plan depends on courses available within the prison and group work courses available from Action for Children. These include The Incredible Years Baby and Toddler parenting courses, The Freedom Programme (addressing Domestic Abuse and relationships), Baby Massage and Barclays Money Skills (budgeting, banking and debt advice) and 'Food for Thought' Cooking on a budget. The nursery received an 'Outstanding' at its last Ofsted inspection.

## Attachment and separation support programmes in prisons

There are a number of examples of interventions being delivered in prisons designed to support attachment relationships between babies and their mothers and/or fathers in prisons. Because of the policy or funding framework in which these are delivered, the stated aims of these interventions are often expressed in terms of the outcomes for the parent, rather than the baby. Many of these are projects that are just emerging, or which have been developed recently by third sector organisations including Family Action, the Prison Advice and Care Trust (PACT), Mellow Parenting, NSPCC, Aberlour Childcare Trust, and others. PACT, for example, has just begun delivering a four year programme providing tailored parenting support to around 4,000 young parents under 25 years of age, both mums and fathers, within every Welsh public sector prison establishment. Given their age,

many of these prisoners will be parents of babies or very young children. This is funded by the Big Lottery and will be subject to both external and internal evaluation, the latter involving HM Prison Service psychologists.

A common theme across these services is the challenges and constraints presented to the programmes by the prison regime; this is about the culture, attitudes and leadership within each establishment as well as the rules. In some cases these severely restrict the types of activities that can be delivered, such as showing DVDs (preferred by many people with a low level of literacy) or using a torch to shine a light on a pregnant woman's bump to elicit a response from her baby. When the service or care being provided is already available to women in the community, but cannot be delivered in the same way to women in prison, then it raises questions about the equivalence of healthcare.

## New Beginnings – The Anna Freud Centre

One of the best evidenced – yet now discontinued – interventions with mothers and babies in prison MBUs is the New Beginnings programme developed by The Anna Freud Centre and New Bridge, a prison charity.<sup>192</sup> New Beginnings is informed by psychoanalytic theory, attachment theory and findings from research in developmental psychopathology. It focuses on the early attachment relationship between mother and baby in prison and prepares them for separation, should that occur.

The programme was piloted in 2004-2005 at HMP Bronzefield and HMP Holloway MBUs, where it gained accreditation as a learning programme to be used in prison MBUs. Between 2009 and 2011, the English Prison Service commissioned the programme to be run in the MBUs at four prisons: Holloway, Eastwood Park, Bronzefield and Peterborough. However, despite the well evidenced positive outcomes for infants and mothers, the programme was discontinued in 2011 when funding expired, and is not currently being delivered.

One of the programme's broad aims is to make use of the opportunity provided by prison MBUs to create a break in any potential intergenerational transmission of disordered attachment. New Beginnings aims to do this through a programme of activities focusing on enhancing a mother's

attunement to her baby's needs, and her capacity for 'mentalisation' (keeping in mind the separateness of the baby and its needs as distinct from her own).

The programme involves 12 group sessions delivered by a practitioner and co-practitioner, with sessions delivered twice weekly over a six week period. Each session lasts two hours, usually attended by six mothers and babies. A cluster randomised control trial of the programme was carried out over 2006-2009<sup>193</sup>. The results showed that mothers who had taken part in the programme showed an increase in reflective functioning and an improvement in the quality of their interactions with their babies. In addition, prison staff observed that women had a more positive state of mind and exhibited lower levels of general anxiety.

### **NSPCC Baby Steps**

Baby Steps is a perinatal education programme developed by the NSPCC in collaboration with parenting experts from Warwick University. Parents in prison and their partners are one of the vulnerable groups the programme targets.<sup>194</sup> It is being delivered in a number of prison establishments, including Parc Bridgend, Newhall, Bronzefield, Hounslow YOI and Wetherby YOI.<sup>195</sup> The programme is based on the English Department for Health's latest framework for antenatal education and incorporates the latest evidence about engaging the parents who do not tend to access services.<sup>196</sup> It is a nine session group-based programme delivered from the 28<sup>th</sup> week of pregnancy, and includes 3 sessions after the birth of the child. It is delivered jointly by a social worker or family support worker, and a midwife or health visitor. It uses a variety of interactive approaches such as discussions, creative activities and practical tasks as well as DVDs, to make it accessible for parents with additional needs.

Baby Steps emphasises the relationship between partners and the development of a positive parent-child relationship. It is designed to improve protective factors such as family relationships, social support and emotional wellbeing, which are undermined and under pressure when a baby's mother or father is in prison.

The prisons where Baby Steps is being delivered present very different types of environments, and the programme has been adapted at a local level by NSPCC practitioners to fit the local prison rules and the needs of participants. Prison family support services, which are provided by varying arrangements in each establishment, are the route by which referrals are made.

An impact evaluation began in April 2013 and will be reporting in late 2014. The preliminary findings have been very positive; qualitative interviews with a sample of 18 parents who had done the course in a prison context found that they had benefitted from attending the course in a range of ways. For example, participants reported that they felt more prepared for parenthood, more confident in parenting and closer to their partner and baby after completing the course. Parents also highlighted a number of ways in which the prison context impacted on their experience of the programme and limited the extent to which they were able to implement the learning. Given the constraints of prison life, the varying rules between different prisons and the transient nature of the prison population, it is essential that a high level of flexibility is built into the course to enable practitioners to tailor the programme to the particular circumstances and needs of the group. The programme worked best in a prison context when both parents are able to attend the sessions.

### **The Baby Group at HMP Swansea**

The Baby Group in HMP Swansea was developed in collaboration with PACT and enables between four and six couples to take part in activities that support attachment and bonding with their newborns. The group is publicised to both prisoners and visitors. Interested families are checked by relevant authorities to make sure that contact is appropriate. The criteria for taking part are that the baby is under one year, and that the father has an on-going relationship with the baby's mother. Importantly, the mothers do not need a visiting order to be able to come into the prison. This significant change to the usual prison rules was allowed, initially as part of a pilot period, specifically to allow this group to run.

The core element of the fortnightly sessions is baby massage. However, a typical session begins with some relaxed bonding time, in which the baby's mother shows the father how to feed the baby, helps him change the nappy and updates him on the child's progress since they last met. Sessions also incorporate a song and rhyme time, reading and discussion, and even a bathing session has been held. In an informal appraisal of the programme, staff reported that fathers seemed more confident in handling their babies with sensitivity and confidence and were able to respond to their baby's cues and states.

Following the pilot, the group will run in HMP Swansea for a 12 month period and will be evaluated using a validated tool measuring parenting self-efficacy (TOPSE) combined with qualitative methods. Save for the cost of the prison officer present, the group is cost neutral to the prison service.

The group was developed within the context of the Integrated Family Support Service (IFSS), which provides family support, both in prisons and in the community, across a range of very different prison types and a wide geographical area. This is being delivered by a partnership of two third sector organisations: NEPACS in the North East of England, and Pact in London, the South of England and Wales. It is funded by the English Department for Education and the National Offender Management Service (NOMS).

### **Pentonville Prison Baby Group**

At HMP Pentonville Prison the New and Expectant Father's Group ran for the first time in July 2013 with 8 men taking part. Following the example of the Baby Group at HMP Swansea, the group was established by the Family Engagement Worker in the prison, who is employed by the Prison Advice and Care Trust (PACT).

The group combines activities in which men learn practical skills in caring for a baby with thinking about fatherhood, their own personal experience of being fathered, and what it means to them to be a dad from prison. The charity 'Working With Men' collaborated with PACT on this part of the group's work. The men also worked on midwife-led activities to gain an understanding of how their partner would be feeling during pregnancy and childbirth. Drawing on the learning from this, and with the agreement

of the Governor, the New and Expectant Father's Group ran a second pilot in November 2013. Dependent on funding, the proposal is to run the group over two half days, four times a year. Some of the changes being made at this stage relate to the constraints of the prison environment. The new "split regime" at Pentonville means there are shorter windows of time with which to access education or social time. This will affect the way the Group is run in future, and makes it more difficult to tackle issues which require more intensive treatment or follow-on support.

### **Mother and Baby Project, HMP YOI Cornton Vale - The Aberlour Childcare Trust 197**

Now in its third year, and core funded by the Scottish Prison Service, the Mother and Baby Project at HMP YOI Cornton Vale comprises flexible and responsive programmes of work in groups and one-to-one, delivering parenting interventions to improve awareness and understanding of child behaviour and development, and the impact of different parenting techniques. The Project Worker delivers practical parenting courses dependent upon the needs, ages and stages of particular women's children, based on attachment theory. On-going skilled support is offered to women if the content of the courses raises difficult issues about their own parenting. The programmes are developed to be sensitive to the circumstances and experiences of mothers in prison; for example, low self-esteem, the impact of substance misuse and the difficulties associated with loss, transitions and boundaries. The Project came to fruition in January 2011 with the engagement of a full time worker. Over the course of a 12 month pilot, funded by the Robertson Trust, this worker developed a model of practice with the main aim of achieving healthy secure attachment, interaction and engagement between mother and baby.

By building trust and identifying and responding to women's needs, the Project Worker has developed a broad role which seems to fill many gaps in support. These include improving the physical environment for babies and mothers in the MBU, identifying and supporting women to act as mentors and companions to MBU residents, buying and making up 'labour bags' for women going into hospital to have their babies and helping prepare women for reunification with their children post-release.



The prison's Family Contact Officers identify women who might benefit from the Project during the induction process on their first night of custody. The Mother & Baby Project Worker publicises the Project to women on the blocks and relies on building strong relationships with all the other prison staff, including external agency workers, as a means to referrals. When women are released, the project worker is able to refer women on to key external organisations such as CIRCLE's FABI project and Aberlour support services across Scotland.

A new strand of work, in early 2014, is the introduction of the Mellow Bumps antenatal programme, developed to support women at high risk of postnatal depression. This has been specially adapted by Mellow Parenting for use within the prison for pregnant and non-pregnant women. The programme has a promising evidence base demonstrating effectiveness in reducing antenatal anxiety and irritability. A woman's overall health and mental wellbeing during pregnancy is a good indicator of her baby's wellbeing. Mellow Bumps aims to improve this by helping mothers cope with the stress they are experiencing and by preparing them for the arrival of their baby with information about baby brain development and the social capacities of their babies from birth.

In the evaluation of the project in its first year,<sup>198</sup> women reported having more confidence as mothers due to a better understanding of child development and behaviours and how to respond appropriately, while gaining an insight into which types of parental behaviour might be viewed negatively by others. The findings indicated the extent to which the Project relies crucially on the attributes and relationship skills of the project worker, whom mothers describe as trustworthy, approachable, non-judgemental and genuinely caring, someone who is respected and held in high regard.

### **Integrated Family Support Advocates**

Integrated Family Support Advocates in England and Wales work with agencies at a local level to raise awareness and develop a coordinated response to the needs of children and families of offenders. Their role is to make a hidden population visible to services. They have helped set up multi-agency policy groups on children and families of offenders at local level; and have developed offender

management hubs to support pathways into Children and Families services locally.

These Advocates are part of the Integrated Family Support Service funded by NOMS and delivered by PACT and NECAPS in England and Wales, across an area covering 9 prisons and 18 local authorities. Advocates also pilot ways of collecting better information about children affected by the criminal justice system, so that this can be shared with children's services, enabling them to scope the services needed according to age etc.

## **Community-based support**

### **Tools and training for universal services professionals**

In England, the Ministry of Justice and Action for Prisoners' Families have published a joint guide 'Supporting Prisoners' Families, What Can Health Visitors Do?'<sup>199</sup> A similar publication for Scotland is being produced by Families Outside. 'Hidden Sentence', a training course for professionals who work with the children and families of prisoners, is delivered by Action for Prisoners Families in England and Wales, and by NEPACS in the North East. This is part of a wider programme of Integrated Family Support run in partnership between PACT and NEPACS and funded by the Department for Education and National Offender Management Service. The service provides strategies and resources for supporting families and is the first step in raising awareness and developing a local service response to prisoners' and offenders' families.

In selected areas of England and Wales, Barnardo's 'Community Support for Offenders' Families project is delivering training to health visitors and other frontline universal services workers to raise awareness and understanding of the impact of parental imprisonment on children and the needs of families, as well as giving direct support to children and young people. It is being delivered in Bristol, the Isle of Wight, and nine local authorities in Wales including Gwent, Merthyr Tydfil, Rhondda Cynon Taff, Bridgend and Neath Port Talbot.

## Community-based mental health services for perinatal women with a partner in prison

### Family Action's Perinatal Support Project

Family Action's Perinatal Support Project is a community based early intervention mental health service provided to mothers from the 16<sup>th</sup> week of pregnancy until their child is 12 months old. It fills a recognised gap in provision for women with diagnosed mental health issues or who are at elevated risk of developing perinatal depression. Women are most at risk of depression during the perinatal period, and we know that this risk is enhanced for women with a partner in custody. Postnatal depression can adversely affect a mother's bonding with her baby, leading to attachment problems and resultant developmental delay in infancy and the early years. Evaluation of the service shows that it is able to mitigate this by providing intensive emotional and social support for women, over and above the level of service midwives and health visitors are able to give.<sup>200</sup>

Family Action is currently collaborating with Action for Prisoners' Families to adapt the original model for women with a partner in prison, and to secure funding to begin delivering the service. This service aims to support babies' attachment with the parent who is in prison, to mitigate the damaging effects of separation, and to support the parents' own relationship. The starting point is recognition of the impact that the imprisonment of a partner can have on women's mental health. Social isolation, often the result of the stigma and practical impact of imprisonment, coupled with a loss of income, home and relationship breakdown are all associated with deteriorating mental health and wellbeing. These ongoing stressors can affect the immune system of pregnant women and make a woman less likely to care for herself, with the potential to damage infant outcomes.

The service is led by a project coordinator with a health and social care background, who supervises a team of peer supporters/volunteer befrienders. These provide a minimum of 2 hours per week support to mothers, focusing on attachment and positive parenting behaviours and help with building support networks. The intention is for the service to do this by linking closely with existing support services in place for prisoners and their

families, and by close contacts with children's centres, housing, legal, debt advice at local level. The volunteers have knowledge and/or experience of perinatal mental health issues and the realities of being a parent. Should funding be secured, referrals will be made by Action for Prisoners Families and by GPs, health visitors and midwives. In the areas where it is already provided, the service works alongside the Family Nurse Partnership pathway, providing a service to women who do not meet FNP criteria, such as those over 19 years of age, and/or having their second child.

A randomised control trial of the original version of the service model, the Newpin project in Peckham, carried out between 1999 and 2003, found that it halved the rate of maternal depression.<sup>201</sup> Between 2010 and 2012 the service was tested and evaluated in four locations with the help of funding from the Big Lottery and the Monument Trust. The evaluation specifically addressed the effect of the service on:

- improving attachment between mothers and infants;
- improving the mental health of participants;
- reducing social isolation;
- and improving the self-confidence of participants and volunteers.

The evaluation, led by Professor Jane Barlow of Warwick Medical School, found that amongst service users who were followed up, statistically significant improvements were reported in depression and anxiety, social support, and warmth towards the baby.<sup>202</sup> Midwives and health visitors have praised the service for enhancing the capacity of community health services and adding value to these by responding to the types of factors which health visitors lack the time to address.

### Support for the reunification of imprisoned mothers or fathers with their babies

Following release from custody there is no routine support available to mothers or fathers to help the reunification process with their baby (where this is appropriate) by promoting bonding and secure attachment. Children of all ages can benefit when the transfer of parenting responsibilities is supported. When a mother and child are released

from a prison MBU, the prison authorities notify children's community health services (although the effectiveness of the communication is reported to be variable). But otherwise prisons may not be aware of a man or woman's parental status or the ages of their children and will therefore be unable to fulfil this role. Similarly, unless there are vulnerabilities flagged, health visitors will not have regular continuing contact with an infant beyond the age of 6-7 weeks, and may not be aware they have a parent returning from prison.

For the majority of people leaving custody available services are signposted and these are taken up on a voluntary basis. Take up, however, is very low.<sup>203</sup> For services wanting to help women deal with their underlying problems, the question is how to build a trusting relationship with parents before their release, so that they can continue to support them 'through the gate'. This is particularly important where people have fears about their children.

There are services e.g. family support workers and women's centres in England, which have contact with families in this situation with a baby, but this is one aspect of their work and not the main purpose. In England, support workers are provided by Action for Prisoners Families, in Scotland, by Families Outside and in Northern Ireland, by NIACRO.

- A number of services are provided by other organisations, but there are generally time-limited and available in selected areas only. In England and Wales these include:
- the Invisible Walls project, a collaboration between Parc Prison, Barnardo's Cymru and local authorities
- Community Support for Offenders' Families, an initiative of Barnardo's and the National Offender Management Service
- the Integrated Family Support Service (IFSS) provided by PACT and NECAPS, and funded by the National Offender Management Service and the Department for Education
- Women's Turnaround, a resettlement support service for women returning to Wales after serving their sentences.<sup>204</sup>

### Circle FABI (Families Affected by Imprisonment) family support through care service

Circle is an organisation which provides holistic community-based support to vulnerable children and families and has extensive experience of working with children where parents have substance misuse problems. Since 2008, its Families Affected by (parental) Imprisonment (FABI) team has provided a throughcare service for women with children leaving the women's prison at Cornton Vale in Scotland. By focusing on women who have been on remand or serving short sentences, it helps those who have no access to other support.<sup>205</sup>

The service is tailored around the parenting and practical support needed by women trying to re-establish contact, regain care, or live as a family with their children again. It works with the individual within a whole family approach, building on the person's resilience and strengths, and drawing on support from other agencies. The service helps individuals with housing, accessing appropriate medical care, addiction issues, historical and current abuse, domestic violence, poverty, benefits, debt, poor educational attainment, poor literacy skills, parenting deficits, stigma, discrimination and low self-esteem. They also help with relationships and advocacy with statutory services and Children's Hearing processes.

While babies are not the focus of the service, the FABI team's diverse experience of supporting families includes support for kinship carers looking after babies separated from their mothers. They have helped carers with taking babies into prison on visits. They provide a vital link between the woman in prison and the kinship and sibling carers caring for her children outside. This is by assisting children with contact and visits with their mother, and working on family relationships to help prepare the way for transfer of care on release. The FABI service has helped establish Kinship Care Assessment Teams in some local authority areas.

# Part 3: IMPACT – Improving policy and practice

In this section, we propose recommendations for policy and practice to help all babies affected by the criminal justice system to get a healthy and safe start in life. Our recommendations are guided by the knowledge that every baby needs:

- 1. A healthy pregnancy:** Development before birth is the basis for what happens next, so maternal mental and physical health in pregnancy are crucially important for babies' later wellbeing and development.
- 2. Healthy early relationships:** Babies need their caregivers to provide sensitive, responsive and consistent care.
- 3. Effective care and support for the caregivers:** Parents themselves need respectful care and help in overcoming some of the problems they may face, so that they have the emotional resources to care for their baby.
- 4. A safe and stimulating environment:** Babies need to be in a safe and stimulating environment that supports them to learn and explore.

There are a number of key policy and practice issues that must be overcome to ensure that babies affected by the criminal justice system get the best start in life.

Crucially, there is a widespread lack of focus in policy and practice on this highly vulnerable group. Infants and children are the 'forgotten victims' of crime, their rights, needs and interests largely ignored by a system focused on the punishment of the adult perpetrator of crime. Ensuring the wellbeing of infants affected by the criminal justice system is a cross-cutting issue and does not fit neatly within the remit of any single government department or agency anywhere in the UK, at national, regional or local level. Therefore, no department or agency has overall responsibility or accountability for this group. Even when the 'right' structures or policies are in place, consistent and coherent support does not always happen in practice. This means that we are currently missing many opportunities to provide early help to parents and children with the greatest need. In light of

this, there is a significant need to increase the 'visibility' of babies and young children affected by the criminal justice system, and to create mechanisms of accountability to make sure that good policy actually translates into better practice on the ground.

There also exist fundamental tensions between services involved with families affected by the criminal justice system, generated by the different purposes and aims of those services. For example, the rules and regulations of the prison system can prevent women receiving the same quality of perinatal healthcare as those in the community; there are significant challenges in effective coordination of and liaison between NHS, prison, social and related services involved in delivering healthcare to childbearing women in prison. Similarly, prison regimes, rules and regulations can present practical barriers for infants in maintaining and building a relationship with their incarcerated parent. Therefore, these tensions need to be resolved and a strong child-focus embedded in those services. In practice, this means a long-term commitment to the need for closer integration of perinatal health services and the criminal justice system both in policy and practice, in custodial and community settings, and at national and local levels. It also means a long-term commitment to closer integration of children's social services and the criminal justice system. While it is widely acknowledged that the period of progress made in England in implementing the Corston Report recommendations was linked to the creation of strong ministerial leadership across departmental boundaries,<sup>206</sup> this progress has not been continued more recently.

Alongside this, there is a striking absence of up to date and comprehensive data on how many infants are affected by the criminal justice system. Official data is limited because criminal justice agencies do not systematically collect or record data about parental status or the number and ages of dependent children, nor – in the case of prison authorities – the location and custody or guardianship status of children, including infants, where they are not with their mother in prison. This lack of information can have a significant impact on the planning of interventions and support for

families, and the overall quality of care families receive. Improving data collection about the infants and children of adults in the criminal justice system is one of the requirements set out in the UN “Bangkok Rules”<sup>207</sup>, and has been recommended in a range of government and non-government reports<sup>208 209 210 211 212 213 214</sup>. There are legitimate reasons which make it difficult to obtain, record, hold and share data of this nature as well as significant issues around privacy, confidentiality and human rights to consider, and these underscore the importance of ministerial leadership to drive change and accountability. While the complexity and sensitivities of collecting this data require concerted effort, it is essential in order to ensure every baby gets a healthy and safe start in life.

Finally, the right of children to family life is still not systematically taken into consideration in sentencing convicted offenders.<sup>215 216</sup> In 2013, six years after the Corston recommendations, the House of Commons Justice Committee reviewed changes in the criminal justice system for women in England & Wales<sup>217</sup>. While it reported some progress, it also expressed concern that the women’s prison population is still growing and that over half of women offenders continue to receive ineffective short-custodial sentences. It noted that mental health and substance misuse treatment which could reduce use of custody remains unavailable to courts in sufficient volume. It also suggested that maintaining a network of women’s centres and using residential alternatives to custody are likely to be more effective and less costly in the long term. We believe there needs to be adequate funding and replication of some of the promising examples of alternatives to custody for women with babies, including residential options for women where they can receive support in caring for their children whilst also receiving treatment e.g. for drug problems that address the causes of their offending.

This report has a UK-wide remit, and therefore the following recommendations apply across the four nations. This is followed by appendices which outline specific policy recommendations for England and Scotland.

## UK-wide recommendations

### A) IDENTIFICATION

#### Prioritisation

- UK and devolved governments should formally identify infants affected by the criminal justice system as a specific vulnerable group so that their needs are prioritised in local perinatal healthcare, early years, criminal justice services and children’s services planning.
- UK and devolved governments should formally identify women in the criminal justice system as a specific vulnerable group so that their needs are prioritised in local perinatal healthcare, early years, criminal justice services and children’s services planning.
- All local areas should develop joint multi-agency protocols about babies with a parent in the criminal justice system so that the needs of infants are identified and addressed at all points in a parent’s journey through the criminal justice system (in the community, in prison and after release).
- All agencies should raise frontline professionals’ awareness of babies affected by the criminal justice system and ensure they receive training about child development, perinatal mental health and infant mental health.

#### Data collection and assessment of needs

- UK and devolved governments should introduce Child Impact Assessments after sentencing for those given custodial and non-custodial sentences. This would ensure that data is captured about dependent children, their ages and needs, that their legal rights are recognised and implemented as a matter of course, and that their care needs are properly considered and met.<sup>218</sup> Where a woman is pregnant at the point of sentencing, the needs and rights of her unborn child should also be routinely considered prior to sentencing.
- Courts should notify the local authority and require a Kinship Care Assessment be carried out whenever a relative takes on the care of a baby while her mother or father is in prison, so that data is captured and the baby’s care

needs are properly considered and met. The baby's health visitor and other relevant professionals should also be notified of the baby's circumstances.<sup>219</sup>

### Data sharing

- Local government and local services should develop data sharing protocols between mainstream universal early years, parenting, family support services and local offender management services so that infants and their carers are identified and offered support.

### Research

- UK research should be funded that provides an understanding of current practice around mothers and infants in the criminal justice system, the effects of the criminal justice system on parents, infants and families, and what might constitute best practice for these infants. Key areas that need to be addressed include:
  - In which care arrangements do babies thrive best while their mothers are in prison?
  - What are the effects on infants of living in a prison environment?
  - If the separation of mothers and fathers from infants has to occur, how can we minimise harm to the child?
  - How can we best support vulnerable mothers and fathers with parenting after they are released from prison?

## B) ACTION

National governments should develop a National Action Plan for babies affected by the criminal justice system. This Plan should address the following recommendations:

### Outcomes and accountability

- In each nation, there should be clear National Frameworks of outcomes and standards for babies affected by the criminal justice system, integrating policy between maternal and infant health, early years children's services and the criminal justice system, in order to ensure clear accountability and joined up working.

### Co-ordination of services and policy integration

- The needs of infants affected by the criminal justice system should be clearly addressed within children's services planning and the planning of offender management services, to ensure formal and routine links between offender management services and children's services.
- Local government should put in place clear referral pathways between criminal justice services and government programmes of intensive family support for the early years, including children centres, the Troubled Families programme and the Family Nurse Partnership.
- Local government should ensure there is systematic coordination, planning and resourcing of support for individuals who are parents following their release. Integrated Care Packages should take into account the parental role of individuals and be accompanied by a Child's Plan. This support should focus on child development, perinatal mental health and infant mental health and be integrated with, and consolidate, parenting programmes undertaken in prison.
- Prison services, health services and family support workers should ensure that the mother's, father's (where appropriate) and child's families and voluntary agencies are informed and engaged in the resettlement process after a mother leaves prison to ensure they receive as much support as possible.
- Health workers should be located in women's centres, community justice centres and prison visitor centres.
- Sufficient alternatives to custody, including residential options, should be made available and adequately funded to provide therapeutic support for addictions, histories of trauma and other problems that underlie offending behaviour, particularly for pregnant women and mothers of babies or young children.
- GPs, health visitors and midwives in the community should be trained and equipped to support babies who have a parent in prison or serving a community sentence, are being

cared for by a grandparent or other relative/ friend while their parent is in prison, are returning with their mother to the community from a prison Mother and Baby Units or whose mother or father has just been released from prison.

- GPs, health visitors and midwives in the community should also be trained to support parents involved in the criminal justice system, including 'equalities sensitive' training in providing physical/psychological support to women separated from their babies.
- All those working in the criminal justice system that come into contact with babies (including police officers, sheriffs and judges, prison officers, family support workers and contact workers working in prisons and the community) should be made aware of and receive training in infant mental health and child development.
- Those working in prisons should receive training on the potential impact on parents, in particular mothers, of separation from an infant, including training on maternal mental health and self-harm, and there should be routine monitoring of poor mental health and self-harm in parents, and in particular mothers, who are separated from their babies.

### Provision of parenting support

- UK and devolved governments should undertake a national audit of facilities and services available for infants and parents at each stage of the criminal justice system.
- Parenting programmes delivered in prisons should be evidence based, delivered by trained specialist staff and available to all. Parenting programmes should include face to face support as well as online programmes, address parental needs and promote sensitive caregiving.
- Criminal justice services should provide families with criminal justice family support workers, who provide one-to-one support to families affected by imprisonment.

- There should be parenting support programmes available to all fathers in prison to support bonding and to promote attachment relationships between fathers in prison and their new babies, as well as to support their relationship with their partners (where appropriate). These should be adapted as appropriate for different target groups, for example for young men.
- In prisons, parenting education and activities should be formally recognised as part of 'prison-based activities' (in relation to Scotland) and 'sentence-planning activities' (in relation to England & Wales) in recognition that they may reduce the risk of reoffending and support resettlement.
- There should be a continuous focus on learning and improving the quality of the provision of parenting programmes for parents and babies through rigorous evaluation.
- Prisons should ensure a stimulating and safe environment is provided within prisons to enable bonding activities between parents and infants.
- Perinatal health care services and prisons should ensure that parents, and in particular, mothers who are separated from their babies are provided with multi-agency follow up support packages, with a specific focus on postnatal psychological wellbeing.
- Local government should ensure that support is available (where necessary) to meet the needs of non-biological carers of babies affected by the criminal justice system to ensure babies receive the best care possible.
- As part of mentoring and family support work after release, there should be a focus on infant mental health and providing therapeutic attachment-based parenting support to individuals to assist in reunification with infants (where there are no child protection concerns). This support should build on and consolidate parenting programmes undertaken in prison.

# Appendix A: England policy calls

## A) IDENTIFICATION

- Infants affected by the criminal justice system should be formally identified as a specific vulnerable group by national government.
- All local areas should develop joint multi-agency protocols about babies with a parent in the criminal justice system so that the needs of infants are identified and addressed at all points in a parent's journey through the criminal justice system (in the community, in prison and after release).
- The central collection of information on the number of births to women in custody in England and the number of women prisoners receiving antenatal care should be re-established.
- Child Impact Assessments should be introduced after sentencing.
- All agencies should raise the awareness of frontline professionals to ensure they understand the impact of the criminal justice system on families.

## B) ACTION

**Westminster should develop a National Action Plan for babies affected by the criminal justice system. This Plan should address the following recommendations:**

- There should be a clear National Framework of outcomes and standards for babies affected by the criminal justice system, integrating policy between maternal and infant health, early years children's services and the criminal justice system, in order to ensure accountability and joined up working.
- There should be a national audit of parenting interventions within prison establishments and the creation of national guidelines for parenting programmes in English prisons.
- There should be a specific Prison Service Order in England guaranteeing a minimum standard of care in pregnancy and the postnatal period for women in prison.
- There should be a statutory requirement for the NHS to provide quality antenatal classes for women in prison.



# Appendix B: Scotland policy calls

## A) IDENTIFICATION

- Infants affected by the criminal justice system should be formally identified as a specific vulnerable group by national government.
- All local areas should develop joint multi-agency protocols about babies with a parent in the criminal justice system so that the needs and interests of these infants are identified and addressed at all points in the parent's journey through the system (in the community, in prison and after release).
- Child Impact Assessments should be introduced after sentencing.
- All agencies should raise the awareness of frontline professionals to ensure they understand the impact of the criminal justice system on families.

## B) ACTION

**The Scottish government should develop a National Action Plan for babies affected by the criminal justice system. This Plan should address the following recommendations:**

- In order to achieve co-ordinated services and policy integration, clear guidelines should be developed by national government that outline the requirements of each agency, government Minister and government department working with families affected by the criminal justice system, and how they should work together. This includes:
  - Ensuring that Health Boards identify this group as a priority in strategies to reduce health inequalities and improve maternal and infant mental health and wellbeing.
  - Setting out the role of Local Joint Children's Services Plans and Community Planning Partnerships in addressing the needs of this vulnerable population of infants and their carers.
  - Ensuring that the guidance produced for the Children & Young People's Act 2014 addresses the duties of prison governors as named persons with regard to their responsibilities for the emotional and social wellbeing of prisoners in the perinatal period and for the infant mental health of babies in prisons. The Guidance should also address the duties and responsibilities of midwives and health visitors as named persons with regard to this specific group of vulnerable babies.

# Appendix C: Developing understanding of how babies are affected by the criminal justice system: A research agenda

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## Ensuring the best care for infants affected by the criminal justice system

We recommend that UK studies are funded so that we have evidence to inform policy and practice around the following issues:

- In which care arrangements do babies thrive best while their mothers are in prison? This may be achieved through a longitudinal study exploring the outcomes for children of different care arrangements.
- If separation has to occur, how can we minimise harm to the child?
- How does the impact of separation and reunification differ for infants who are looked after in foster care compared to those who are cared for by kinship carers?
- How can kinship carers and foster carers be best supported to care for infants?
- How are attachment relationships affected by separation, and then reunification? How do we then help babies cope with separation from the person who has been their main carer from birth?
- How can we best help very vulnerable mothers, often with mental health problems cope with the emotional trauma of separation from their babies, so that they are supported to be able to resume care in the future?

## Understanding the role and impact of MBUs on mothers and infants

While Mother and Baby Units were established in prisons in England & Wales in the 1980s, we still do not know what is best for babies who are born while their mothers are in custody. Most research about MBUs has been carried out in the US, and the findings may not be transferable to the UK. At the moment, we lack an evidence base to inform decision-making about the operation of

prison MBUs. It is crucial that we develop a better understanding of the following issues:

- The effects on infants of living in a prison environment
- The extent to which community-based facilities may help to widen the stimuli to which the infant is exposed.

There are tight criteria around the admissions policy and operation of MBUs but the basis for these is not always clear. It has been argued that the women who would most benefit from MBU residence stand the least chance of being admitted<sup>220</sup>. It is recommended that research be conducted around the present eligibility criteria for prison MBUs where women have mental health problems and/or substance misuse problems. These include:

- A study comparing the mental health of mothers in prison with their babies with the mental health of those who have been separated from their babies;
- A scoping review of the criteria for admission to Mother and Baby Units, to assess whether these permit admission to mothers with treatable mental health conditions who would be capable of caring for their babies;
- Further research on how best to address the needs of pregnant women or mothers with problematic substance misuse who would otherwise be eligible for admission to Mother and Baby Units.
- What is the impact of the prison environment on babies? Prisons are justice-focused rather than child-focused; what is best for the child? How can we change the prison environment to meet their needs and ensure they have the same stimuli as they would outside?

## Understanding perinatal healthcare in prisons

The NHS is now responsible for providing an equivalent universal service to female prisoners, but do women prisoners in fact receive the same antenatal and postnatal care as they would in the community? It is recommended that research is conducted to:

- Map the provision of perinatal healthcare in prisons
- Explore whether, given the much greater level of health need amongst women in custody, the much enhanced level of health provision needed to achieve the equivalent outcomes currently available to all women in prison
- Explore ways in which to improve the health, wellbeing and experiences of pregnant and childbearing women in prison, and their babies:
  - How can maternal-infant attachment, breastfeeding, parenting support and child development be optimised for new mothers in prison, and their babies?
  - How can NHS maternity and primary care services and the criminal justice system work together to improve these outcomes?
  - Can interventions with the potential to improve outcomes be identified and tested in future studies?
  - Do prisoners who are foreign nationals have additional needs and how can we meet them?

## Reunification and resettlement

Very little is known about the transition from prison to community and the impact on maternal and infant health. There is a significant gap in knowledge about what happens when babies are separated from their mothers in prison (if mothers do not get a Mother and Baby Unit place) and especially what happens to these mothers and babies after release. Government policy across the UK has placed an emphasis on parenting, and a range of parenting programmes has been

introduced into prisons and young offenders' institutions. However, in terms of resettlement, there needs to be a collation of evidence and data on the impact of the transition from prison to community for mothers with young babies. We need to better understand:

- The types of targeted parenting support, if any, that are available to kinship carers of infants and very young children (0-3 years) while their mothers are in prison
- The way in which the care transition is supported by community-based statutory services during the resettlement of offenders and their reunification with their babies
- Best practice in prison and community based interventions for developing and nurturing an infant's attachment relationship to its returning mother or father. There is currently a lack of empirical studies in this area, and particularly any which use measures of child attachment or mental wellbeing.<sup>221</sup> The focus tends to be on the adult.
- The post-release parenting support that is available in the community to the mothers and fathers of infants.

We also need a better understanding of the experiences and issues of particular groups within the population of offenders. This includes, for example:

- Young male offenders who are parents, the youngest of whom are still children themselves. One in four teenagers/young men held in Young Offenders Institutions are expectant or actual fathers. This population is already targeted with parenting interventions, but do we know what works for them, and does it improve outcomes for their babies?
- Prisoners held on remand are a particularly vulnerable group as they are not eligible for statutory services and are least likely to receive any support at all. A higher proportion of female compared with male offenders are held on remand.<sup>222 223</sup>

# Bibliography

- 1 Cuthbert, C., Rayns, G., Stanley, K. (2011). *All Babies Count: Prevention and protection for vulnerable babies*. London: NSPCC.
- 2 Rayns, G., Dawe, S. & Cuthbert, C. (2013). *All Babies Count: Spotlight on drugs and alcohol*. London: NSPCC.
- 3 Hogg, S. (2013). *Prevention in Mind. All Babies Count: Spotlight on perinatal mental illness*. London: NSPCC.
- 4 National Institute for Health & Clinical Excellence. (2010). *Pregnancy and complex social factors*. Clinical Guideline 110 (NHS). Available online at: <http://www.nice.org.uk/nicemedia/live/13167/50817/50817.pdf>
- 5 Cuthbert, C., Rayns, G. & Stanley, K. (2011). *All Babies Count: Prevention and protection for vulnerable babies*. London: NSPCC.
- 6 Gilbert, R., Widom, C.S., Browne, K., Fergusson, D., Webb, E. & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet*, 373, 68–81.
- 7 Conti, G., Hansman, C., Heckman, J.J., Novak, M.F., Ruggiero, A. & Suomi, S.J. (2012). Primate evidence on the late health effects of early-life adversity. *Proceedings of the National Academy of Sciences*, 109(23), 8866–8871.
- 8 Rutter, M.L. (1999). Psychosocial adversity and child psychopathology. *British Journal of Psychiatry*, 174, 480–493.
- 9 Shonkoff, J.P., Garner, A.S., Siegel, B.S., et al. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), 232–246.
- 10 Kessler, R.C., McLaughlin, K.A., Green, J.G., Gruber, M.J., Sampson, N.A., Zaslavsky, A.M., et al. (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *British Journal of Psychiatry*, 197, 378–385.
- 11 Johnson, S.B., Riley, A.W., Granger, D.A., & Riis, J. (2013). The Science of Early Life Toxic Stress for Paediatric Practice and Advocacy. *Pediatrics*, 131, 319–327.
- 12 Grote, N.K., et al. (2010). A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction. *Archives of General Psychiatry*, 67(10), 1012–1024.
- 13 Milgrom, J., Gemmil, A.W., Bilszta, J.L., Hayes, B., Barnett, B., Brooks, J., et al. (2008). Antenatal risk factors for postnatal depression: A large prospective study. *Journal of Affect Disorders*, 108(1-2), 147–57.
- 14 Murray, L., Fiori-Cowley, A., Hooper, R. & Cooper, P. (1996). The impact of postnatal depression and associated adversity on early mother-infant interactions and later infant outcome. *Child Development*, 67(5), 2512–26.
- 15 Howe, D. (2005). *Child Abuse and Neglect: Attachment, development and intervention*. Basingstoke: Palgrave Macmillan.
- 16 National Scientific Council on the Developing Child. (2007). *The timing and quality of early experiences combine to shape brain architecture: Working Paper, No. 5*. Cambridge, MA: Harvard University.
- 17 The term Mother and Baby Unit can also refer to units in hospitals that provide specialist care for mothers and their babies as a result of perinatal mental illnesses. When used in this report, MBU refers solely to units in prison settings.
- 18 Corston, J. (2007). *The Corston Report*. London: Home Office.
- 19 The Commission on Women Offenders. (2012). *Commission on Women Offenders: Final Report*. Edinburgh: Scottish Government.
- 20 In Scotland 37% of women prisoners and 38% of young offenders were in care at some point in their childhood, with 20% of all prisoners in care at age 16 (28% of women prisoners) (Scottish Prison Service. (2012). *Prisoners who have been in care as 'looked after children', 13<sup>th</sup> Survey Bulletin (online)*. A study of young female offenders in England found 41% had been adopted or in foster care (Douglas, N., & Plugge, E. (2006), *Health Needs Assessment for Young Women in Young Offender Institutions*. Oxford: University of Oxford for the Youth Justice Board).
- 21 WAVE Trust & Department for Education. (2013). *Conception to age 2 – the age of opportunity*. Croydon: WAVE Trust.
- 22 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*. Sheffield: The Hallam Centre for Community Justice, Sheffield Hallam University and The Mother and Infant Research Unit.
- 23 United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) adopted by the UN General Assembly in 2010. Available online at: <http://www.un.org/en/ecosoc/docs/2010/res%202010-16.pdf>
- 24 United Nations Universal Periodic Review of Human Rights, 2012, Second Cycle (2012–2016). Available online at: <http://www.ohchr.org/EN/HRBodies/UPR/Pages/GBSession13.aspx>
- 25 Commission on Women Offenders. (2012). *Commission on Women Offenders: Final Report*. Edinburgh: Scottish Government, p6.
- 26 The Prime Minister’s Office. (2014). *Government will do more to support families to stay together: press release*. Available online at: <https://www.gov.uk/government/news/government-will-do-more-to-support-families-to-stay-together>
- 27 Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health.

- 28 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*. Sheffield: The Hallam Centre for Community Justice, Sheffield Hallam University and The Mother and Infant Research Unit.
- 29 We use the term 'parent' in a way which acknowledges reconstituted families; we also use it to refer to other significant adults such as parents' partners who are 'non-biological' parents.
- 30 According to Prison Service figures, the female prison population increased by 87% in Scotland between 1998 and 2008 (the Scottish government, <http://www.scotland.gov.uk/publications/2008/08/14143909/3>). In England and Wales between 1995 and 2013, the female prison population increased by 87% (Ministry of Justice. (2013). *Population and Capacity Briefing for Friday 10 May 2013*. London: Ministry of Justice, and Ministry of Justice. (2013). *Offender Management Statistics Quarterly Bulletin July to September 2012, Table 2.1c*. London: Ministry of Justice). In Northern Ireland, the number of female prisoners rose from 11 to 34 between 2002 and 2012, a rise of over 200% (Northern Ireland Department of Justice. Available online at: <http://www.dojni.gov.uk/index/statistics-research/stats-research-publications/prison-population/the-northern-ireland-average-prison-population-2012.pdf>).
- 31 Lamb, M.E. (2010). *The role of the father in child development*. (5<sup>th</sup> edition). New Jersey: John Wiley and Sons.
- 32 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 childbearing women in prison: A consultation*. Sheffield: The Hallam Centre for Community Justice, Sheffield Hallam University and The Mother and Infant Research Unit.
- 33 Lothian & Borders Community Justice Authority Framework for the support of families affected by the criminal justice system, to be published in 2014. The draft framework is available online at: [http://www.cjalb.co.uk/uploads/FOR%20CONSULTATION%20Families%20Framework\\_19%20AUGUST%202013.pdf](http://www.cjalb.co.uk/uploads/FOR%20CONSULTATION%20Families%20Framework_19%20AUGUST%202013.pdf)
- 34 Prison Reform Trust. (2011). *Reforming women's justice: Final report of the women's justice taskforce*. London: Prison Reform Trust. Available online at: [www.prisonreformtrust.org.uk/Portals/0/Documents/](http://www.prisonreformtrust.org.uk/Portals/0/Documents/)
- 35 Brookes, H. & Coster, D. (2014). *Pregnancy, birth and new parenthood in a prison context: Mothers' perspectives*. London: NSPCC.
- 36 Ministry of Justice & Social Exclusion Taskforce. (2009). *Short study of women offenders*. London: Cabinet Office, p.18.
- 37 Interview, Nico Juetten, Office of the Scottish Children's Commissioner. 16 April 2013
- 38 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*. Sheffield: The Hallam Centre for Community Justice, Sheffield Hallam University and The Mother and Infant Research Unit.
- 39 Department for Children Schools & Families & the Ministry of Justice. (2007). *Review of Children of Offenders*. London: Department for Children Schools & Families & the Ministry of Justice, p.2.
- 40 United Nations General Assembly. (2010). *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules)*. Sixty-fifth session, Third Committee, Agenda item 105, Crime prevention and criminal justice. Available online at: <http://www.ohchr.org/Documents/ProfessionalInterest/BangkokRules.pdf>
- 41 United Nations General Assembly. (2010). *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules)*. Sixty-fifth session, Third Committee, Agenda item 105, Crime prevention and criminal justice. Rule 3, Register. Available online at: <http://www.ohchr.org/Documents/ProfessionalInterest/BangkokRules.pdf>
- 42 Jones, A.D. & A.E. Wainaina-Wozna. (2013). *Children of prisoners: Interventions and mitigations to strengthen mental health*. Huddersfield: University of Huddersfield. Available online at: <http://eprints.hud.ac.uk/18019/1/ChildrenOfPrisonersReport-final.pdf>.
- 43 Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health.
- 44 Ministry of Justice & Social Exclusion Taskforce. (2009). *Short study of women offenders*. London: Cabinet Office.
- 45 Department for Children Schools & Families & the Ministry of Justice. (2007). *Review of children of offenders*. London: Department for Children Schools & Families & the Ministry of Justice.
- 46 Williams, K., Papadopoulou, V. & Booth, N. (2012). *Ministry of Justice Research Series 4/12: Prisoners' childhood and family backgrounds: Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners*. London: Ministry of London. This estimate is based on the number of unique persons estimated to have been in prison in 2009, and the average number of children reported by prisoners in the Ministry of Justice Surveying Prisoners Crime Reduction (SPCR) longitudinal cohort survey. This way of counting is known as "cumulative prevalence", at some stage during a period of time, rather than at a single point in time ("point prevalence").
- 47 Ibid
- 48 This figure has been rounded to the nearest hundred.
- 49 Wilks-Wiffen, S. (2011). *Voice of a Child*. London: Howard League for Penal Reform
- 50 This figure has been rounded to the nearest hundred.

- 51 The figure of 27,000 children derives from an FOI request made to the Scottish Prison Service by Dr Chris Holligan, 26 January 2012. When we contacted the Scottish Prison Service in October 2014 for confirmation of this estimate, they also provided an alternative estimate of 20,000 children. This second figure is based solely on the flow of new entrants to prison. In this report, we use both statistics to give a range of the estimated number of children affected by parental imprisonment in Scotland.
- 52 This figure has been rounded to the nearest hundred.
- 53 Northern Ireland Prison Service. (2010) *Safeguarding Children Framework and Guidance*. Belfast: Northern Ireland Prison Service.
- 54 However these have produced varying estimates. Murray and Farrington (2008) discuss alternative methods of estimating the prevalence of children experiencing parental imprisonment (point prevalence and cumulative prevalence).
- 55 Ministry of Justice & Social Exclusion Taskforce. (2009). *Short study of women offenders*. London: Cabinet Office, p.18.
- 56 Figures relate to 2004. Prison Reform Trust: News 11.03.2004., cited in Black, D., Payne, H., Lansdown, R., & Gregoire, A. (2004). Babies behind bars revisited. *Archive of Disease in Childhood*, 89, p.896.
- 57 Northern Ireland Prison Service. (2010). *Working with women prisoners – A guide for staff*. Belfast: Department of Justice, p.59.
- 58 Scottish Prison Service. (2011). *13<sup>th</sup> Prisoner Survey*. Available online at: <http://www.sps.gov.uk/Publications/publications.aspx?PublicationCategory=Research&view3order=&view3direction=&dosearch=y>
- 59 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*. Sheffield: The Hallam Centre for Community Justice, Sheffield Hallam University and The Mother and Infant Research Unit.
- 60 Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health.
- 61 Caddle, D. & Crisp, D. (1997). *Imprisoned women and mothers*. London: Home Office
- 62 Although this may change due to the new commissioning landscape within healthcare (Albertson et al, 2012, p.23).
- 63 Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health.
- 64 The Royal College of Midwives. (2008). *Caring for Childbearing Prisoners Position Statement*. Available online at: [http://www.google.co.uk/#bav=on.2,or\\_ql&fp=9d0457b91523075d&q=births+to+women+in+prison+northern+ireland](http://www.google.co.uk/#bav=on.2,or_ql&fp=9d0457b91523075d&q=births+to+women+in+prison+northern+ireland)
- 65 Northern Ireland Prison Service, response to FOI request (Case No. 13:420), 2 Oct 2013.
- 66 Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health.
- 67 Hansard HC, 10 May 2011, c1072 cited in Prison Reform Trust, Women in Prison briefing, August 2012. Available online at: <http://www.prisonreformtrust.org.uk/Portals/0/Documents/WomenbriefingAug12small.pdf>
- 68 This information is recorded in the individual records of prisoners held in the 13 women’s prisons in England, but is not routinely collated at a national level. The Ministry of Justice estimate the cost of undertaking this exceeds the limit set by the Freedom of Information Act (letter received in response to FOI85337).
- 69 Hansard HC, 26 January 2009, c202W cited in Prison Reform Trust, Women in Prison briefing, August 2012. Available online at: <http://www.prisonreformtrust.org.uk/Portals/0/Documents/WomenbriefingAug12small.pdf>
- 70 Adams-Young, J. (2006). *Personal Communication, Women’s Team & Juvenile Group, HM Prison Service*, cited in Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health, p.21.
- 71 Scottish Prison Service, response to Freedom of Information request, 17 April 2013. Available online at: <http://www.sps.gov.uk/FOI/FOI-4743.aspx>
- 72 National Offender Management Service. (2013). *Women’s custodial estate review, October 2013*. Available online at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/252851/womens-custodial-estate-review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252851/womens-custodial-estate-review.pdf)
- 73 Women in Prison. (2013). *State of the Estate: Women in Prison’s report on the women’s custodial estate, 2011–12*. London: Women in Prison, p.14.
- 74 National Offender Management Service. (2014). *Service specification for Mother and Baby Units*. London: NOMS.
- 75 Figures provided to the English Children’s Commissioner by the National Offender Management Service and cited in: Children’s Commissioner for England. (2008). *The 11 Million Report: Prison Mother and Baby Units – do they meet the best interest of the child?* London: 11 million, p.8. Available online at: [http://www.childrenscommissioner.gov.uk/content/publications/content\\_164](http://www.childrenscommissioner.gov.uk/content/publications/content_164),
- 76 Figures were obtained in an FOI response received from the Ministry of Justice (FOI85337, dated 3 October 2013)
- 77 Figures were obtained in email correspondence with HMP & YOI Cornton Vale, 08.08.14.
- 78 Figures were obtained in an FOI response from the NI Prison Service (FOI 13:420, dated 2 October 2013).

- 79 Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health, p.21
- 80 For an international overview of policies on the upper age limit of children allowed to stay in prison see: Robertson, O. (2008). *Children imprisoned by circumstance*. Geneva: Quaker United Nations Office, Appendix 1.
- 81 Birmingham, L et al. (2004). Psychiatric morbidity and mental health treatment needs among women in prison mother and baby units. *Advances in Psychiatric Treatment*, 9, 191-201, cited in Edge, 2006, p.26.
- 82 These decisions also arise from the Review of the Women's Custodial Estate published in October 2013.
- 83 Barnardo's Cymru. (2012). *Family support for children and families affected by imprisonment*. Cardiff: Barnardo's Cymru, p.16.
- 84 Children's Commissioner for England. (2008). *The 11 Million Report: Prison Mother and Baby Units – do they meet the best interest of the child?* London: 11 million. Available online at: [http://www.childrenscommissioner.gov.uk/content/publications/content\\_164](http://www.childrenscommissioner.gov.uk/content/publications/content_164),
- 85 Robertson, O. (2008). *Children imprisoned by circumstance*. Geneva: Quaker United Nations Office.
- 86 This is the term now used for the Mother and Baby Unit.
- 87 <http://www.sps.gov.uk/Prisons/CorntonVale/>
- 88 NI Prison Service. (2010). *Working with women prisoners – A guide for staff*. Belfast: Department of Justice, p.59.
- 89 The Scottish Government. (2013). *Crime and justice: High level summary of statistics trends - Chart data (2012-2013)*. Available online at: <http://www.scotland.gov.uk/Topics/Statistics/Browse/Crime-Justice/TrendData>
- 90 In Scotland Community Payback Orders, introduced under Section 14 of the Criminal Justice and Licensing (Scotland) Act 2010, have become the main type of community-based disposal.
- 91 Graham, I., & Damkar, I. (2014). Analytical Services Group - Northern Ireland conviction and sentencing statistics 2010 – 2012. *Research and Statistical Bulletin*. Belfast: Department of Justice
- 92 Information received from the Scottish Prison Service.
- 93 Ministry of Justice. (2004). *Prisoners' childhood and family backgrounds: Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners*. London: Home Office
- 94 Prison Advice & Care Trust. (2011). *Protecting the welfare of children when a parent is Imprisoned*. London: PACT.
- 95 HMIP. (1997). *Women in prison: A thematic review*. Available online at: [www.revolving-doors.co.uk](http://www.revolving-doors.co.uk), cited in Ministry of Justice & Social Exclusion Taskforce. (2009). *Short study of women offenders*. London: Cabinet Office, p.20.
- 96 Robertson, O. (2012). *Collateral convicts: Children of incarcerated parents. Recommendations and good practice from the UN Committee on the Rights of the Child Day of General Discussion 2011*. Geneva: Quaker United Nations Office.
- 97 Williams, K., Papadopoulou, V. & Booth, N. (2012). *Ministry of Justice Research Series 4/12: Prisoners' childhood and family backgrounds: Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners*. London: Ministry of London, p.19.
- 98 Department for Children Schools & Families & the Ministry of Justice. (2007). *Review of children of offenders*. London: Department for Children Schools & Families & the Ministry of Justice.
- 99 Ibid, p.12.
- 100 CYPPs are strategic, overarching plans made by local authorities for all local services for children and young people. Glover, J. (2009). *Every night you cry: The realities of having a parent in prison*. London: Barnardo's.
- 101 Lothian & Borders Community Justice Authority. (2008). *Chaotic lives: A profile of women in the criminal justice system in Lothian and Borders*. Edinburgh: Lothian and Borders Community Justice Authority.
- 102 Ofsted. (2014). *Children's centre inspection handbook*. Manchester: Ofsted.
- 103 Brutus, L. (2012). *A tool to tackle health inequalities in the families of people in prison? Evaluating the Families Outside Family Support Worker role from a health perspective*. Edinburgh: Families Outside.
- 104 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*. Sheffield: The Hallam Centre for Community Justice, Sheffield Hallum University and The Mother and Infant Research Unit.
- 105 Murray, J., and Farrington, D.P. (2008). The effects of parental Imprisonment on children. In Tonry, M. (ed). *Crime and Justice: A review of research*, 37, 133-206
- 106 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*. Sheffield: The Hallam Centre for Community Justice, Sheffield Hallum University and The Mother and Infant Research Unit, p.20.
- 107 Gregoire, A., Dolan, R., Birmingham, L., Mullee, M. & Coulson, D. (2010). The Mental Health and Treatment Needs of Imprisoned Mothers of Young Children. *Journal of Psychiatry and Psychology*, 21, 378-392.
- 108 Parke, R.D. & Clarke-Stewart, K.A. (2001). *Effects of parental incarceration on young children*. Paper presented at the National Policy Conference From Prison to Home: The Effect of Incarceration and Reentry on Children, Families and Communities. Jan 30-31, 2002. U.S. Department of Health and Human Sciences, the Urban Institute.
- 109 Hairston, C.F. (2003). Prisoners and their families: Parenting issues during incarceration. In J. Travis & M Waul (Eds.) *Prisoners Once Removed*. Washington DC: Urban Institute Press, cited in Goshin, L.S. & Woods Byrne, M.

- (2009) Converging streams of opportunity for prison nursery programs in the United States. *Journal of Offender Rehabilitation*, 48, p.287.
- 110 Williams, K., Papadopoulou, V. & Booth, N. (2012). *Ministry of Justice Research Series 4/12: Prisoners' childhood and family backgrounds: results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners*. London: Ministry of London, p.19.
- 111 Her Majesty's Inspectorate of Prisons. (1997). *Women in Prison: A thematic review*. London: Home Office.
- 112 Social Exclusion Unit. (2002). *Reducing re-offending by ex-prisoners*. London: Social Exclusion Unit.
- 113 Scottish Prison Service. (2011). *13<sup>th</sup> Prisoner Survey*. Available online at: <http://www.sps.gov.uk/Publications/publications.aspx?PublicationCategory=Research&view3order=&view3direction=&dosearch=y>
- 114 Written answer, Hansard HC – c548W, 7 January 2012 cited in Action for Prisoners Families. (2012). *Facts and Figures about Prisoners' Families briefing*.
- 115 Prison Reform Trust. (2000). *Justice for Women: the need for reform*. London: PRT.
- 116 Bruns, D.A. (2006). Promoting mother-child attachment relationships for incarcerated women and their children. *Infants & Young Children*, 19(4), 308-322.
- 117 Brown, K., Dibb, L., Shenton, F. & Elson, N. (2010). *No-one's ever asked me: Young people with a prisoner in the family: summary report*. Federation of Prisoners' Families Support Groups.
- 118 Bruns, D.A. (2006). Promoting mother-child attachment relationships for incarcerated women and their children. *Infants & Young Children*, 19(4), 308-322.
- 119 Poehlmann, J. (2005). Representations of attachment relationships in children of incarcerated mothers. *Child Development*, 76(3), 679-696, cited in Bruns, D.A. (2006). Promoting mother-child attachment relationships for incarcerated women and their children. *Infants & Young Children*, 19(4), 308-322.
- 120 Goshin, L.S. & Woods Byrne, M. (2009). Converging streams of opportunity for prison nursery programs in the United States. *Journal of Offender Rehabilitation*, 48, 271-295.
- 121 Burgess, C. & Malloch, M. (2008). *An evaluation of parenting and children together (PACT) in HMP Cornton Vale*, Stirling: Aberlour Child Care Trust and SCCJR.
- 122 Cavanagh, B., Daly, M. & Flaherty, A. (2007). *What life after prison? Voices of women of Cornton Vale*. Edinburgh: Circle.
- 123 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*. Sheffield: The Hallam Centre for Community Justice, Sheffield Hallam University and The Mother and Infant Research Unit.
- 124 Murray, J. & Farrington, D. (2008). Effects of parental imprisonment on children, *Crime and Justice*, 37(1), 133-206.
- 125 Murray, J. & Murray, L. (2010). Parental incarceration, attachment and child psychopathology. *Attachment and Human Development*, 12(4), 289-309.
- 126 Ibid.
- 127 Jones, A.D. & A.E. Wainaina-Wozna. (2013). *Children of prisoners: Interventions and mitigations to strengthen mental health*. Huddersfield: University of Huddersfield. Available online at: <http://eprints.hud.ac.uk/18019/1/ChildrenOfPrisonersReport-final.pdf>
- 128 Bruns, D.A. (2006). Promoting mother-child attachment relationships for incarcerated women and their children. *Infants & Young Children*, 19(4), 308-322.
- 129 Murray, J. & Farrington, D. (2008). Effects of parental imprisonment on children. *Crime and Justice*, 37(1), 133-206.
- 130 Bowlby, J. (1969). *Attachment and Loss, Vol. 1: Attachment*. London: Pimlico.
- 131 Bowlby, J. (1973). *Attachment and Loss, Vol. 2: Separation: Anger and Anxiety*. London: Pimlico
- 132 Bowlby, J. (1980). *Attachment and Loss, Vol. 3: Loss: Sadness and Depression*. London: Pimlico.
- 133 Schlafer, R.J., & Poehlmann, J. (2010). *Attachment and caregiving relationships in families affected by parental incarceration. Attachment and Human Development*, 12(4), 395-415.
- 134 Murray, J. & Farrington, D. (2008). Effects of parental imprisonment on children. *Crime and Justice*, 37(1), 133-206, p. 173
- 135 Murray, J. & Murray, L. (2010). Parental incarceration, attachment and child psychopathology. *Attachment and Human Development*, 12(4), 289-309.
- 136 Parke, R.D. & Clarke-Stewart, K.A. (2001). *Effects of parental Incarceration on young children*. Paper presented at the National Policy Conference From Prison to Home: The Effect of Incarceration and Reentry on Children, Families and Communities. Jan 30-31, 2002. U.S. Department of Health and Human Sciences, the Urban Institute.
- 137 Ibid.
- 138 Murray, J. & Farrington, D. (2008). Effects of parental imprisonment on children. *Crime and Justice*, 37(1), 133-206.



- 139 Eddy, J.M. & Reid, J.B. (2003) The Adolescent Children of Incarcerated Parents, in Travis, J. & Waul M. Eds) *Prisoners once removed: The impact of incarceration and reentry on children, families and communities*. Washington, D.C.: Urban Institute, 233-258.
- 140 Shlafer, R.J. & Poehlmann, J. (2010). Attachment and caregiving relationships in families affected by parental incarceration. *Attachment & Human Development*, 12(4), 395-415.
- 141 Brutus, L. (2012). *A tool to tackle health inequalities in the families of people in prison? Evaluating the Families Outside Family Support Worker role from a health perspective*. Edinburgh: Families Outside.
- 142 Murray, J. & Farrington, D. (2008). Effects of parental imprisonment on children. *Crime and Justice*, 37(1), 133-206.
- 143 Ibid, p177.
- 144 Corston, J. (2007). *The Corston Report*. London: Home Office.
- 145 Commission on Women Offenders. (2012). *Commission on Women Offenders: Final Report*. Edinburgh: Scottish Government.
- 146 Ibid, p17.
- 147 Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health.
- 148 HM Inspector of Prisons. (1996). *Patient or prisoner? A new strategy for health care in prisons*. London. Home Office, cited in Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health.
- 149 Caddle, D. & Crisp, D. (1997). *Imprisoned women and mothers*. London: Home Office
- 150 Graham, L. (2007). *Prison health in Scotland: A health care needs assessment*. Scottish Prison Service. Available online at: <http://www.ohrn.nhs.uk/resource/policy/ScottishPrisonHealthNeeds.pdf>
- 151 Written communication from NSPCC Evaluation Officer, based on information received from CSPs delivering the Baby Steps commission in HMP Newhall in Leeds.
- 152 These studies are reviewed in Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health.
- 153 Knight, M. & Plugge, E. (2005). Risk factors for adverse perinatal outcomes in imprisoned pregnant women: a systematic review. *BMC Public Health*, 5, article 11, cited in Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health.
- 154 Albertson, K. et al, 2012, p.15, reviewing studies by Gregorie et al. (2010), Birmingham et al. (2006) and Siefert & Pimott. (2001).
- 155 Knight, M. & Plugge, E. (2005). The outcomes of pregnancy among imprisoned women: A systematic review. *BJOG: An International Journal of Obstetrics & Gynaecology*, 112 (11), 1467-1474. Available online at: (<http://onlinelibrary.wiley.com/doi/10.1111/j.1471-0528.2005.00749.x/full>)
- 156 Plugge, E., Douglas, N., & Fitzpatrick, R. (2006). *The health of women in prison, Study Findings*. Oxford: Oxford University.
- 157 Williams, K., Papadopoulou, V. & Booth, N. (2012). *Ministry of Justice Research Series 4/12: Prisoners' childhood and family backgrounds: results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners*. London: Ministry of London.
- 158 Social Exclusion Taskforce. (2009). *Short Study on Women Offenders*. London: Ministry of Justice.
- 159 Ibid.
- 160 Robertson, O. (2012). Collateral convicts: Children of incarcerated parents. Recommendations and good practice from the UN Committee on the Rights of the Child Day of General Discussion 2011 (Geneva: Quaker United Nations Office).
- 161 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*. Sheffield: The Hallam Centre for Community Justice, Sheffield Hallam University and The Mother and Infant Research Unit.
- 162 Smith Goshin, L. & Woods Byrne, M. (2009). Converging streams of opportunity for prison nursery programs in the United States. *Journal of Offender Rehabilitation*, 48(4), 271-295.
- 163 Catan, L., (1992). *The development of young children in HMP mother and baby units. Working Papers in Psychology Series no. 1*. Brighton: University of Sussex.
- 164 Borelli, J.L. et al. (2010). Attachment organisation in a sample of incarcerated mothers: Distribution of classifications and associations of substance abuse history, depressive symptoms, perceptions of parenting competency and social support. *Attachment and Human Development*, 12(4), 355-374.
- 165 Caddle, D. (1998). *Age limits for babies in prison: Some lessons from abroad. Home Office Research Findings 80*. London: Home Office.
- 166 Murray, J., & Farrington, D. P. (2008). The effects of parental imprisonment on children. In M. Tonry (Ed.), *Crime and justice: A review of research*, 37, 33-206. Chicago, IL: University of Chicago Press, p. 180.

- 167 Robertson, O. (2012). *Collateral convicts: Children of incarcerated parents. Recommendations and good practice from the UN Committee on the Rights of the Child Day of General Discussion 2011*. Geneva: Quaker United Nations Office.
- 168 Murray & Farrington (2008), and Black, et al. (2004).
- 169 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*. Sheffield: The Hallam Centre for Community Justice, Sheffield Hallam University and The Mother and Infant Research Unit.
- 170 Children’s Commissioner for England. (2008). *The 11 Million Report: Prison Mother and Baby Units – do they meet the best interest of the child?* London: 11 million. Available online at: [http://www.childrenscommissioner.gov.uk/content/publications/content\\_164](http://www.childrenscommissioner.gov.uk/content/publications/content_164),
- 171 This is being led by Brigid Daniels, Professor of Social Work in the School of Applied Social Science.
- 172 Smith Goshin, L. & Woods Byrne, M. (2009). Converging streams of opportunity for prison nursery programs in the United States. *Journal of Offender Rehabilitation*, 48(4), 271-295.
- 173 This practice also applied during antenatal visits and during a woman’s postpartum stay in hospital.
- 174 These examples are cited by Sheila Kitzinger in a 1997 article. Available online at: [http://www.sheilakitinger.com/ArticlesBySheila/BIRTH\\_Sept1997.htm](http://www.sheilakitinger.com/ArticlesBySheila/BIRTH_Sept1997.htm)
- 175 Sutton, C. et al. (2012). Support from the start: Effective programmes from birth to two years. *Journal of Children’s Services*, 7(1), 18-28.
- 176 Makariev, D.W. & Shaver, P.R. (2010). Attachment, parental incarceration and possibilities for intervention: An overview. *Attachment & Human Development*, 12(4), 311-331, p.325.
- 177 Scottish Prison Service. (2013). *Standards for encouraging family contact*. <http://www.sps.gov.uk/Publications/Publication-4578.aspx>
- 178 Parents in prison were part of the consultation which informed the Strategy.
- 179 Scottish government. (2012). *The Scottish Government Response to the Commission on Women Offenders*. Edinburgh: Scottish Government. Available online at: <http://www.scotland.gov.uk/Publications/2012/06/2387/0>
- 180 The Commission was established by the Scottish Government in 2011: <http://www.scotland.gov.uk/About/Review/commissiononwomenoffenders>
- 181 Scottish government. (2012). *The Scottish Government response to the Commission on women offenders*. Edinburgh: Scottish Government.
- 182 The Scottish Government recently announced funding for these, as well as seven other projects across Scotland which work with women offenders.
- 183 This is the Partnership Development Initiative set up in 2008 which involves the Scottish Prison Service, Community Justice Authorities, the Criminal Justice Voluntary Sector Forum, the Scottish Government and the Robertson Trust.
- 184 A consultation on its replacement took place in 2012.
- 185 Audit Scotland. (2011). *An overview of Scotland’s criminal justice system*. Edinburgh: Audit Scotland. Available online at: [http://www.audit-scotland.gov.uk/docs/central/2011/nr\\_110906\\_justice\\_overview.pdf](http://www.audit-scotland.gov.uk/docs/central/2011/nr_110906_justice_overview.pdf)
- 186 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*. Sheffield: The Hallam Centre for Community Justice, Sheffield Hallam University and The Mother and Infant Research Unit. Available online at:
- 187 Ministry of Justice. (2014). *HMP/YOI Parc - a well run and innovative prison*. Available online at: <http://www.justice.gov.uk/news/press-releases/hmi-prisons/hmpyoi-parc-a-well-run-and-innovative-prison>.
- 188 <http://www.justice.gov.uk/publications/inspectorate-reports/hmi-prisons/prison-and-yoi/parc>
- 189 Together with G4S (who operate Parc Prison), Bridgend County Council, Gwalia and the Welsh Centre for Crime & Social Justice.
- 190 <http://www.safeground.org.uk/courses-for-prisoners/fathers-inside/>
- 191 The Howard League for Penal Reform. (2006). *‘Care, concern and carpets’: How women’s prisons can use first night in custody centres to reduce distress*. London: The Howard League for Penal Reform.
- 192 <http://www.education.gov.uk/commissioning-toolkit/Content/PDF/New%20Beginnings.pdf>
- 193 Slead, M, Baradon, T & Fonagy, P. (2013). New Beginnings for mothers and babies in prison: a cluster randomized controlled trial. *Attachment & Human Development*, 15(4) 349 - 367
- 194 The other vulnerabilities the programme is targeted at include substance misusers, people with learning difficulties, low-level mental health problems, victims of domestic abuse, homeless, people who are or have been in the care system, those not in education, employment or training, and those who are homeless or in poor living conditions.
- 195 It is also being delivered to a general population of parents in 8 sites across the UK.
- 196 Department of Health. (2011). *Preparation for birth and beyond: A resource pack for leaders of community groups and activities*. London: Department of Health. Available online at: <http://tiny.cc/8r43sw>

- 197 Approved by D Cairns on 11/12/13. This summary is based on interviews with Aberlour staff, an evaluation of the first 18 months of the Project, and an essay about the Project in a collection published by Children in Scotland. Available online at: <http://www.parentingacrossscotland.org/publications/essays-about-parenting/some-practice-examples/women-in-prison-reducing-vulnerability.aspx>
- 198 Hutton, L. (2012). *Evaluation of the Pilot Mother and Baby Project at HMP Cornton Vale: 10 Month Report*. Glasgow: The Robertson Trust. Available online at: [www.therobertsontrust.org.uk](http://www.therobertsontrust.org.uk)
- 199 Ministry of Justice & Action for Prisoners' Families. (2013). *Supporting Prisoners' Families, What Can Health Visitors Do*. London: Ministry of Justice.
- 200 Indeed a majority of attendees (78%) at Family Action's Perinatal Conference in July 2012 felt it was unrealistic to expect midwives and health visitors to provide intensive emotional support to mothers with perinatal depression.
- 201 Harris, T. (2008). Putting Newpin to the test: A randomised controlled trial of the Newpin Antenatal and Postnatal Project, in Mondy, S., & Mondy, L. (2008). *Newpin: Courage to Change Together*. Burnside, Australia: Uniting Care.
- 202 Barlow, J. & Coe, C. (2012). *Family Action Perinatal Support Project: Research Findings Report*. Warwick: University of Warwick. Available online at: [http://www.family-action.org.uk/uploads/documents/Perinatal%20Support%20Project\\_Evaluation%202012.pdf](http://www.family-action.org.uk/uploads/documents/Perinatal%20Support%20Project_Evaluation%202012.pdf)
- 203 A study of voluntary throughcare in Scotland found that just 8% of former prisoners took up these services after release (MacRae, R., Mclvor, G., Malloch, M., Barry, M. & Murray, L. (2006). *Evaluation of the Scottish Prison Service Transitional Care Initiative*, Edinburgh: Scottish Executive).
- 204 Most Welsh women prisoners serve their sentence at HMP Eastwood Park in Gloucestershire or Styal Prison in the North West.
- 205 There is no requirement for remand prisoners to have a sentence plan in place before they leave, and statutory support is presently only available in Scotland to prisoners serving sentences of 4 years or more, which excludes the majority of women.
- 206 Commons Justice Committee Second Report (July 2013) Women Prisoners: After Corston. Available online at: <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/92/9205.htm#a11>
- 207 The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) agreed in 2010. This is the first international instrument which specifically addresses the issue of the children of prisoners.
- 208 Ministry of Justice. (2004). *Prisoners' childhood and family backgrounds: Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners*. London: Home Office
- 209 Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health.
- 210 Scotland's Commissioner for Children and Young People. (2007). *Not Seen, not Heard, not Guilty*. Edinburgh: SCCYP.
- 211 Knight, M. & Plugge, E. (2005). The outcomes of pregnancy among imprisoned women: A systematic review. *BJOG: An International Journal of Obstetrics & Gynaecology*, 112 (11), 1467-1474.
- 212 Ministry of Justice & Social Exclusion Taskforce. (2009). *Short study of women offenders*. London: Cabinet Office.
- 213 Department for Children Schools & Families & the Ministry of Justice. (2007). *Review of children of offenders*. London: Department for Children Schools & Families & the Ministry of Justice.
- 214 Corston, J. (2007). *The Corston Report*. London: Home Office.
- 215 Epstein, R. (2011). *Mothers in prison: The rights of the child (in England)*. Works for Freedom. Available online at: <http://www.worksforfreedom.org/all-articles/itemlist/user/193-ronaepstein>
- 216 The Human Rights Act 1998 obliges all public bodies, including the court system, to implement the European Convention on Human Rights, Article 8 of which covers the rights of children to parental care.
- 217 House of Commons Justice Committee. (2013). *Women offenders: After the Corston Report. Second Report of Session 2013-14*. London: The Stationery Office Limited.
- 218 Scotland's Commissioner for Children and Young People. (2007). *Not Seen, Not Heard, Not Guilty*. Edinburgh: SCCYP. Also recommendations in the UN's 2012 Universal Periodic Review of Human Rights (UK)
- 219 In Scotland after the age of 6 weeks the health visitor will be the baby's Named Person.
- 220 Edge, D. (2006). *Perinatal healthcare in prison: A scoping review of policy and provision*. London: The Prison Research Network, Department of Health.
- 221 Bruns, D.A. (2006). Promoting mother-child attachment relationships for incarcerated women and their children. *Infants & Young Children*, 19 (4), 308-322.
- 222 Corston, J. (2007). *The Corston Report*. London: Home Office.
- 223 Evaluation of the Circle FABI throughcare service (2013).









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