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Section One: Introduction and Background

1.1 Introduction

The Public Health Hub at Sheffield Hallam University (SHU), in collaboration with the Mother and Infant Research Unit (MIRU) at the University of York, obtained funding from the Higher Education Innovation Fund 4 (HEIF4) and Collaboration for Leadership in Applied Health Research and Care, South Yorkshire (CLAHRC SY); the purpose of the funding source was to support the development of projects to bring SHU researchers and external partners together. Applications were based on their relation to the development of a product or approach that contributed to public health of either: i) older adults or; ii) children and young people.

A collaborative partnership between the Mother and Infant Research Unit (MIRU) at the University of York and the Hallam Centre for Community Justice (HCCJ) at SHU was successful in securing funding to conduct a consultation project entitled **'Tackling health inequalities through developing evidence-based policy and practice with childbearing women in prison[6]'**. This collaboration brought together the knowledge and expertise of researchers working in maternal and infant health and those with knowledge of the prison sector. Further information on MIRU and HCCJ can be found in appendix One.

1.2 Key Aims of the Consultation

The overall aim of this consultation was to scope and map the health needs and health care of childbearing women in prison in the Yorkshire and Humberside region. In order to approach this we designed consultation exercises to:

- Critically examine how prisons interact with health care agencies to meet the needs of childbearing women both inside and outside prison
- Obtain the views of key stakeholders around improving practice and tackling barriers to equity of health care for childbearing women in prison
- Identify existing good practice in this area
- Produce an evidence base to inform future policy development and practice in this area
- Use this local pilot work to inform the development of future research in this field

1.3 Key Objectives of the Consultation

In order to meet the project aims we proposed to:

- Conduct a scoping review on the health and care for childbearing women in prison
- Undertake focus groups with staff involved in the delivery of mother and baby health services in two Mother and Baby Units (MBUs)
- Undertake semi-structured telephone interviews with MBU Managers
- Establish an expert panel to inform the future development of the work
- Facilitate a multi-agency workshop with practitioners from across the Yorkshire and Humber region and nationally, including hospital and community-based health care

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

staff and staff from HMP Newhall and HMP Askham Grange, policy makers, and voluntary groups

- Produce a 'work in progress' report from the formal evidence base and the qualitative views on barriers to service improvement and strategies to improve care. To be disseminated to decision makers and practitioners, using HIEC networks
- Develop a proposal for future research funding

Section Two: Consultation Methods

2.1 Consultation approach

Given the aims and objectives of the study as outlined above, the team developed the following consultation activities:

2.1.1 Scoping review

We conducted a scoping review on the health and healthcare of childbearing women in prison. Databases were cross-searched in the subject categories 'Social Sciences' and 'Health/Social Care'. The databases searched and key search terms are shown in the table below:

Social Sciences:	Health/Social Care (Nursing and Midwifery)	Key Search Terms/Keywords:
ASSIA Web of Science Medline Psyc Articles Psyc Info Scopus Sociological Abstracts JSTOR Intute	ASSIA Maternity and infant care MEDLINE (EBSLO) MEDLINE CSA intermid Cochrane library internurse Web of Science Pubmed	"babies in prison" breastfeeding in prison breastfeeding in jails prisons and breastfeeding "prison babies" "prison mothers" "births in prison" babies in prison post-natal care in prison women in prison females in prison Mothers as inmates

The significance and relevance of articles/publications retrieved were ascertained through reading abstracts. Key points from the most relevant are summarised in section three of this report.

2.1.2 Focus groups with MBU staff

We undertook two focus groups with health and prison staff involved in the delivery of mother and baby health services for women and babies in HMP New Hall and HMP Askham Grange, the two prisons for women offenders in Yorkshire. There were a total of 16 participants in the two workshops. The focus groups were facilitated initially by an introduction to the consultation project and aims and objectives were explained.

Data were collected using a time-line approach to describing the 'journey' of a pregnant female offender in custody through the prison system, into an MBU and out into the community. The evaluation team made notes of this journey on flip charts. Seven topics for discussion were used to guide the discussion, as follows:

- communication and partnership working
- pregnancy provision

- the impact of prison setting on ability to deliver effective care
- life on the MBU
- mothering in the prison context
- the separation process
- processes around release from the MBU

Following discussions on each topic, participants were asked to identify examples of best practice and key barriers and if they knew of any reports, policy or publications in the area we should be aware of.

2.1.3 On-line expert panel

We set up an online expert panel of over 40 individuals with expertise in women's health, maternity care, health inequalities, and the criminal justice system. These individuals were recruited through: the workshops conducted at HMP New Hall and HMP Askham; key individuals identified through the scoping review; and existing contacts of staff at York and Sheffield Hallam Universities. The panel was provided with three activities to respond to over the course of the project:

- Activity 1: involved presenting the expert panel with five statements taken from the current literature regarding best practice in MBU provision and their views on these findings were requested (see appendix Two)
- Activity 2: involved presenting the expert panel with six recommendations based on the main findings from the focus groups and their views on these were requested (see appendix Three)
- Activity 3: involved providing the contents of this report draft for consultation and feedback. The report has been redrafted to reflect the views expressed (see appendix Four)

Contributors to the expert panel included staff from Mother and Baby Units, representatives from Senior Prison Management teams, NOMS Women and Equalities Group, Midwifery Services, NHS Hospital Trusts, the Royal College of Midwives, Government Departments and Voluntary Sector Agencies. A total of 38 members of the expert panel contributed to activity 1, 12 to activity 2 and 8 to activity 3. The responses to the expert panel activities were received in questionnaire format and collated through Survey Monkey software.

2.1.4 Interviews with MBU Managers

We conducted telephone interviews with managers from five of the seven MBUs in the women's estate; two MBU Managers declined to be interviewed. The semi-structured interview schedule (see appendix four) focussed on:

- ascertaining the MBU provision available
- communication processes between health and prison staff
- the MBU application processes
- the facilitation of mothering in the prison context
- post release from MBU
- identifying any relevant reports or literature we were unaware of

2.1.5 Hosting of final consultation event: Finding solutions/key strategies

We hosted a multi-agency workshop which was attended by: prison service staff (6), Voluntary and Community Sector agency staff (6), NHS staff (4), Probation staff (1), Private Sector staff (1) and a NOMS Women and Equalities Group staff representative (1). This event was designed to refine and agree recommendations for policy, practice and future research. The day was led by an experienced facilitator. Discussion took place in a café-style setting with each table[7] discussing key issues for childbearing women in prison which had been identified from previous consultation activities. Questions addressed were as follows:

- What ways can MBUs and other prison-based support help mothers and babies to be healthier and happier?
- How do we make sure staff (prisons, health professionals, collaborating agencies) are able to achieve good health outcomes for mothers and babies?
- What should happen for mothers and babies who don't get in to MBUs – can we improve their health and wellbeing too?
- How do we ensure good food and nutrition for mothers and babies in prison?
- How can we improve understanding and wider promotion of MBUs?

Each table was asked to conduct two exercises under their theme:

- Exercise 1
  Identify as many key issues around what would make a positive difference in relation to your theme. Agree at least five 'good ideas' that could improved the situation
- Exercise 2
  Consider all of your good ideas and list the barriers that may exist to making them happen across the estate
- Exercise 3
  Decide which of your ideas would make the most difference to the health and wellbeing of mothers and their babies in prison. Identify what we would need to do to achieve these

Participants at each table wrote up their discussions and findings/ recommendations which were shared in a plenary session at the end of the day and collated by the team. This event was particularly instrumental in identifying potential solutions to the challenges of delivering care to childbearing women in prison.

2.1.6 Analysis of consultation data

Conducting the consultation activities was an iterative process with each activity building on the next, as follows:

- A narrative summary of findings from the scoping review informed the design of interview schedules and focus group topic guides
- The scoping review and findings from the focus groups informed expert panel activities

[7] Each table had a representative from the prison sector, a health care expert, an advocacy group, a community-based female support group and a member of the consultation team.

- Analysis of all of the above data was conducted using a thematic framework approach[8] and the results of this analysis provided a structure for the final workshop event

It is hoped that this report will serve the purpose of sharing the knowledge gained through this iterative process with others in a community of practice.

[8] Ritchie, J. & Spencer, L. (1994) Qualitative data analysis for applied policy research, in Bryman, A and Burgess, R.G (eds.) Analysing Qualitative Data, Routledge: London.

Section Three: Scoping Review: Narrative of Findings

3.1 Introduction

There are 13 women's prisons in England[9]. There are currently seven MBUs within the female estate. These are located at Styal, New Hall, Eastwood Park, Holloway, Askham Grange, Peterborough and Bronzefield. The national MBU capacity is 77[10] places and each unit has the capacity to accommodate one set of twins.

3.1.1 The health needs of childbearing women in prison

Women in prison are disproportionally likely to be poor, unemployed, mentally ill, socially excluded and the victims of abuse (Corston Report, 2007[11]). These are risk factors for poor parenting skills/infant feeding choices, and are likely to result in impaired physical, social and emotional wellbeing as well as adverse short, medium and long term health outcomes[12], [13]. The Public Health White Paper and key policy documents indicate the need to tackle such problems from the start of life[14],[15] to prevent the intergenerational cycle of deprivation. The Government's recent Green Paper[16] stresses the importance of addressing offender health needs as part of the rehabilitation revolution, and health is one of the reducing re-offending pathways. In addition, as this is a time of upheaval in the organisation of public health provision in the prison estate, as well as in the public sector more generally, it is particularly important to keep the needs of pregnant and childbearing women and their babies in focus.

Despite this, however, there is limited research evidence around the specific health needs of childbearing women in prison and on ways of providing effective care. There are real opportunities to facilitate change to the health of women whilst in custody which would not be possible in the wider community. Thus it is essential to offer effective, evidence-based policy and practice to maximise the benefit and prevent harm at this time. Recent peer reviewed research from both the UK and overseas on childbearing women in prison has focussed upon: the attachment relationship between mothers in prison and their children (e.g. Bruns D, 2006[17], Candelori and Dosso, 2007[18], Baradon et al., 2008[19]; Baradon et al.,

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9 http://www.justice.gov.uk/guidance/prison-probation-and-rehabilitation/types-of-offender/women.htm (16/12/11)

10 correct as of 12/06/12, confirmed by the MBU Lead Operations Manager, NOMS Women's and Equality Group.

11 Corston Report (2007) Women with Particular Vulnerabilities in the Criminal Justice System, London: Home Office.

12 Marmot M (2010) Fairer Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010.

13 Field F (2010) The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review of Poverty and Life Chances.

14 DH (2010a) Healthy Lives, Healthy People: our strategy for Public Health in England White Paper and impact assessments.

15 DH (2010b) Achieving excellence and equity for children: How liberating the NHS will help the needs of children and young people.

16 'Ministry of Justice (2010) Breaking the Cycle: effective punishment, rehabilitation and sentencing of offenders. http://sentencing.justice.gov.uk/?id=5&id2=14 (26/03/10).

17 Bruns, D. (2006) 'Promoting Mother-Child Relationships for Incarcerated Women and Their Children' Infants and Young Children Vol. 19 No. 4 308-322.

18 Candelori, C, Dosso, M, D (2006) An experience of infant observation in prison, *Infant Observation*, Volume 10, Number 1: 159-169.

19 Baradon, T, Fonagy, P, Bland, K, Lenard, K and Sleed, M (2008) New Beginnings- an experience-based programme addressing the attachment relationship between mothers and their babies in prisons, Journal of Child Psychotherapy, Vol. 34 (2), 240-258.

2009[20]); the effectiveness of programmes for imprisoned mothers (e.g. Goshin et al., 2009[21]) and the effects of incarceration on the physical and psychological dimensions of childbearing (Wismont, 2000[22]). Significant in shaping recent and current thinking around the health and healthcare of childbearing women in prison in the UK have been reports focussing on: policy and provision of perinatal healthcare in prison (Edge, 2006[23], Baradon et al., 2008[24]; Baradon et al. 2009[25]), the needs of childbearing women and their babies in prison (North, 2005[26]) and also whether prison MBUs meet the best interests of the child (Children's Commissioner for England, 2008[27]).

3.1.2 Provision for childbearing women in prison

The key strategic personnel who are responsible for the health and wellbeing of mothers and their babies in prison are currently the Prison Governor/ Prison Director and the Chief Executive of the local Primary Health Care Trust (although this under review). There is broad consensus that wherever possible mothers with children should, in the first instance, be kept out of custody (e.g. Corston Report[28], 2007, Children's Commissioner for England, 2008[29]). For those in custody, however, MBU residence can provide an opportunity for improving the health and wellbeing of mothers and babies who would not normally access conventional health services outside prison (Corston, 2007[30]:75-6). Indeed, the very fact that vulnerable women are incarcerated at this time offers an opportunity to provide health care, support and education that could improve outcomes, offer treatment for longstanding problems such as substance misuse, and support women in changing their lifestyles at a time when they may be more motivated to make changes for the sake of their baby's wellbeing (Edge, 2006[31]). Further, the uniformity imposed by the prison service offers the potential to introduce

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[20] Baradon, T, Fonagy, P and Sleed, M (2009) Executive Report July 2009, New Beginnings: A course for mothers and babies in prison, The Anna Freud Centre,

[21] Goshin, L. S., & Byrne, M. W. (2009). Converging streams of opportunity for prison nursery programs in the United States, *Journal of Offender Rehabilitation*, 48, 271–295.

[22] Wismont, J. M. (2000), The Lived Pregnancy experience of women in prison, *Journal of Midwifery and* Women's *Health*, 45: 292–300.

[23] Edge, D (2006) Perinatal Healthcare in Prison: A Scoping Review of Policy and Provision, The Prison Health Research Network, Department of Health (http://www.ohrn.nhs.uk/resource/Research/PCSysRevPerinatal.pdf)

[24] Baradon, T, Fonagy, P, Bland, K, Lenard, K and Sleed, M (2008) New Beginnings- an experience-based programme addressing the attachment relationship between mothers and their babies in prisons, Journal of Child Psychotherapy, Vol. 34 (2), 240-258.

[25] Baradon, T, Fonagy, P and Sleed, M (2009) Executive Report July 2009, New Beginnings: A course for mothers and babies in prison, The Anna Freud Centre,

[26] North, J (2005) Getting it Right? Services for pregnant women, new mothers, and babies in prison http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/prisonsreport.pdf (accessed 03/05/11).

[27] Children's Commissioner (2008) The 11 Million Report: Prison Mother and Baby Units- do they meet the best interest of the child? http://www.prisonersfamilies.org.uk/uploadedFiles/2010_Policy/Prison_Mother_and_Baby_Units.pdf

[28] Corston Report (2007) Women with Particular Vulnerabilities in the Criminal Justice System, London: Home Office.

[29] Children's Commissioner (2008) The 11 Million Report: Prison Mother and Baby Units- do they meet the best interest of the child? http://www.prisonersfamilies.org.uk/uploadedFiles/2010_Policy/Prison_Mother_and_Baby_Units.pdf

[30] Corston Report (2007) Women with Particular Vulnerabilities in the Criminal Justice System, London: Home Office.

[31] Edge, D (2006) Perinatal Healthcare in Prison: A Scoping Review of Policy and Provision, The Prison Health Research Network, Department of Health (http://www.ohrn.nhs.uk/resource/Research/PCSysRevPerinatal.pdf)

consistent standards of practice and training, and some studies have shown that women may have improved outcomes, possibly as a result of the structured routines and regular meals they receive, in contrast to their lives outside prison (Martin et al., 1997a[32], Bell et al., 2004[33]).

The number of pregnant and postpartum women in prison is not known – women are not obliged to reveal whether or not they are pregnant, and indeed some may not be aware themselves. It was estimated in 2005 that over 600 women receive antenatal care in prisons each year (North, 2005[34]). Statistics on MBU occupants are not collated centrally by the Prison Service. However, between April 2005 and July 2008, 283 children were born to women prisoners; this is a rate of almost two births a week, while between April and June 2008, 49 women in prison gave birth, almost double the rate, reflecting the increase in numbers of women in prison (Prison Reform Trust, 2010[35]). Although these numbers are relatively small, the impact of the care and services is disproportionately large, with significant resources spent on health, development, education and social services over many years resulting from ill health, delayed development and family disruption (Corston, 2007[36]). Importantly, these women 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 (Gregorie et al., 2010[37]; Birmingham et al, 2006[38]; Siefert and Pimott, 2001[39]).

Prison service provision for childbearing women and their babies is covered by Prison Service Order (PSO) 4801[40], Management of Mother and Baby Units and Prison Service Instruction (PSI) 54/2011 Mother and Baby Units[41] . This PSO and PSI provide instruction and guidance to managers and staff who work in the Prison Service MBUs and to staff and prisoners in all women's prisons which have no MBU but who often accommodate pregnant prisoners or newly imprisoned mothers with babies in the community who may wish to apply for a place on one of the MBUs. These documents incorporate, where applicable, the Framework for the Assessment of Children in Need and their Families published by the Department of Health in 2000 and the Care Standards Act 2000 published by the

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[32] Martin S L, Kim H, Kupper LL, Meyer EM, Hayes M (1997a). Is incarceration during pregnancy associated with infant birthweight? *American Journal of Public Health*, 87(9): 1526-31.

[33] Bell JF, Zimmerman FJ, Huebner CE, Cawthon ML, Ward DH, Schroeder CA (2004) Perinatal Health Service Use by Women Released from Jail, Journal of Health Care for the Poor and Underserved, 15(3): 426 – 442.

[34] North, J (2005) Getting it Right? Services for pregnant women, new mothers, and babies in prison http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/prisonsreport.pdf (accessed 03/05/11).

[35] Prison Reform Trust (2011) Reforming Women's Justice: Final report of the Women's Justice Taskforce London: Prison Reform Trust. http://www.prisonreformtrust.org.uk/Portals/0/Documents/Women's%20Justice%20Taskforce%20Report.pdf

[36] Corston Report (2007) Women with Particular Vulnerabilities in the Criminal Justice System, London: Home Office.

[37] Gregoire, A, Dolan, R, Birmingham, L, Mullee, M and Coulson, D (2010) The mental health and treatment needs of imprisoned mothers of young children, *Journal of Psychiatry and Psychology*, Vol. 21 (3): 378-392.

[38] Birmingham, L, Coulson, D, Mullee, M, Kamal, M and Gregoire, A (2006) The mental health of women in prison mother and baby units, *The Journal of Forensic Psychiatry and Psychology*, 17 (3): 393- 404.

[39] Siefert, K and Pimott, S (2001) Improving pregnancy outcomes during imprisonment: A model residential care program, *Social Work*, Vol. 46 (2): 125- 134.

[40] HM Prison Service (2008) Prison Service Order 4801: The Management of Mother and Baby Units Fourth Edition (Date of initial issue February 2000).

[41] Prison Service Instruction 54 (2011) Mother and Baby Units: www.justice.gov.uk/downloads/offenders/psipso/.../psi-54-2011.doc

Department of Education and Skills in 2001 concerning the standards for running nurseries and crèches. It also incorporates the principles and practice of Child Protection Policy. While these documents mention procedures with regard to certain aspect of the management of pregnant women in prison, there is no specific PSO or PSI relating to the treatment of pregnant or postpartum prisoners or prisoners in labour (North, 2005[42]).

Healthcare for childbearing women in prisons is provided by local NHS services, and this care is required to meet national standards (Levy, 1997[43]: World Health Organisation, 2007[44]; Quaker United Nations Office, 2008[45]). PCTs have only had responsibility for the health care of prisoners since 2006 however, and there has been no substantive examination of the consistency and standards of health care for childbearing women in prison since that time (see Children's Commission, 2008[46]). These arrangements are about to change again, as in April 2013, PCTs will no longer exist and the commissioning of prison healthcare services will be conducted through the NHS Commissioning Board (Department of Health, 2011[47]). Guidance for those working with childbearing women from disadvantaged backgrounds from the National Institute of Clinical Excellence highlights a model of care for women who have similar needs to those in prison. This includes those who experience domestic abuse or substance dependency, who are asylum seekers or refugees, women under 20, and women who have difficulty reading or writing. The NICE document calls for:

- training for professionals on multi-agency needs
- utilising pregnant women as stakeholders in their own care
- monitoring of women's satisfaction with services
- ensuring that accessible information is provided to women on antenatal care

(National Institute for Health and Clinical Excellence, 2010[48]).

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[42] North, J. (2004) 'Getting it right? Services for pregnant women, new mothers, and babies in prison' The Maternity Alliance. http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/prisonsreport.pdf (accessed 26/09/11)

[43] Levy M (1997) Prison health services should be as good as those for the general Community (Editorial). *British Medical Journal*, 315: 1394 – 1395.

[44] cited in United Nations Office on Drugs and Crime and World Health Organisation (2009), Women's health in prison: Correcting gender inequity in prison health, 2009:32.

[45] Bastick, M and Townhead, L (2008) Women in prison: A commentary on the UN Standard Minimum Rules for the Treatment of Prisoners, Quaker United Nations Office, http://www.quno.org/geneva/pdf/humanrights/women-in-prison/WiP-CommentarySMRs200806-English.pdf (accessed 04/07/11).

[46] Children's Commissioner (2008) The 11 Million Report: Prison Mother and Baby Units- do they meet the best interest of the child? http://www.childrenscommissioner.gov.uk/content/publications/content_164 (accessed 26/08/11).

[47] Department of Health (2011) 'Government changes in response to the NHS future forum' http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127578.pdf

[48] National Institute for Health and Clinical Excellence (2010) Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors Quick reference guide. http://guidance.nice.org.uk/CG110 (accessed 26/09/11).

3.1.3 An increasingly multi-agency approach

Since the Corston report, there has been increasing acknowledgement that more rigorous training and ongoing support and supervision is needed for all those charged with meeting the complex needs of women offenders. This training, it is felt should be extended to include all staff within the criminal justice system who come into contact with women, particularly those making sentencing and bail decisions (Corston, 2007[49]:13). It has also been suggested that a multi-disciplinary and multi-agency approach to the specific needs of female offenders and particularly their health needs may benefit from national commissioning arrangements, to enable a more coordinated approach to working with women who offend, informed by gender equality guidance (Prison Reform Trust, 2011: 5[50]).

There are significant challenges in effective coordination of and liaison between the NHS, prison, social, and related services involved in delivering healthcare to childbearing women in prison (Edge, 2006[51]). Prison staff, probation officers and social workers may not have adequate knowledge of maternal and infant care, NHS staff may not understand the constraints of the criminal justice system or be able to access women directly, and women may be imprisoned a long way away from their immediate family and without a social or family network. The criminal justice system imposes non-negotiable constraints on communication and movement, without particular regard for the individual needs of a woman who may be pregnant, newly delivered, or lactating. As a result, 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 (Edge, 2006[52]). 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.

3.1.4 Outcomes for children of disadvantaged mothers

Important recent findings based on the Millennium Cohort Study (Hobcraft and Kiernan, 2010[53]) show that early maternal health and wellbeing and maternal depression are both

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[49] Corston Report (2007) Women with Particular Vulnerabilities in the Criminal Justice System, London: Home Office.

[50] Prison Reform Trust (2011) Reforming Women's Justice: Final report of the Women's Justice Taskforce London: Prison Reform Trust. http://www.prisonreformtrust.org.uk/Portals/0/Documents/Women's%20Justice%20Taskforce%20Report.pdf (accessed 26/09/11).

[51] Edge, D (2006) Perinatal Healthcare in Prison: A Scoping Review of Policy and Provision, The Prison Health Research Network, Department of Health: (http://www.ohrn.nhs.uk/resource/Research/PCSysRevPerinatal.pdf)

[52] Edge, D (2006) Perinatal Healthcare in Prison: A Scoping Review of Policy and Provision, The Prison Health Research Network, Department of Health (http://www.ohrn.nhs.uk/resource/Research/PCSysRevPerinatal.pdf)

[53] Hobcraft, J. N. and Kiernan, K. E. (2010) Predictive factors from age 3 and infancy for poor child outcomes at age 5 relating to Children's Development, Behaviour and Health: Evidence from the Millennium Cohort Study, University of York: http://www.york.ac.uk/iee/assets/HobcraftKiernan2010PredictiveFactorsChildrensDevelopmentMillenniumCohort.pdf

strong predictors of child health at age 5, as well as child developmental and behavioural outcomes. Thus there are important arguments for addressing these avoidable problems in providing care and optimising maternal physical and mental health not only for the mother's sake but also for that of her child in years to come.

Although these mothers do have multiple disadvantages, it is not inevitable that these will lead to poor child outcomes. Analysis of predictive factors for poor child outcomes at age 5 shows that even in the top 10 per cent of predicted risk, only 29 per cent of children go on to have poor outcomes at age 5 (Kiernan and Mensah, 2010[54]).

Evidence on interventions and strategies to improve outcomes for imprisoned mothers and babies is scanty (Edge, 2006[55], Baradon et al., 2008[56]; Baradon et al., 2009[57]), particularly from the UK. The wider literature (mainly from the US) supports the view that some perinatal outcomes for some women in prison are improved by their imprisonment (e.g. Elton, 1985[58]; Cordero et al., 1991[59]; Egley et al., 1992[60]; Martin et al., 1997b[61]). Research evidence focuses predominantly on neonatal outcomes with increased birth weight as the primary finding. Few measures are made of maternal morbidity or psycho-social outcomes, with the exception of Terk et al., (1993[62]) who found a decreased incidence of caesarean section among imprisoned women, and Fogel and Belyea (2001[63]) who found an increased incidence of clinical depression among pregnant women who are prisoners (cited in Price, 2005[64]).

There are examples of strategies being introduced in prison settings in England that address or mitigate some of these very significant barriers to the delivery of effective health care to childbearing women in prison, for example the New Beginnings Programme (Baradon et al.,

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[54] Kiernan, K. E. and Mensah, F. K. (2010) 'Unmarried Parenthood, Family Trajectories, Parent and Child Well-Being,' in: Hansen, K., Joshi, H., and Dex, S., (eds) Children of the 21st Century: From birth to age 5, Policy Press, http://www.york.ac.uk/media/spsw/documents/research-and-publications/KiernanMensahUnmarriedParenthoodFamilyTrajectories.pdf

[55] Edge, D (2006) Perinatal Healthcare in Prison: A Scoping Review of Policy and Provision, The Prison Health Research Network, Department of Health (http://www.ohrn.nhs.uk/resource/Research/PCSysRevPerinatal.pdf)

[56] Baradon, T, Fonagy, P, Bland, K, Lenard, K and Sleed, M (2008) New Beginnings- an experience-based programme addressing the attachment relationship between mothers and their babies in prisons, *Journal of Child Psychotherapy*, Vol. 34 (2), 240-258.

[57] Baradon, T, Fonagy, P and Sleed, M (2009) Executive Report July 2009, New Beginnings: A course for mothers and babies in prison, The Anna Freud Centre,

[58] Elton, P (1985) Outcome of pregnancy among prisoners, *Journal of Obstetric Gynaecology*, 5: 241- 4.

[59] Cordero, L, Hines, S, Shibley, K, Landon M (1992) Perinatal outcome for women in prison', *Journal of Perinatol XII* (3): 205- 9.

[60] Egley, C, Miller D, Grnados J, Ingram- Fogel C (1992) Outcomes of pregnancy during imprisonment, *Journal of Reproductive Medicine*, 37 (2): 131-4.

[61] Martin, S, Reiger B, Kupper L, Myer R, Qaqish B (1997b) The effect of incarceration on birth outcomes, *Public Health Rep* 112 (4): 340-7.

[62] Terk, J, Martens M, Williamson M, (1993) Pregnancy outcomes of incarcerated women, *Journal of Maternal Fetal Medicine*, 2: 246-50.

[63] Fogel, C and Belyea M (2001) Psychological risk factors in pregnant inmates: A challenge for Nursing, *American Journal of Maternal Childhood Nursing,* 26 (1): 10-6.

[64] Price, S (2005) Maternity Services for women in prison: a descriptive study, *British Journal of Midwifery*, Vol 13 (6) 362-368.

2008[65]; Baradon et al., 2009[66]). One landmark UK study compared the development of 74 babies in mother and baby units with 33 babies separated from their mothers and cared for by others and concluded that "…*it is not being in a prison mother and baby unit per se that raises issues, nor being separated from an imprisoned mother, but that issues arise concerning the preventable experiences that frequently attend or follow on from these alternatives*" (Catan,1992[67]:15). Thus highlighting that the ways in which facilities were used, the lack of childcare, maternal and nutrition expertise of prison staff, and the dominance of prison security routines over other concerns were all important factors that had a negative impact. These are all modifiable factors.

There is a significant gap in the literature regarding the actual experience of mothers and their babies in prison, both from those who do and do not achieve MBU residency, particularly in the UK (Edge, 2006[68]). The lack of empirical research in this area has also highlighted the additional invisibility of women in prison who are separated from their babies (i.e. do not gain an MBU place- for whatever reason). It is however believed that a higher than expected number of women with severe mental illness may be found in this group and that this separation may contribute to or exacerbate the women's existing mental health problems and lead to increasingly negative effects on the child's current and future mental health (Gregorie et al., 2010[69]). The impact of maternal separations has been explored by one recent study; however the focus was on policy implications and did not include the mothers and babies experiences of these separations (Byrne et al., 2012[70]). One rare study utilising journal entries and interviews with pregnant women in a prison in the US did highlight the stress and anxiety that these women experienced. This included feelings of apprehension, isolation and a lack of personal autonomy with regard to their pregnancies. Women were also particularly worried that risky behaviours they participated in prior to imprisonment may affect their baby (Wismont, 2000[71]). With regard to the development of children who reside in prison with their mothers, there is also little empirical data to draw on. There are a number of American studies examining the prison nursery provision, however these contain little in the way of mothers' and children's own voices regarding their experiences (for example, Smith et al., 2009[72]; Carlson, 2008[73]; Carlson, 1998[74]; Byrne et

[65] Baradon, T, Fonagy, P, Bland, K, Lenard, K and Sleed, M (2008) New Beginnings- an experience-based programme addressing the attachment relationship between mothers and their babies in prisons, *Journal of Child Psychotherapy*, Vol. 34 (2), 240-258.

[66] Baradon, T, Fonagy, P and Sleed, M (2009) Executive Report July 2009, New Beginnings: A course for mothers and babies in prison, The Anna Freud Centre.

[67] Catan, L. (1992) 'Infants with Mothers in Prison'. In Shaw, R. (ed.) *Prisoners' Children: What are the Issues?.* London: Routledge, pp. 13-28

[68] Edge, D (2006) Perinatal Healthcare in Prison: A Scoping Review of Policy and Provision, The Prison Health Research Network, Department of Health (http://www.ohrn.nhs.uk/resource/Research/PCSysRevPerinatal.pdf)

[69] Gregoire, A, Dolan, R, Birmingham, L, Mullee, M and Coulson, D (2010) The mental health and treatment needs of imprisoned mothers of young children, *Journal of Psychiatry and Psychology*, Vol. 21 (3): 378-392.

[70] Byrne, M, W, Goshin, L and Blanchard-Lewis, B (2012) Maternal separations during the reentry years for 100 infants raised in a prison nursery, Family Court Review, Vol. 50 (1): 77-90.

[71] Wismont, J, M (2000) The lived experience of women in prison, *Journal of Midwifery and Women's Health*, Vol. 45 (4): 292- 300.

[72] Smith, Goshin, L and Byrne, M, W (2009) Converging streams of opportunity for prison nursery programs in the United States, *Journal of Offender Rehabilitation*, 48: 271- 295.

[73] Carlson, J, R (2008) Prison Nursery 2000, *Journal of Offender Rehabilitation*, Vol. 33 (3): 75- 97.

al., 2010[75]). Data regarding child-specific outcomes after participation in a nursery program have also rarely been collected (Smith et al., 2009[76]: 276). Between 1986 and 1988, a land mark study taking 74 children raised in prison nurseries in the UK, compared their development with 33 control group children in the community. Where the two groups had comparable development at base line, a decline in motor and cognitive scores was found in the prison nursery group (Catan, 1992[77]). However, since that time many improvements have been made to the prison nursery provision in the UK and the study has not been repeated. Data on children in prison nurseries are not routinely kept as children are not prisoners and are therefore not added to the prison's data base, resulting in children in prison being 'institutionally invisible' (Poso et al., 2011[78]: 516).

This consultation exercise has aimed to explore ways in which criminal justice and health sector staff can work together to achieve the best possible outcomes for childbearing women in prison. Strategies for this are outlined through the remainder of this report.

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[74] Carlson, J, R (1998) Evaluating the effectiveness of a live-in nursery within women's prison, *Journal of Offender Rehabilitation,* Vol. 27 (1/2): 73-85.

[75] Byrne, M, W, Goshin, L, S and Joestl (2010) Intergenerational transmission of attachment for infants raised in a prison nursery, *Attachment and Human Development*, 12 (4): 375- 393.

[76] Smith, Goshin, L and Byrne, M, W (2009) Converging streams of opportunity for prison nursery programs in the United States, *Journal of Offender Rehabilitation*, 48: 271- 295.

[77] Catan, L. (1992) 'Infants with Mothers in Prison'. In Shaw, R. (ed.) *Prisoners' Children: What are the Issues?.* London: Routledge, pp. 13-28.

[78] Poso, T, Enroos, R and Vierula, T (2010) Children residing with their parents: An example of institutional invisibility, *The Prison Journal*, 90 (4): 516- 533.

Section Four: Findings from the Consultation Exercises

4.1 Introduction

A number of key themes (and sub themes) were identified from the consultation and data were analysed according to the following thematic framework:

- Developing the potential of childbearing women in prison
- Mother and baby well being:
  - Health care and services for childbearing women in prison and their babies
  - Food and nutrition
  - Attachment and separation
  - Resettlement
- 'Realising' the benefits of MBUs
- Developing the workforce
- Multi Agency communication and collaboration

We have aimed to present the findings in a way that is directly applicable to professionals working with childbearing women in prison and related sectors. This will include policy-makers, commissioners of maternity services, prison services and agencies from the voluntary and community sectors. Thus, for each identified thematic finding we have designated sections formatted as follows:

- What have we found?
- What are the challenges?
- Good practice examples[79]

We then present the proposed solutions generated from this consultation exercise in section 5, whilst section 6 provides the recommendations for future developments.

4.2 Developing the potential of childbearing women in prison

4.2.1 What have we found?

- Childbearing women in prison have a wide range of needs and skills
- Childbearing women in prison are a 'captive' audience for receipt of personal development opportunities and health promotion messages (especially those residing in MBUs)
- Women in prison often help and support one another and peer support schemes tend to be successful

[79] It is acknowledged that although examples of good practice are offered for particular prisons, other prisons may be operating similar good practice which we are unaware of.

4.2.2 What are the challenges?

- Peer support endeavours tend to be informal, not mainstreamed and are difficult to implement in the prison setting (e.g. identifying mothers who are suitable to offer peer support, training issues, varying sentence lengths, accountability issues where problems arise and resource constraints)
- It may be difficult to address the development needs of childbearing women who are not resident in MBUs, especially with regard to parenting support and nutrition
- Currently, mothers in MBUs are required to leave babies in the MBU crèche to attend education and work when babies are 6-8 weeks old. Parenting education and antenatal birth preparation would not be considered as being core prison regime activity (unlike attending the Education department) so have to be completed in the women's own free time. This has significant implications for the development of parenting skills and also impacts upon women's capacity to breastfeed on demand. We found a divergence of views; some prison authorities felt that it is possible for women to breastfeed while also carrying out their 2 hour prison activities session blocks in the day. However, voluntary sector agencies in the expert group disagreed. They felt that prisoners' length of maternity leave should be in line with that of women in the community. This would enable breastfeeding, allow the baby to be fed when needed, and also ensure equity of care
- It was reported across the female estate that women do not automatically receive ante-natal classes and support unless this is provided free of charge locally by a charity. These services need to be in place to ensure equity of health care between prison and community
- Where external providers (e.g. health sector staff) are brought in to deliver parenting education and health promotion work, it may be difficult to achieve accreditation for these courses
- Vulnerable women often lack confidence to participate in group education settings and motivating offenders to take an active part in existing prison programmes is often challenging

4.2.3 Good practice examples

- At HMP Holloway, Birth Companions offer two support groups; a parenting group for mothers and babies on the MBU which is run by a breastfeeding supporter, and a pregnancy group. Both groups encourage peer support amongst the women
- Rainsbrook Secure Training Centre offers parenting classes which can be attended by both mothers and fathers
- A “New Beginnings[80]” course for mothers with their infants, based on the principles of ‘attachment theory’ and run by the Anna Freud Centre in MBUs in women’s prisons,

[80] The New Beginnings is an accredited, learning and experiential based early intervention programme. It is a collaborative project between the Prison Service and The Anna Freud Centre. This 12 session programme aims to increase a mother’s capacity for good parenting and to promote infant development in the context of a reflective relationship. It strives to create a sufficiently safe environment for the mother to think about things that may be difficult while respecting her need to cope with the stressful surroundings with her infant within the prison setting. The course covers a range of topics including the mother’s current relationship with her baby, her experience of pregnancy, patterns of relating from childhood to the present and identifying positive and detrimental behaviours.

was reported as being an example of good practice. However, the Anna Freud Centre reported that the funding for New Beginnings ended in May 2011 and the course is no longer run in prison. The findings of the evaluation of this course shows the positive affects on the relationship between mothers and babies[81]

4.3 Mother and baby well being

Four key categories were identified under this theme and are thus presented as subsections as follows:

- Health care and services for childbearing women and their babies
- Food and nutrition
- Attachment and separation
- Resettlement in the community

4.3.1 Health care and services for childbearing women in prison and their babies

4.3.1.1 What have we found?

- There are a significant number of pregnant women and new mothers in the prison population. In 2006, it was estimated that around 120 women in custody give birth per year.[82]. However, accurate data on pregnant women and mothers and babies in prison, including outcomes data, are limited
- There are many examples of excellent practice in caring for pregnant women in prison
- In the appropriate environment, pregnant women can achieve equivalent (or better) healthcare in prison than in the community

4.3.1.2 What are the challenges?

- There is no specific Prison Service Order (PSO) or Prison Service Instruction (PSI)[83] for pregnant women, although they are referred to in other PSOs and PSI's (PSO 4801 and PSI 54/2011 particularly)
- The NHS is not required to provide ante-natal classes for women in prison. In the event that local charities provide free ante-natal support, these have to be attended in women's 'free time' and do not count towards the prison's purposeful activity target. Therefore women's ability to engage with information on health in pregnancy, preparation for pregnancy and birth and immediate post-natal care, is compromised

[81] Baradon, T, Fonagy, P, Bland, K, Lenard, K and Sleed, M (2008) New Beginnings- an experience-based programme addressing the attachment relationship between mothers and their babies in prisons, Journal of Child Psychotherapy, Vol. 34 (2), 240-258 and Baradon, T, Fonagy, P and Sleed, M (2009) Executive Report July 2009, New Beginnings: A course for mothers and babies in prison, The Anna Freud Centre,

[82] Edge, D (2006) Perinatal Healthcare in Prison: A Scoping Review of Policy and Provision, The Prison Health Research Network, Department of Health (http://www.ohrn.nhs.uk/resource/Research/PCSysRevPerinatal.pdf).

[83] Prison Service Instructions (PSIs) and Prison Service Orders (PSOs) outline the mandatory rules, regulations and guidelines for managing prisons in pursuit of the prison service’s mission. PSO's are long-term mandatory instructions which are intended to last for an indefinite period. PSI's are mandatory instructions which have a definite expiry date. They are also used to introduce amendments to PSOs.

- A mother may be discharged from hospital and returned to prison but her baby may be in the neonatal unit – this raises security issues and transport difficulties, as well as problems for attachment between mother and baby, and breastfeeding
- Women who experience miscarriage, stillbirth and termination are likely to experience distress and therefore have significant support needs. Guidelines on how prison staff should respond in these circumstances do exist, however prison staff involved in the consultation were unaware of them and these guidelines are not in the public domain

4.3.1.3 Good practice examples

- HMP Holloway collates a weekly list of numbers and location of pregnant women in the prison which is then shared with Whittington Midwifery Services
- Family visits are made available to MBU residents, however due to the often extended distance of the MBU from their families, release on temporary licence and Childcare Resettlement Leave initiatives are utilised
- Also at HMP Holloway, where possible, pregnant women are housed together on a residential pregnancy wing where midwives conduct their clinic and a weekly antenatal group is also offered. Some pregnant women are housed separately because of the nature of their offence or if their behaviour is considered a risk to other pregnant women
- HMP Peterborough ask women about their pregnancy status on arrival, and ensure a support officer visits as soon as possible to give advice and support

4.3.2 Food and nutrition

4.3.2.1 What have we found?

- There is wide variation in the way the food and nutrition needs of childbearing women and their babies are addressed across the prison estate. The NOMS Women and Equalities Group reported that general nutritional guidelines are available for expectant and post natal women in prison. It was also reported that individual PCTs also have some responsibility for determining any additional nutritional needs of pregnant and post natal women in prisons under their jurisdiction
- The health staff at the two MBU workshops reflected their view that a largely bottle feeding culture exists amongst women in prison, including those on MBUs. This was felt to be due to: embarrassment; perceived convenience of bottle feeding and lack of knowledge regarding the health benefits to their child

4.3.2.2 What are the challenges?

- MBU health staff reflected their experience of mothers in the unit finding accessing the Healthy Start scheme problematic. The Healthy Start scheme is designed for those pregnant and/or those claiming means-tested benefits/ low income families with children up to 4 years[84] to be able to access Healthy Start vouchers for food,

[84] "You qualify for Healthy Start if you are at least 10 weeks pregnant or have a child under four years and your family get Income Support or Income-based Jobseeker's Allowance or Child Tax Credit and has an annual

milk and vitamins[85]. A general lack of clarity exists around entitlement as women with babies in prison may be unable to claim benefits for themselves and their children[86], and therefore access to these important nutritional supplements for themselves and their babies is problematic. This issue is seemingly further complicated regarding women in mother and baby units that have foreign national status and therefore no recourse to public funds.

- In open prisons, whilst women are able to cook for their babies on MBUs they are sometimes not able to cook for themselves
- It was reported that there was a lack of ongoing training for staff in relation to breastfeeding specific support and advice
- There is a set costing for food per prisoner and no extra funding for MBU residents/ pregnant and breastfeeding mothers is oprovided. Access to additional food for pregnant/breastfeeding women can therefore be problematic. For example, meal times are at set times in prison and having little or no food between meals can prove particularly challenging for pregnant, post-partum and lactating women

4.3.2.3 Good practice examples

- HMP New Hall provide additional milk to pregnant women
- At HMP Holloway, Birth Companions provide antenatal baby feeding information and support, which has resulted in an increased number of women electing to breastfeed their babies
- At HMP New Hall the social enterprise company 'Little Angels' provides breastfeeding support to breastfeeding women in prison
- With the support of Birth Companions, HMP Holloway have facilitated a number of separated lactating mothers to transport expressed milk to their babies in the community
- HMP Bronzefield provide a 'Pregnancy Pack' from the prison kitchen and hand out a leaflet entitled 'Helpful Advice for You During Your Pregnancy', to women following a positive pregnancy test

4.3.3 Attachment and separation

4.3.3.1 What have we found?

- The best health outcomes for mothers and their babies occur when optimal opportunities for bonding and attachment are provided
- Women in MBUs have to leave their babies at a very young age[87] to engage with their sentence planning activities
- There are some excellent examples of practice in enabling opportunities for mother and baby bonding and attachment

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family income of £16,190 or less" Healthy Start Web site: http://www.healthystart.nhs.uk/healthy-start-vouchers/do-i-qualify/ (09/05/12).

[85] Not sent vitamins directly, as each PCT distributes them in a different way.

[86] Prison Reform Trust (March 2012) Women in prison: http://www.prisonreformtrust.org.uk/Portals/0/Documents/Women's%20briefing%20March12.pdf (14/05/12).

[87] Generally six weeks after giving birth, unless a medical reason is provided.

- The work undertaken in this consultation appears to indicate that the Prison Service take great care in dealing with the issue of separation, though support is likely to be variable across the estate
- There will be women not in MBUs who have been separated from their babies who need particular support and care as they are likely to have other complex problems such as substance use. If they could address these, the potential for improving psycho-social outcomes for the woman would be greater, and the chances of them having their babies back when they are released would be increased

4.3.3.2 What are the challenges?

- The small amount of evidence that exists about outcomes related to separation of mothers in prison and their babies suggests a negative impact
- There are varying schools of thought and limited evidence with which to assess the most appropriate upper age limit at which babies in MBUs should be removed from the prison environment. There have been instances where babies aged over 18 months have been permitted to stay in MBUs, based on what was seen to be in the best interest of the child

4.3.3.3 Good practice examples

- At HMP Askham Grange, part of the sentence plan for women on MBUs is to attend 'stay and play' sessions organised by the MBU nursery (Acorn Children's Centre, run by Barnardos). The aim of these sessions is to enable women to bond with their babies by engaging in play activities in a supportive environment
- HMP Askham Grange and HMP Eastwood Park have allowed/enabled babies to reside in MBU past the age of 2 years where this has been assessed as being in the best interests of the child

4.3.4 Resettlement in the community[88]

4.3.4.1 What have we found?

- It was reported that complying with the resettlement process, which begins in prison, may conflict with parenting duties both on the run up to release and immediately after release
- Special visits, release on temporary licence and Childcare Resettlement Leave are used to assist in the resettlement process as standard practice
- Involvement of the Prison Family Worker and Visitor Centre staff assist mothers and their babies to re-enter the community. It was reported by MBU staff and expert panel members that they saw the transition from 'in to out' of custody as often difficult for women (and their babies). They expressed concerns that once removed from the supportive structure of an MBU (particularly access to high standards of child care), many women may find it more challenging to not return to their previous offending behaviour, as the intensive support provided in MBUs is not as readily available in the community. There are however no data available with which to assess this issue

[88] Process of resettling individuals back into their communities on release from a custodial sentence.

- The health of mother and care of the baby may be compromised once a mother is released into the community because of unpredictable social circumstances

4.3.4.2 What are the challenges?

- We know very little about the transition from prison to community and the impact on mother and babies health and well being
- Even less is known about the outcomes for mothers who are separated from their babies while in prison (i.e. those not gaining MBU places) or what happens to these mothers and babies following release
- Families and partners of those in custody are often provided with little or no information regarding the problems which women can face during the resettlement period. If their awareness was increased they may be better placed to help and support their family member during this process
- There is no evidence available that women who have resided in MBUs are more or less likely to reoffend than others, whilst it is acknowledged that a low risk of offending is required for successful applications to an MBU, there is therefore currently no way of accessing the impact (either negatively or positively) of MBU residency on this initial risk of re-offending level
- While it was reported as standard practice to inform local health staff that a mother and baby were to be released into the community, community-based health staff reported that these communications were sometimes missed

4.3.4.3 Good practice examples

- At HMP Eastwood Park, as part of the resettlement process, the relevant Social Service department is informed of the impending release of any MBU resident
- At HMP Askham Grange, voluntary sector agencies working in the prison and community play a role in the resettlement process and support continuity for women and their babies re-entry into the community

4.4 'Realising' the benefits of MBUs

4.4.1 What have we found?

- There is a huge amount of experience, expertise and enthusiasm among MBU staff
- Residing in an MBU was considered by all staff involved in our consultation to offer great benefits for mothers and babies, yet some MBUs operate under capacity[89]
- It was reported that decision making around applying for an MBU place is complex. A lack of clarity on the criteria for gaining an MBU place was cited by MBU staff involved in the consultation, as one reason why so few women may apply for an MBU place. One UK report identified that of the 112 mothers they surveyed from mainstream prison, 92% knew about MBUs before going into prison and just 30% applied for an MBU place. The main reasons identified for not applying were:

[89] The NOMS Women's and Equalities Group recently commissioned a piece of work regarding this issue and having implemented the work's recommendations, have seen an increase in MBU place take up compared to the previous year

- 24% of mothers reported their child was already in a social services placement
- 23% did not feel prison was the right environment for their child
- 16% reported their child was settled with another family member
- 10% had children who were over the age requirement for the MBU
- 4% did not know they could apply (see, Gregoire et al., 2010[90])

- It was also reported that the assessment process can take a long time, while reports are being collated by social services and probation. This increases the anxiety felt by the women, unsure as to whether they will be able to keep their baby
- There is significant potential to improve the health and wellbeing of mothers and babies in prison at this important time and to have a positive impact on reducing re-offending

4.4.2 What are the challenges?

- Whilst anecdotal reports are abundant, there is a very limited evidence base from which to identify the benefits of residing in an MBU for mothers and babies
- There are gaps in knowledge and awareness of the different services available at individual MBUs and both staff and mothers may not have enough knowledge on which to base an informed MBU selection decision
- There is no follow up information on the wellbeing of mothers and babies leaving MBUs, so staff do not know the impact of their services. Staff felt that having access to this information would help them to improve and promote their services
- It was suggested that some women and their babies who may benefit from the support which an MBU could offer could prove ineligible for an MBU place. Where it is acknowledged that each case is judged on its own individual merits, the eligibility criteria may be considered challenging for women with multiple needs, as one study assessed the admission criteria as '*appear[ing] to select out women with psychiatric morbidity, child care problems and other difficulties that may make them unsuitable for a mother and baby unit*' (Birmingham, et al., 2006: 393[91]). Before an Admission Board agrees admission it must be satisfied that the following current criteria are met:
  - It is in the best interests of the child/children to be placed in a Mother and Baby Unit
  - The applicant is able to demonstrate behaviours and attitudes which are not detrimental to the safety and well being of other residents
  - The applicant has provided a urine sample which tests negative for illicit drugs
  - The applicant is willing to refrain from substance misuse
  - The applicant is prepared to sign a standard compact, which may be tailored to her identified individual needs
  - The applicants ability and eligibility to care for her child is not impaired by poor health, or for legal reasons such as the child being in care or on the Child Protection Register as a result of the applicant's treatment of that child, or other children being in care

[90] Gregoire, A, Dolan, R, Birmingam, L, Mullee, M and Coulson, D (2010) The mental health and treatment needs of imprisoned mothers of young children, *Journal of Forensic Psychiatry and Psychology*, 21: 3, 378-392.

[91] Birmingham, L, Coulson, D, Mullee, M, Kamal, M and Gregoire, A (2006) The mental health of women in prison mother and baby units, *Journal of Forensic Psychiatry and Psychology,* 17: 3, 393-404.

- A woman offender on a prescribed Methadone or Buprenorphine (subutex) withdrawal or maintenance programme must not be excluded from a place on a unit solely for that reason[92]

- Sometimes delays in decision making regarding MBU applications can cause additional stress for mothers who want to ensure they can plan appropriately for the care of their babies, indicating a need for more timely decision-making processes

4.4.3 Good practice examples

- HMP Holloway publishes a weekly pregnancy list which is shared with midwives and voluntary organisations. This flags up those women who may need support in making a decision about applying for an MBU place

4.5 Developing the workforce

4.5.1 What have we found?

- The Prison Service has conducted a benchmarking exercise which has standardised prison officer hours when allocated to MBUs. However, the MBU staff and expert panel members reported feeling that the impending budget cuts required within the criminal justice sector could potentially impact negatively on staffing levels and training opportunities for staff engaged in the provision of services to this client group
- It was acknowledged that the life experience of MBU staff and informal learning is important, though this is not in itself adequate preparation in the absence of education and training
- In order to work on an MBU, Prison Officers are required to put in a formal request and therefore officers working on an MBU do so by choice[93], notwithstanding the gender specific staffing restrictions outlined in PSO 8005[94]. Predominantly female officers request to work on an MBU and as an unintended consequence, mothers and children on MBUs do not generally have the opportunity to be exposed to positive male role models
- Where all prison staff are well aware they have a responsibility to care for prisoners as well as perform a 'discipline role' on an MBU, MBU staff reported that for prison officers working in MBUs, fulfilling their discipline role in the essentially nurturing environment of an MBU can sometimes prove challenging (North, 2005[95]: 4 and 21).

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[92] Prison Service Instruction 54/2011 Mother and Baby Units, Section 2.2.5 (Page 7), superseding Prison Service Order 4801[92], Management of Mother and Baby Units.

[93] North, J (2005) Getting it Right? Services for pregnant women, new mothers, and babies in prison: 21: http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/prisonsreport.pdf (accessed 03/05/11).

[94] Prison Service Order 8005 (Updated October 2001) "Establishing an Appropriate Staff Gender Mix in Establishments" A document giving advice to Governors on determining the unified grade gender mix to meet legal and operational requirements in respect of visitors, staff and prisoners. This document relates specifically to the number of women unified grades available to undertake tasks which are gender specific, in other words, tasks that have to be carried out by women staff. This could either be in regard to ensuring that privacy and decency considerations of women prisoners, visitors and staff are met, or where the provision of certain personal welfare or counselling services, due to their sensitivity, require that they can only be delivered by women staff.

[95] North, J (2005) Getting it Right? Services for pregnant women, new mothers, and babies in prison http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/prisonsreport.pdf (accessed 03/05/11).

This was also reported as a concern for prison officers outside of MBUs who work with childbearing women in the general prison population

4.5.2 What are the challenges?

- There is variable overnight staff cover across the MBU estate; some MBUs have fully trained discipline officers on site overnight, whilst others provide ancillary staff care. MBU staffing is a pragmatic strategic level decision, which individual MBUs have little control over. However, participants in this consultation reflected it was more appropriate to have overnight discipline staff cover
- There are limited opportunities to access ongoing training and 'refresher' training tailored to individual prisons due to staffing and resource constraints
- It was reported that there is limited ongoing staff training around breastfeeding support
- There will be different training needs for MBU staff across the estate depending upon how long babies generally reside in different units
- Training for MBU staff will also need to reflect the different developmental stages of babies who reside in units. Staff in the wider prison population (i.e. non-MBU staff) and also health professionals in the community may have training needs in relation to delivering services to all childbearing women and their babies who have come into contact with the criminal justice system. A NOMS representative reported that a new course for MBU staff and MBU liaison staff in other prisons is now available

4.5.3 Good practice examples

- The MBU at Eastwood Park has 24 hour prison officer, MBU trained, discipline staff cover, which was a required necessity outlined by the prison service who commissioned the service
- The MBU at HMP Styal has 24/7 cover, provided by Action for Children, a voluntary sector, not for profit organisation

4.6 Multi-agency communication and collaboration

4.6.1 What have we found?

- There were examples of effective communication channels existing between MBU managers and health / MBU staff
- Examples of excellent multi-agency networks beyond the prison were also identified

4.6.2 What are the challenges?

- A general lack of an identified system of multi-agency communication, in terms of being 'joined up' was reported by those engaging in the consultation. For example, one representative from a Community Midwifery Team reported not receiving information about the release of mothers and babies into the community

- Examples were provided where more generic health sector staff often had little experience of working with women who have come into contact with the criminal justice sector
- There appears to be limited engagement from certain agencies, for example hospitals and court staff. It was reported that certain hospitals and court staff often remain uncommunicative at a more strategic level with regard to services for women and babies who have come into contact with the criminal justice sector
- Health professionals have a clinical focus and may be unaware of risk assessments and prison regime issues when caring for women who have come into contact with the criminal justice sector
- Similarly, most prison officers will have little experience of health issues and the needs of women in pregnancy, labour, birth and postpartum, and while breastfeeding or of babies' health and development needs
- There are complex IT systems, data collection and information sharing issues when working in partnership with other agencies
- It is unclear to what extent communication exists between MBU staff and non-MBU staff who may have a role with childbearing women in prison and also between health professionals and childbearing women who are not resident in MBUs

4.6.3 Good practice examples

- At HMP Bronzefield mechanisms exist for the views of and needs of women prisoners to feed directly into the work programme of the local Maternity Services Liaison Committee
- Quarterly meetings between MBU managers and Independent Chairs provides opportunities for discussion on common matters, sharing of good practice and for finding solutions to difficult problems
- There is an MBU Nursery Nurse bulletin shared between MBU Nurseries. Each MBU Nursery takes it in turn to edit the bulletin, where innovation and good practice is shared. This bulletin is supported by Babies in Prison
- AT HMP Bronzefield, a primary care data system is being used in the prison to facilitate access to childbearing women's healthcare records

Section Five: Proposed Practical Strategies

5.1 Introduction

A range of practical solutions were proposed to the issues raised in the previous section by participants in this consultation. Some identified solutions are already being utilised in some MBU sites and others are not. Some proposed solutions will require testing and or research before implementation. Others are simple but potentially beneficial suggestions, for example improving lines of communication. The section below outlines these key proposed solutions to the challenges faced when providing services to childbearing women who have come into contact with the criminal justice system.

5.2 Proposed solutions: Consultation findings

As in the previous section, the proposed solutions are presented under the key themes (and sub themes) identified according to a thematic framework, as follows:

- Developing the potential of childbearing women in prison
- Mother and baby well being:
  - Health care and services for childbearing women in prison and their babies
  - Food and nutrition
  - Attachment and separation
  - Resettlement in the community
- 'Realising' the benefits of MBUs
- Developing the workforce
- Multi Agency communication and collaboration

5.3 Developing the potential of childbearing women in prison

The proposed solutions to ensuring childbearing women in prison who secure an MBU place are provided with the most effective opportunity to develop their potential whilst in prison were identified by the consultation activities as follows:

- Protocols could be developed which would outline specific multi-agency and holistic pathways for the personal development and education of childbearing women in prison and on release. These protocols would assist those who are responsible for the health and wellbeing of mother and babies in prison and assist in their accountability to provide the high standards of holistic care for both these women and their babies.
- In particular, women may benefit from attending Antenatal classes, Parent-craft classes, Child development education (attachment and separation), Nutrition education, Food management, Breastfeeding support and Peer support training
- Where possible, attending antenatal and parenting classes, personal and child development classes should be included as part of the prison regime compliance in line with attending other prison programmes. These capacity building groups should be incorporated into overall sentence planning for the mothers and addressing the needs of the child to engage in bonding and play activities with their mother, which mirror the parenting experience of mothers in the community.
- Further solutions identified included:

- Linking peer support networks within prisons with external schemes e.g. Birth Companions, Breastfeeding Network/NCT, Health Visitor
- Striving for equity in access to third sector support services across the female estate (e.g. Evolve, Birth Companions, Little Angels Breastfeeding Support and SWANS[96], Doula Pregnancy Support and community-link projects)
- Facilitation of service user involvement in service developments where possible (e.g. in the development of education and support initiatives)
- Increasing the involvement of third sector agencies to support the mother's and baby's wider family through agencies such as Action for Prisoners Families, which deliver training on the impact of imprisonment on the wider family network
- Learning from the 'Family Nurse Partnership' model which provides intensive one-to-one antenatal and postnatal education, tailored to individual need, which could be utilised in this sector
- Ensuring awareness and involvement of specialised support services (e.g. Hibiscus and Birth Companions) in addressing the specific needs of particularly vulnerable women (e.g. foreign national and young mothers) in the prison setting

5.4 Mother and baby well being

The proposed solutions to the mother and baby well being theme have been categorised into the following four sub themes, in keeping with the formatting of the rest of this report:

- Health care and services for childbearing women in prison and their babies
- Food and nutrition
- Attachment and separation
- Resettlement in the community

5.4.1 Health care and services for childbearing women in prison and their babies

The need for a more consistent and joined up approach to the care of pregnant and postpartum women in the prison population, as well as women held in police cells and women being released from prison, was identified as key work areas. Practical solutions designed to address these issues included:

- The introduction of special wings for pregnant and postpartum women at each female prison
- Providing the opportunity for pregnant women to visit the MBU to ensure empowered and informed application decisions
- The allocation of Support Officers for each woman identified as pregnant, postpartum, or breastfeeding on entry to prison
- A structured support pathway for mothers who give birth whilst in prison but do not have an MBU place
- Training to be developed and delivered to enable prison and health staff to provide physical and emotional support for childbearing women in prison. A NOMS representative reported that a new course for MBU staff and MBU liaison staff in non-MBU prisons is now available

[96] Supporting Women Ante-Natal Services.

- Creating opportunities for the ‘clustering’ of local expertise in particular prisons which do not have MBUs, and making connections with female prisons that do have an MBU. It was felt that this would provide the opportunity to share good practice and enable other prisons to draw on the expertise from experienced MBU staff

5.4.2 Food and nutrition

The need for a more consistent approach to nutritional policy and breastfeeding support across the estate was identified as a solution to ensuring a high standard of food and nutritional advice is provided to mothers in prison. Practical solutions may include:

- Provision of a tailored meal plan for pregnant and postpartum women and breastfeeding mothers (taking account of their additional/specific nutritional needs), whether or not they are on the MBU
- Infant feeding advice sessions conducted by appropriately trained breastfeeding supporters/counsellors and the provision of joint 'cook and eat' sessions on MBUs
- Where women have other children, arranging for family mealtime visits where families can cook and eat a healthy meal together
- Development and delivery of an antenatal infant feeding education programme for pregnant women and also family members where the baby will be cared for in the community
- Incorporate feeding/weaning advice and support sessions into sentence planning
- Enable women to cook on all MBUs, thus enabling weaning training and practical support
- Mentorship of childbearing women by other mothers on the MBU or by ex-MBU residents
- Clarity is needed around pregnant and postpartum women in prison regarding their entitlement and access to the Healthy Start system. Once clarified, an ordering/storage system in each prison for a stock of Healthy Start vitamins and milk could be developed for the midwife/health visitor/health worker to distribute. These could also be used to supplement their prison diet
- When women are given a custodial sentence, a system could be developed whereby Healthy Start vouchers and vitamins are distributed directly to women in the prison. The monetary savings which could be made by the prison as a result could enable pregnant foreign national women with no recourse to public funds to receive additional help
- Development of a benefits advice pack for all pregnant prisoners, to include Healthy Start forms, could be included on entrance to prison and during resettlement processes

5.4.3 Attachment and separation

The need for effective multi agency monitoring and support for those women who are separated from their babies was identified as a key work area with regards to the management of attachment and separation issues. This may include:

- A needs analysis developed and completed by relevant health sector staff to assess the impact of separation on individual mothers and enable an appropriate response to their needs
- The monitoring of self-harming in women who are separated from their babies

- A multi-agency follow up support package for mothers who have been separated from their babies with a specific focus on postnatal psychological wellbeing
- The provision of staff training (both prison and health sectors) in providing physical/psychological support to women who are separated from their babies

5.4.4 Resettlement in the community

The need for increased awareness for all agencies working with women and babies in the criminal justice system, particularly around the impact of returning into the community, was identified as a key solution to a seamless programme of care under the resettlement theme. This may include:

- Education packages for both statutory and non statutory service providers in the community around the challenges of working with female offenders who are also mothers
- The collation of evidence and data on the impact of the transition from prison to community for mothers with young babies, and the impact on their health and wellbeing
- Ensuring effective referral systems between prisons, health services, and Women's and Children's Centres in the community, especially for those women released without statutory supervision. Ensuring the mother's and children's families and voluntary agencies are informed and engaged in the resettlement process
- Ensuring effective commissioning policy is in place in relation to Women's Centres, to ensure consistent provision for women offenders being released
- Encouraging Women's Centres to liaise closely with Prison Visitor Centres and with local health services

5.5 'Realising' the benefits of MBUs

The need for a co-ordinated national and local approach to promoting awareness of and demonstrating the benefits of MBU provision, with centrally agreed policies, was identified as a proposed solution under this key theme. This may include:

- The development of an internal promotion strategy that utilises existing and former MBU residents to promote the unit to pregnant women in the general prison population
- The production of a 'glossy' brochure for MBU staff and women prisoners to raise awareness of the services and advertise the provision available in each individual MBU. The brochure could be designed as visually informative and translated into different languages to ensure broad accessibility. The brochure could also be made available as a world wide web-based resource for women and their families in the community. The brochure would benefit from including important information regarding the fact that babies will be able to leave the prison for community visits. Currently a booklet entitled: ‘All About Mother and Baby Units” is available[97], however this booklet focuses on expectations of behaviour on the unit and does not provide a breakdown of the facilities in different MBUs and does not contain photographs

[97] has been translated into a multitude of languages and is being disseminated across the estate

- Encourage male staff in the wider prison (e.g. in education, chaplaincy) to have a regular presence on MBUs to ensure babies have exposure to positive (and non uniformed) male role models whilst in prison
- The development of a research and data collection strategy to demonstrate the potential impact of MBU residence compared with childbearing women who are not MBU residents. This may include developing a robust evidence base around the impact on health outcomes and reoffending rates. Many audiences would benefit from accessing this type of information, such as:
    - mothers with babies in prison having to decide which MBU to access
    - health care and criminal justice commissioners
    - prison and MBU Managers
    - government departments

- Assuming outcome data could be obtained, there is potential to conduct a cost benefit analysis on MBU care compared with other interventions
- Local Clinical Commissioning Groups need to have an understanding of women prisoners' needs. Health care providers at women's prisons could be required, as part of their contract, to gather and collate data relating to babies born in prison and mothers. The NICE data collection tool for women with complex needs was suggested as providing a good basis to commence this type of data collection. An alternative solution would be to add an additional component to the System One for Health Care currently being piloted in the prison service
- MBU entry criteria could be reviewed to assess whether more women with more complex, multiple mental and physical health care needs could be allocated places on MBUs. This could be achieved in liaison with psychiatric MBUs in the community to learn from their model of working

5.6 Developing the workforce

In order to maximise the standard of care for childbearing women in prison, a multi-agency partnership approach to developing the skills of the prison workforce was suggested under this proposed solutions theme, which may include:

5.6.1 An internal training programme for prison staff

- Setting up a 'buddying' system whereby staff who are new to the MBU are mentored by more experienced staff
- Linking specific training to staff appraisal targets
- Organising training in a way that makes it most accessible, for example as part of existing team meetings
- Education and training for prison staff working in the mainstream women's estate[98] (but not MBU) regarding the healthcare and psychological needs of pregnant women and mothers separated from their children

[98] These sorts of training issues are currently under review by the NOMS Women's and Equalities Group

5.6.2 *Utilising external training opportunities and training for health service staff*

- The prison service could conduct a scoping exercise to identify training being provided outside the prison estate which could be beneficial for health service staff working with childbearing women in prison
- Prisons could better utilise training offered by the NHS and external agencies
- Prisons could better utilise local specialist maternity staff to deliver bespoke training in each MBU
- Development of a multi-agency approach, whereby organisations such as RCGP[99] and NOMs could link in with prison drug treatment services to provide training for prison staff in addressing the needs of women who have multiple and complex needs, that are also mothers

5.7 Multi-agency communication and collaboration

The proposed solutions presented under this theme focussed on the development of multi-agency protocols which would guide a childbearing woman's journey through the criminal justice system (community, prison and release and maintenance in the community post-release), as follows:

- Protocols should be developed for ensuring effective communication between health, social care and criminal justice agencies when childbearing women are taken into custody and when they are released from custody
- Ensuring there is a named person in each relevant agency (health, criminal justice, social care) to take overall responsibility for cases of childbearing women in prison. This would ensure a more co-ordinated response and clarity of communication between sectors
- The health sector is huge and individual workers may work with only a very small number of women offenders, thus awareness training for health staff to address stereotypes of female offenders was considered helpful
- Linked up communication and engagement between all relevant agencies such as prisons, Visitors Centres, PCTs, Heads of Service/Commissioners, Integrated Drug Treatment Centres (IDTS), Women's and Children's Centres, the Police, neonatal units, NACRO, Local Authority, Safeguarding, Court Staff, Probation, YOT, acute hospitals, community health, voluntary sector, healthcare in prison and prison catering would enable a more holistic care pathway for mothers and babies
- Consider the setting up of a regional Mothers and Babies in the Criminal Justice System Board, involving all relevant agencies. This would be similar to the Safeguarding Children Board model and/or Police and Children's services model. The board should include members from all agencies listed above
- Maternity Service Liaison Committees (MSLCs) should have a key role in this work and could act as the coordinating agency, as they have responsibility for maternity services in their area
- MSLCs in areas with women’s prisons could review maternity and newborn services formally on an annual basis
- Providing easier access to prisons for community-based staff to aid continuity of care and seamless service provision

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[99] Royal College of General Practitioners.

- Commission specialist staff training and maternity-related services between service budgets to facilitate multi agency working
- Production of a robust childbearing care pathway laying out the responsibilities of each agency, subject to periodic audit
- Adopt a specific lead or national co-ordinator to develop a strategic approach to care and services for childbearing women in prison and their babies

5.8 Limitations and strengths of this work

This work was a small pilot consultation and the methodology was limited by time and resource constraints. Due to similar constraints, workshops were conducted with practitioners in only 2 of 7 MBU units. Interviews with MBU Managers did not manage to engage everyone across the sector. Due to the short time scale of the funding for this exercise, the team was also unable to speak to mothers in MBUs or those who were now in the community or to women who did not get a place on an MBU. This is a significant omission, which the consultation team acknowledge. It is anticipated that, should a further submission for funding be successful (details in the next section), these shortcomings will be addressed.

The main strengths of this consultation project were twofold. First, that it identified consistent findings across all the stages of the consultation activity, evidenced in this report. Second, the level of expertise amongst the participants in this consultation past the consultation team's expectations, both by the high level of experience and also the diversity of agencies and individual's taking part from all the relevant sectors; health, Prison Service, National Offender Management Service, Community, private, public and the voluntary sectors. We would like to express our gratitude to all those involved in this consultation.

Significantly, our pilot work identified an active interest, commitment, and common purpose across all the relevant sectors to improve the situation of mothers and babies coming into contact with the criminal justice system. This point illustrates the timeliness of this work area and increases the potential for its findings to be used across the range of relevant settings, thereby making a difference to the health and wellbeing of this vulnerable group of childbearing women and babies.

Section Six: Next Steps

6.1 Introduction

Given the proposed solutions highlighted in the previous sections of this report, the consultation team have made the following broader-brush recommendations for the concentration of future development work in the areas identified, as follows:

6.2 Mother and baby well being

6.2.1 MBU residents development

The provision of a structured education programme designed specifically around the personal development of childbearing women in prison, which is mainstreamed within the prison regime, utilising peer support models. The underpinning rationale behind this recommendation is that residency at an MBU could be utilised to both improve the health and wellbeing of mothers and their babies along with providing an opportunity to provide self development and practical skills which could have a positive impact on offending at this key time.

6.2.2 Development of a pathway for childbearing women through the criminal justice system

In the form of a mandatory set of national guidelines ensuring consistency and equity across the female estate which is informed by the audit, research and effective data collection strategies mentioned below, to ensure the roll out of effective good practice across the female prison estate.

6.3 Realising the benefits of MBU provision: A national structure

6.3.1 A national audit

Establishing what facilities and services for childbearing women and their babies are available and where, is a key priority. This would ideally include a mapping of the exiting delivery models of current MBU provision and all community-based services available locally to each MBU. This activity would enable the linking up of support provision into each MBU and enhance the continued care for those women with babies being released in to the community, including Women's Centres and access to breastfeeding support.

6.3.2 A national data collection strategy

The centralised collation of appropriate data to illustrate the impact of MBU provision is also a key priority work area. This activity would ideally include collation of data on the number of childbearing women in prison, those in MBUs, the reasons why certain groups of women decide not to apply for MBU places, and the birth weight of children born to mothers in prison. These data could also include monitoring of child development in order to assess the impact of accessing or not accessing these services, particularly in terms of any impact on reoffending rates. These data would inform strategic service provision decisions and promote information about the high standards of care provided by MBU staff, to help to support the continued funding of these services.

6.4 Enhancing partnership working: A communication and collaboration process

All involved in the consultation process reflected their view that in this area of work, the engagement of all relevant agencies was essential along with ensuring clear, direct lines of communication were in place. It was reflected that the next steps in this process varied from improving the information-sharing protocols between agencies, mapping of regional process and the identification of a link person with responsibility for this client group in each agency. These activities would assist both health and criminal justice staff trying to provide a seamless service to childbearing women and babies coming into contact with the criminal justice system.

6.5 Developing the workforce and awareness raising

The provision of a structured on-going rolling programme of MBU staff training, utilising wider existing health agency training, was supported as a key development in the future planning of this work area. The existence of a reciprocal arrangement for community health staff to attend training at the prison was also identified as a good practice example. It was also felt that developing a programme of awareness raising activities regarding working with women who have come into contact with the criminal justice system should be delivered to other agencies, for example, Her Majesty's Court Staff, hospital Accident and Emergency staff, and neonatal staff. It was felt that this would improve the standard of care and services for childbearing women and babies who have come into contact with the criminal justice system.

6.6 Future research agenda

As indicated throughout this consultation report, there are many elements that need further evidence gathering and research-based activities to inform any future developments in practice.

To this end, the consultation team from the University of York and the Hallam Centre for Community Justice have developed a collaborative research proposal. The overall focus of the submission is to provide an evidence base to inform practice in this area by identifying ways of improving health, well being, and development outcomes for childbearing women and babies who come into contact with the criminal justice system.

The questions to be addressed in this proposed future study have arisen directly from the pilot work detailed in this report, and are in alignment with the recommendations of a previous substantive review (Edge, 2006[100]). The research questions have been identified as fundamentally important by NHS and prison staff and by advocacy groups who work directly with women in prison and with ex-offenders. The overarching questions which it is hoped will be addressed by this proposed future study are:

- How can the health, wellbeing, and experiences of pregnant and childbearing women in prison, and their babies, be improved?

[100] Edge, D (2006) Perinatal Healthcare in Prison: A Scoping Review of Policy and Provision, The Prison Health Research Network, Department of Health (http://www.ohrn.nhs.uk/resource/Research/PCSysRevPerinatal.pdf).

- 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?

The proposal includes plans for qualitative work to examine the views and experiences of childbearing women in prison, including those on MBUs and those not on MBUs. It will be submitted to an appropriate funding body.

6.7 Further consultation and dissemination activity

Dissemination of this report will be undertaken through:

- The HCCJ web site (www.shu.ac.uk/research/hccj/)
- HCCJ's Community Justice Portal, which is a dynamic information and networking e-learning environment for all those engaged in the community justice sector
- Cascading this report to health practitioners, commissioners and managers through the website of the Mother and Infant Research Unit at University of York and through the regional Health Innovation and Education Cluster (HIEC: www.yhhiec.org.uk)
- The HIEC website will support ongoing network development and the building of multidisciplinary communities of practice
- The report will be sent to every women's prison and regional NOMS Women and Equalities Group (responsible for monitoring of MBUs)
- Prison Governors/ Prison Directors and the Chief Executive of the local Primary Health Care Trusts
- It will be sent to senior health policy makers and professional organisations including the Department of Health, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, and the Royal College of Paediatrics and Child Health
- And other relevant agencies, such as:
    - The Public Health Observatory for Children and Maternity (ChiMat)
    - The Prison Inspectorate
    - Prison visitors centres
    - Local authority representatives for Children Services
    - Key voluntary organisations for children
    - Director of Children's Services
    - Local government associations

Sheffield Hallam University

Tackling health inequalities through developing evidence-based policy and practice with childbearing women in prison: a consultation

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