



University of
Hertfordshire **UH**

The Lost Mothers Project

Spotlight on maternal separation in English prisons:
Implications of the Lost Mothers project findings for policy and practice



Content Warning

This Spotlight paper contains discussions of sensitive and potentially distressing topics, including experiences of suffering, separation of mothers and babies in prison, and references to self-harm and suicide. We acknowledge that this content may be upsetting for some readers. Please take care while reading and seek support if needed.

A note on language

We use the words 'woman' and 'mother' throughout this Spotlight paper, reflecting the identities of the those who took part in the Lost Mothers research. We recognise that not everyone who is pregnant or has recently given birth identifies as a woman or mother. Our reflections, priorities, and wider commentary in this report are intended to include anyone who is pregnant or has recently given birth, whatever their gender identity or how they express this.

* All women interviewed for the Lost Mothers project have been given pseudonyms in this report.

Introduction

The Lost Mothers project is a collaboration between researchers at the University of Hertfordshire, the charity Birth Companions, and an advisory team of women with personal experience of pregnancy, motherhood and separation from a baby while in prison.

This groundbreaking project brings vital focus to the needs and experiences of women who are separated from their infants due to imprisonment. It also considers the experiences of the health and social care professionals and prison officers who play a central role in delivering care and in shaping the outcomes for these women and their babies.

In this Spotlight paper, Birth Companions reflects on the study findings, and their implications for policy and practice.

"The worst thing I could say I've ever experienced in this life, is the separation. It's like you literally take something from inside of me and take it away... They literally take a piece of your heart... It's like they leave enough to keep it beating, and the rest of it has gone."

Tabby*

The Lost Mothers project was shaped and delivered in partnership with women who have personal experience of early motherhood in prison. By centring their lived and learned expertise from the very outset and at every stage, the Lost Mothers project has set a new standard for meaningful co-production within academic research.

 [Read more about co-design in this project ¹](#)

Introduction

continued

The first 1001 days from conception to a child's second birthday is a crucial period for both mothers and infants. Evidence shows that what happens during this time lays the foundations for children's long-term physical and mental health and wellbeing.² Separation during this period can significantly impact bonding and attachment, and poses risks to both mother and child.³

In 2022, the Chief Social Worker's review of prison Mother and Baby Unit (MBU) application processes⁴ found evidence of significant failings, leading to avoidable, unjust and traumatic separations, and raised fundamental questions about the legitimacy of the system currently used to decide whether mothers can have their babies and infants in their care while they are in prison.

In 2023, NHS England's National Women's Prisons Health and Social Care Review⁵ also identified significant levels of trauma, distress and anxiety among separated mothers entering prison; and highlighted support around maternal separation as a major area for improvement.

Despite these recent reports, there has remained a notable gap in research and focus on the experiences of mothers and babies separated as a result of imprisonment, and the systems and structures in which these separations take place. **The Lost Mothers project focuses on addressing this gap.**

It is clear to us that prison is not and can never be a safe or appropriate place for pregnant women, mothers, or infants

The harm and distress caused to mothers and babies – both by the prison system and by experiences of separation – are acute, disproportionate, and heap harm on top of harm. We urgently need an ambitious new approach to pregnancy, birth and early motherhood across the whole criminal justice system (CJS). A trauma-informed and compassionate response to the first 1001 days must now be embedded throughout and beyond this system, to end unnecessary separations; improve outcomes for mothers and children; and break intergenerational cycles of harm and disadvantage. At least 11 other countries already prohibit or severely restrict the imprisonment of pregnant women and mothers of young children for just these reasons.⁶ It is not a radical suggestion that England should now follow suit.

Compulsory maternal separation in prison occurs when mothers of infants under two enter prison, necessitating separation from their babies in the community; or when women who give birth during their time in custody are separated soon after birth.

HMPPS do not collect or publish statistics relating to mothers who are separated from children under the age of two, despite the fact that the key prison policy framework⁷ mandates standards of care around maternal separation in this period. Annual statistics about pregnancy and birth have been produced since 2023.

There are six prison-based MBUs in England, where mothers and babies can remain together until babies are a maximum of 24 months old. However, access to these units is far from straightforward; the processes involved were found by the Chief Social Worker to be complex and opaque;⁸ and many women's applications are not approved by MBU Boards.

Some women already have involvement with children's social care before imprisonment, while, for others, involvement only begins after entering custody.

Care for babies who are separated from their mothers in custody is varied. Some are placed with family members in the community, while others go into foster care or are adopted.

Separated mothers are at high risk of harm. In 2016 Michelle Barnes died by suicide in HMP Low Newton shortly after giving birth and being separated from her baby. The Prison and Probation Ombudsman's investigation into her death⁹ revealed critical failings in her care, citing a lack of coordinated planning and poor communication between prison staff, mental health services, and social services, with no comprehensive postnatal care plan or support in place for her wellbeing before or after separation.

Mothers' fears around potential separations are acute. The Coroner's Inquest into the tragic death of baby Aisha Cleary, in her mother Rianna's cell in HMP Bronzefield in 2019,¹⁰ acknowledged the severe toll the anticipated removal of her baby had on Rianna's mental and physical wellbeing; and exposed significant failures in the support provided by prison, social care, and healthcare services.

Separation has a huge impact on children. It can interrupt an infant's established breastfeeding, and disrupts the mother-baby attachment, risking significant trauma during a time known to be crucial for long-term development.¹¹ It is well evidenced that severe and chronic stress during the first 1001 days, such as that caused by separation from a primary caregiver, can impact on a baby's emotional and physical health and wellbeing, their social skills, and their cognitive and linguistic capacities.¹²

Effective community-based alternatives to custody exist, allowing mothers to stay with their children and access support from a range of services. These are proven to reduce reoffending and address the root causes of criminalisation, yet they remain underutilised.¹³

What we learned continued

The findings of the Lost Mothers project

Over a 12-month period the Lost Mothers research team conducted in-depth research in **five** women's prisons in England. Observations were conducted during **five** Mother and Baby Board meetings, and individual interviews were held with **74** participants.



In-depth research of this sort produces rich insights into the experiences of women at risk of or experiencing separation from their babies in prisons. Here, we summarise those findings. For more detail, including moving testimony, we encourage you to read the full Lost Mothers report.¹⁴



The full report is available to read [here](#).

How women experience separation

“After six days, they came and picked her up, and I've never felt pain like that in my whole life. It was like something ripping off me... It was just really hard, and then I come back to prison, and I just collapsed.”

Freda

- Maternal separation is described by mothers as **physical pain**; and as a **deep, emotional craving**.
- Separation is felt as an **ambiguous loss**. While separated mothers experience **intense trauma** and **grief**, there are often no clear narratives or structures to help them understand and process the loss of a child who remains alive.
- The needs associated with the trauma, grief, and pain felt by separated mothers are **poorly addressed, and often exacerbated, by the prison environment**. In the course of the research, mothers and the professionals working with them questioned the ability of the system to ever fully meet these needs.
- Women's **past and continuing experiences of trauma** intersect in complex and painful ways with the trauma of separation.
- **Women's acute mental health needs linked to separation are often felt to be invisible or ignored**. Women spoke of hiding or suppressing their distress, for fear that it will be held against them by prison staff, social workers, MBU Board chairs and judges.
- **Maternal identities remain vital** to mothers in prison, but there are many challenges in maintaining these identities after separation. Many women place huge value in objects associated with their babies, yet the prison system continually undermines their importance.
- **Fear of judgment and a sense of injustice compound the trauma** felt by mothers facing or experiencing separation. Many describe a lack of opportunity to prove their ability to parent, and an acute sense of unfairness around the way decision-making processes, including MBU applications, are explained and handled.
- Mothers are **determined to maintain agency and autonomy**, yet they do so within a system built on complex dynamics of power, control and punishment. Women find themselves navigating multiple and complex systems and services in order to protect their maternal rights, often at great expense to their mental health and wellbeing.

“I'm just left, like you're nothing... But I'm his mum. I'm his mummy who gave birth to him, who nearly died giving birth to him. I created that baby. I should be just as important now... I don't see why I'm just nothing now.”

Hope

What we learned continued

Women's fears, and their hopes

"I'm going to ask them – worst-case scenario – could they keep him in foster care until I get out? But I don't think they can. I don't know how it works. You don't get enough information about stuff like this. There's no information, because I don't know about fostering, and adoption like that. I just remember giving up my guardianship and signing a paper."

Faith

- **Women's fear of losing custody is enormous.** Even anticipated separations that do not eventually happen have significant impacts for mothers, impacting their readiness to disclose their needs, including around experiences of abuse, mental ill-health, and physical health. Uncertainty about legal processes and lack of clear information heighten women's fears, leaving them feeling powerless in decisions made about their child's future.
- **Hope and the preservation of the maternal identity** appear to be key protective factors for mothers at risk of or experiencing separation. For women who lose custody of their infants, the idea that they will seek their mothers out when they turn 18 is felt as a vital lifeline, and a reason to keep going.

"I suppose it is good to have a little bit of hope, to get me through it. My hope is that my children come and see me, I don't know, in about 19 years. But I know they will, and that's all I can live for... because I want to meet my children. Yeah, that focus. Oh, it's far in the distance, but I'll get there."

Leticia



The support women get, and the support they need

"I just remember my whole world was just shattered, and I'd just had my baby, and he'd been taken away... The officers were talking between themselves... England were playing, and they were cheering and whooping... I was just thinking, how can life continue like this? How are you so oblivious? That made me feel really, really alone."

Meera

- **Significant institutional insensitivity exists** in relation to the needs and experiences of mothers at risk of or experiencing separation, with women experiencing profound disconnection between their emotional reality and institutional responses.
- **Emotional and psychological support for separated mothers in prisons is severely inadequate, and often counterproductive.** Specialised perinatal mental health services are largely absent. Suicide and self-harm monitoring processes, such as Assessment, Care in Custody and Teamwork (ACCT), are experienced as punitive rather than supportive. Women describe being fearful of showing vulnerability or fully expressing their mental health needs in these punitive settings, creating further risks for mothers already experiencing the intense trauma of separation.
- **Women at risk of or experiencing separation in prisons know what they need. They yearn for personalised and structured support, but are all too often unable to access it.** Separated mothers consistently expressed desire for dedicated mental health facilities, small peer support groups, externally facilitated safe spaces to process emotions, and personalised approaches that acknowledge their individual circumstances and traumas.

"There weren't no officers there to go, are you okay? Do you want to talk? None of that... It was like, oh, she's a criminal. She deserves to have her baby taken from her... I got to a point where I was suicidal... There was no one there. I had to make myself better, and there was no one there."

Leticia

What we learned

continued

How professionals experience working with women before, during and after separation

“When you go through prison college, they tell you all about the male. It’s all very male-orientated, because the prison service is male-orientated... Oh, by the way, you’re going to a female establishment! You will encounter women who are pregnant, who will be giving birth, who will have their children and without their children.”

Prison Officer

- **Formal training on supporting women through separations remains starkly lacking.** Both prison officers and midwives spoke of learning “on the job,” through trial and error, despite training around supporting pregnant and separated women being set out in the prison policy framework.¹⁵
- **Professionals experience significant emotional toll from witnessing separations,** with many reporting lasting psychological impacts. Resource limitations exacerbate staff burnout and reduce quality of care.
- **Multidisciplinary collaboration around women facing separation is poor,** leading to a strong culture of blame and communication breakdowns between different professionals. Ultimately, this was seen by professionals themselves as leading to inconsistencies in support provided to women causing further harm to women facing separation.
- **Approaches to boundaries vary by profession.** While prison officers often emphasised the need to maintain rigid boundaries for security and discipline, midwives and other health and social care professionals spoke frequently of the need to stretch boundaries in order to provide care that felt adequate.
- **Challenges inherent to the prison system leave both mothers and staff with little control.** Despite some positive efforts and good intentions, staff trying to enact meaningful change to improve outcomes for women facing separation are met with many barriers – from geographic challenges that impede coordination with services outside of the prison, to staff shortages and role inconsistencies that compromise the quality of the care provided.

“You feel some days like you’re just fighting a system that you’ll never change.”

Midwife

Systemic issues as barriers to good support

“I think the system has failed me, again. I just don’t understand, and I wish I could even appeal it now, but I can’t, I’ve signed the paperwork. I don’t understand. They set me up to fail”

Faith

- **Personal and structural bias and racism** affect decision-making around maternal separations in the prison system, with professionals remarking on inconsistent assessment processes between women of different ethnicities.
- **Many official processes and procedures that structure women’s experiences of separation within the prison system are deeply inadequate, heaping harm on top of harm.** ACCT documents (designed to protect prisoners at risk of self-harm or suicide) are used inconsistently for women experiencing separation, and are often implemented ineffectively, with officers focussing on surveillance rather than support. Section 20 forms (voluntary care arrangements) are often misused, with women being asked to sign them without proper understanding or legal representation, and in vulnerable circumstances immediately after birth.
- **MBU board decision-making processes remain deeply flawed.** Many of the Chief Social Workers observations from 2022¹⁶ are echoed in the Lost Mothers findings, raising serious questions about the slow uptake of her recommendations. Social workers frequently fail to attend board meetings, often making separation recommendations based solely on written reports, for women they have never met. MBU boards also frequently fail to recognise the ways in which distance, travel costs, and logistical challenges will impact separated mothers’ opportunities to have visits from their babies.

“It is grating that [children’s social care] put a report in, don’t come to talk to the woman about the report, don’t appear at the board, put the report in and then many of the women don’t actually understand the report implications.”

MBU Board member

What should happen now?

Building a better approach to pregnancy and early motherhood across the CJS

Recent indications from the Secretary of State for Justice and the Prisons Minister, the creation of the Women's Justice Board, and recent¹⁷ and proposed¹⁸ changes to sentencing guidelines (some of which are currently on hold¹⁹), show promise for reducing the overall numbers of pregnant women and mothers of infants entering prison. But these changes will take time, and many past commitments to reduce female imprisonment have failed to translate into reality. In the meantime, we must ensure that mothers and babies are no longer separated unnecessarily through incarceration. Consideration of the specific needs associated with the first 1001 days must be embedded within every point of contact a woman has with the CJS.

1001 days in the CJS



A better approach to pregnancy and early motherhood in criminal justice

Based on the findings of this research, and the priorities of Birth Companions' 1001 days in the CJS campaign, we urge action on ten key points.

- 1** End the use of custody for pregnant women and mothers of children under the age of two, in all but the most exceptional of circumstances
- 2** Mandate the approach to sentencing for women in the first 1001 days
- 3** Address the remand and recall of women in the 1001 days
- 4** Develop a probation policy framework
- 5** Place independent social workers in all women's prisons
- 6** Fully implement the Chief Social Worker's recommendations to improve MBU decision making
- 7** Radically improve the level of understanding across CJS and children's social care
- 8** Create a comprehensive and consistent pathway of care for women in the CJS who are at risk of or experiencing separation
- 9** Implement robust auditing processes for all policy and practice reforms
- 10** Ensure substantial and sustained funding for community-based alternatives to custody.

1 End the use of custody for pregnant women and mothers of children under the age of two, in all but the most exceptional of circumstances

Prison is not and will never be a safe or appropriate place for mothers and babies during the first 1001 days.

Policy efforts across government departments and the voluntary sector should be squarely focused on a radical reduction in the number of pregnant women and mothers of infants in custody. This would ensure mothers and babies stay together and allow them to access the care and support they need within their own communities.

2 Mandate the approach to sentencing for women in the first 1001 days

A mandated approach to sentencing in the 1001 days is needed to deliver this radical reduction. Sentencing guidelines for pregnant women and mothers of infants have been strengthened in recent years,^{20,21} as have prison policies on pregnancy, birth, MBUs and maternal separation.²² Yet the findings of the Lost Mothers study, along with wide evidence, show us that guidelines and policies often fail to translate into better practice, and are insufficient in the face of such huge impacts for mothers and babies.

A mandated approach to sentencing women in the first 1001 days should prioritise diversion away from the CJS, and require Judges and Magistrates to make proper use of the community, deferred and suspended sentencing options already available to them.

Every sentencing exercise undertaken for a pregnant woman or mother of a child up to the age of two should include a mandatory 1001 days impact assessment, to specifically take account of the needs relating to this critical time for mother and child. Such an impact assessment would also ensure all requirements and conditions are appropriate to these needs.

What should happen now? continued

3 Address the remand and recall of women in the 1001 days

As we have seen in the Lost Mothers findings, and corroborated recent statistics,²³ the numbers of pregnant women and mothers of babies who are in custody on remand and due to recall are extraordinarily high.

The harm caused by custody and separation are disproportionate in nearly all cases, but are particularly indefensible when applied to those women who have not even been sentenced – many of whom go on to receive no custodial sentence at all.²⁴ Pre-trial detention must be prohibited in 1001 days, in all but the most exceptional circumstances.

Recall to prison during the 1001 days must also be prohibited unless there is a clear risk posed to others. Administrative recalls for missed appointments and other low-level breaches cannot continue to be allowed to put the health and wellbeing of mothers and their babies at risk.

4 Develop a probation policy framework

As we look towards a future in which far fewer pregnant women and mothers of infants are held in custody, it is essential that we embed a strong focus on the 1001 days throughout the probation system. The prison system has a policy framework²⁵ in place, yet the probation system currently has nothing comparable.

5 Place independent social workers in all women's prisons

Pregnant women and mothers of infants in prison currently have to navigate complex children's social care involvement, MBU boards, and family court proceedings with little access to information, little to no contact with the local authority social workers making decisions about the care of their child, and little advocacy. Support to navigate these complex and distressing processes is vital for ensuring that the rights of mother and child are upheld, and that fair decisions are reached.

A recent evaluation by PACT²⁶ has shown that having Independent Social Workers embedded in prisons is effective in ensuring women are able to engage fully with social care processes. ISWs work independently of both the prison and local authority social care systems, meaning they are well positioned to build trust and support women's engagement with both.

While we work to secure a rapid and radical reduction in the numbers of pregnant women and mothers of infants in prisons, it is essential that those women who are there now – and who may remain there under any future 'exceptional circumstances' – are able to access appropriate social care support.

6 Fully implement the Chief Social Worker's recommendations to improve MBU decision making

As has been shown starkly in the findings of the Lost Mothers study, MBU decision making processes are all too often opaque, bureaucratic, beset with personal and structural bias and racism, and felt to be deeply unfair by the mothers involved.

The recommendations of the Chief Social Worker for Children and Families in England were clear; MBU processes need to be improved.²⁷ Other than the appointment of new Independent Panel Chairs,²⁸ however, very little progress has been made on these recommendations, which included the need to properly consider introducing a right to legal representation for mothers during hearings.

To ensure fair and equitable outcomes, steps must also be taken to ensure racially minoritised women are better supported through the MBU application process. This should include increased representation and diversity on MBU boards, improved cultural sensitivity and trauma-informed practices.

Without full implementation of the Chief Social Worker's recommendations around MBU processes, and the role of social workers within them, this system will continue to see women separated from their babies without due process, and amidst a sense of acute injustice.

7 Radically improve the level of understanding across CJS and children's social care

Those working with women in the CJS, across policing, the courts, prisons (including prison healthcare) and probation should have specific training on issues relating to pregnancy and early motherhood. Those working in children's social care should be supported to understand the intersections with criminal justice involvement in this period. Staff across all sectors who are involved in the care of pregnant women and mothers facing separation from their babies should receive robust trauma-informed training and meaningful, structured reflective support.

What should happen now? continued

8 Create a comprehensive and consistent pathway of care for women in the CJS who are at risk of or experiencing separation

As set out in Birth Companions' Birth Charter for women with involvement from children's social care,²⁹ a joint national health and social care pathway is needed to guide the care and support given to women at risk of or experiencing separation from their babies shortly after birth. A related pathway, specific to the CJS, should be created to address the intersections between these systems.³⁰

Where women do enter prison, improved consideration and provision in relation to their contact with children's social care is necessary. This must include fully trained and well supported Prison Mother and Baby Liaison Officers (PMBLOs); well-resourced and appropriate specialist midwifery provision; and tailored consideration of the specific needs of separated mothers within ACCT procedures.

Based on the Lost Mothers findings, this pathway should also include provision for:

- Specialist perinatal mental health support for all women at risk of or experiencing separation, with appropriate crisis provision in place 24/7³¹
- Specialist support around cessation and/or re-establishment of breastfeeding, and support to express, store and transport breastmilk safely³²
- Peer support programmes
- Creative tools for emotional support
- Co-produced resources to help women understand and navigate systems and processes, their rights, and sources of support
- A co-produced training module to accompany the pathway.

A dedicated CJS pathway could incorporate the Giving HOPE project³³ – already embedded in communities across the country – and must be co-produced with women with current and past experience of maternal separation in prisons.

9 Implement robust auditing processes for all policy and practice reforms

Work to acknowledge and support the specific needs of women facing separation from their infants, across the CJS and beyond, remains disjointed. Many of the recent and upcoming reforms to guidelines, policies and practice specifications risk being diluted, forgotten or ignored, if robust auditing processes and regular reviews are not undertaken.

Maternal separation should become a key standing item on the agenda for the HMPPS National Advisory Forum on Pregnancy, Mother and Baby Units, and Mothers in Prison. This Forum, NHS England Health and Justice, and HMPPS itself should regularly review all maternal separation provisions.

10 Ensure substantial and sustained funding for community-based alternatives to custody

The expertise that exists within women's sector organisations, including women's centres and specialist service providers, is significant. These services provide vital and holistic support to women in contact with the CJS, and have an intimate understanding of the kinds of specialist support that can help mothers maintain or regain care of their children. Where these services are properly funded, they already provide workable and cost-effective alternatives to prison.³⁴

But such services are not guaranteed. Many women's organisations are not funded adequately and experience significant financial precarity, and are at risk of collapsing if investment is not increased and protected for the long term.³⁵ Alongside all moves to end the imprisonment of women during the 1001 days, we need a substantial and sustained funding plan for the women's sector.

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"I normally don't really talk about it to many people, like, today is just my only chance that I've had. Sorry, I can't stop talking."

Bettina

"There's not much support here, and I've talked your ear off."

Hope



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