Evaluation of Birth Companions perinatal support and peer support provision in two prison settings

Authors:

Dr Gill Thomson
Dr Rose Mortimer
Dr Michelle Baybutt
Dr Karen Whittaker

July 2020

Abbreviations

BCS	Birth Companions Staff
BCV	Birth Companions Volunteer
BPAS	British Pregnancy Advisory Service
HMPPS	Her Majesty's Prison and Probation Service
MBO	Mother and Baby Officer
MBU	Mother and Baby Unit
MDT	Multidisciplinary team
NPS	National Probation Service
OMU	Offender Management Unit
P/HCS	Prison or healthcare staff
ROTL	Released on temporary licence
SPOC	Single point of contact

Contents

EXECUTIVE SUMMARY 5
A. Introduction 14
B. Methodology 17
B.1 Aims and objectives 17
B.2. Study context 17
B.3 Design 18
B.4 Data collection 18
B.4.1. Birth Companions staff and volunteers, prison and healthcare staff 18
B.4.2. Peer supporters 19
B.4.3. Perinatal women 19
B.4.4. Secondary data 19
B.5. Recruitment 19
B.5.1. Prison/healthcare staff: 19
B.5.2. Birth Companions staff: 20
B.5.3. Peer supporters: 20
B.5.4. Perinatal women: 20
B.5.5. Group observations: 20
B.6. Data analysis 20
B.7. Access and ethics approval 20
C. Findings 21
C.1. Introduction to prison settings and Birth Companions provision 24
C.1.2. Remit and ethos of Birth Companions 24
C.1.3 Project activities 25
C.1.3.1. Perinatal groups/one-to-one provision 26
C.1.3.2. Maternity Champions – Peer support provision 27
C.1.3.3. Birth Companions Volunteers 30
C.2. Identification and access to women 31
C.2.1. Types and characteristics 32
C.2.2. Identifying eligible women 34
C.2.3. Access to peer support 36
C.2.4. Women's access to perinatal groups and support 39
C.3. Facilitating and extending care 40
C.3.1. Creating a safe space for care 40
C.3.2. Providing woman-centred support 42
C.3.4. Facilitating wider care 44
C.3.5. Mother and Baby Unit applications 47
C.4. Professional relationships and challenges to service delivery 49
C.4.1. Partnership working 49
C.4.2. Inappropriate 'care' by prison staff 51
C.4.3. Practical challenges to relationship building with women 53
C.5. Value and advocacy 54
C.5.1. Types and benefits of support 54
C.5.1.1. Instrumental and practical support 54
C.5.1.2. Information based support 55
C.5.1.3 Feeling cared for 56
C.5.1.4. Shared realities 56
C.5.1.5 Building social connections 57
C.5.2. Added value 58

C.5.3. Advocating for women's needs 59
C.5.3. Need for dedicated perinatal support 61
D. Summary of Key Findings and Recommendations 62
E. References 66

EXECUTIVE SUMMARY

Evaluation of Birth Companions perinatal support and peer support provision in two prison settings

Overview and aims

In May 2018 Birth Companions received funding from the HMPPS Grant Programme 2018/20 to provide perinatal activities and support within two prison settings that do not have a Mother and Baby Unit (MBU) and where it was expected that there would be less understanding of the needs of perinatal women in custody. The allocated funds were to:

- deliver an adapted perinatal group programme for pregnant women and for mothers who had separated from a baby/experienced pregnancy loss (8 sessions delivered on a fortnightly basis) on a rolling basis;
- provide one-to-one support for perinatal women, as an alternative or in addition to the group support;
- recruit and train women prisoners to become peer supporters ('Maternity Champions') to provide information, social and emotional support to perinatal women;
- recruit and train local volunteers to help facilitate the groups and provide one-to-one support. The volunteers were women (not in custody) with relevant experience of working with pregnant, breastfeeding or new parents and/or experience of supporting women/families in difficult situations;
- a research team at the University of Central Lancashire (UCLan) to undertake an in-depth evaluation of Birth Companions work in these two prisons.

The aims of this evaluation were: a) to explore whether and how Birth Companions perinatal activities influenced women's experiences and outcomes; b) to identify the facilitators and barriers to implementation of Birth Companions services, and c) to determine key recommendations and transferable lessons for other prison settings.

Methodology

An exploratory mixed-methods study design was used comprising: observations of perinatal groups and peer support supervision sessions; individual or group interviews with key stakeholders[1], and Birth Companions routinely collected evaluation, monitoring and socioeconomic data.

Findings

Data comprised:

- 35 interviews with perinatal women (n=4), peer supporters (n=7), Birth Companions staff/volunteers (n=9), healthcare staff (n=4) and prison staff (n=9)
- 8 observations of perinatal group or peer support supervision sessions
- 10 project meetings
- Evaluation data (feedback forms) from seven perinatal women

[1] Stakeholders included pregnant/perinatal women, peer supporters, prison and healthcare staff, and Birth Companions core staff and volunteers

Anonymized sociodemographic data of consenting perinatal women was also collected and reported. Data was synthesized into five key themes and associated sub-themes.

Theme one: Introduction to Birth Companions

Remit and ethos of Birth Companions:

- Birth Companions remit was to provide support to any perinatal woman who was pregnant, or had had a child (in, or outside of, custody), experienced a pregnancy loss, stillbirth, or termination, in the last two years.
- The service operates within a trauma informed, woman-centred and human rights ethos, based on the recognition that women's histories impact their current situation, behaviours and experiences.
- Birth Companions aimed to ensure that women's choices, privacy and dignity are respected; and that support is tailored to the needs of individual women.
- Perinatal support (provided by Birth Companions staff and volunteers within groups and/or individually, and via the peer supporters) is designed to develop trust-based relationships. Women are provided with evidence-based information to empower them to make informed choices and supported to disclose their perinatal issues and concerns. Birth Companions work with women to encourage them to seek help through engaging with other professionals directly, to facilitate needs-led support.
- Birth Companions aim to improve women's situations by providing, or advocating for, the receipt of practical and essential items, e.g. maternity clothes, maternity bras, extra pillows, additional food, and to make women aware of their entitlements whilst in prison. Where appropriate, Birth Companions support women to make applications to MBUs.

'Project activities'

- Details of how the core activities (perinatal group/one-to-one support, peer support training/provision, identification and training of local volunteers) were operationalised at each site are provided.
- Key challenges related to use of an appropriate space for the perinatal activities (such as a room for the perinatal group), and lack of appropriate screening procedures by prison staff when identifying peer supporters at Prison B.
- The peer supporters and volunteers were very positive about the training they received, and further support to develop resilience in listening to challenging stories was highlighted.

Theme two: Identification and access to women:

- Overall 71 women received support (from Birth Companions and/or peer supporters) across the two prison settings, with 64 perinatal group sessions provided. Women who received support were more likely to be White British, aged 22-34 years, not married, and currently pregnant.

Identifying eligible women:

- In both prison settings, pregnant women were identified on the induction wing and a referral system was established for Offender Management Unit (OMU) staff to refer these women into the Birth Companions service.
- The two prisons established different processes for identifying and referring eligible women to Birth Companions services:
    - Prison A had a perinatal pathway for all women who were/had been pregnant within the previous 12 months - this helped in identifying some of the women who met Birth Companions eligibility criteria.

    - In Prison B, the identification of eligible perinatal women was more ad hoc, but OMU staff and the peer supporters were proactive in helping to identify suitable women.
- Barriers to women not being identified and a lack of timely access to perinatal support included:
    - women refusing a pregnancy test;
    - not being identified as pregnant on the induction wing;
    - early transfers to other prisons; or
    - women not disclosing perinatal issues.

Access to peer support:

- While peer support was expected to commence as soon as possible on a woman's arrival at prison, variations were noted:
    - In Prison B, peer supporters were able to proactively approach and offer support to perinatal women; they referred women to Birth Companions support and attended the perinatal group.
    - In Prison A, the peers were required to work in pairs to mitigate risk and were not expected to regularly access the perinatal group. Peer supporters could only contact women after the lead OMU staff member had already approached women they considered suitable. Prolonged absences and communication delays with the lead OMU staff member meant there were on-going difficulties in promptly allocating women to peer support pairs.
- In both prisons, all peer supporters were housed on wings with relatively low security restrictions, meaning that they had more freedom to move around the prison. This was important for allowing them to work effectively.

Women's access to perinatal groups and support:

- Challenges for women to access Birth Companions support across both prisons included:
    - women not receiving a 'movement slip';
    - prison lockdowns due to staff shortages or security concerns;
    - clashes with other prison-related commitments;
    - woman's perceived level of risk;
    - women's complex histories.

Theme three: Facilitating and extending care

Creating a safe space for care:

- Participants referred to how Birth Companions open, caring, timely and non-judgemental approach enabled a woman-centred safe space to be created and positive relationships to be formed with women.
- From a prison and healthcare staff perspective, a key endorsement of the group's success was that women continued to re-access the group week after week, and particularly women who were highly vulnerable and had failed to engage with other services.
- The provision of juice, fruit and snacks at the perinatal group (and peer support training and supervision) was considered an incentive for women to participate – although for some women these items were valued because they symbolised care and were experienced as gifts.

Providing woman-centred support:

- While there was a set programme for the perinatal group, the focus was entirely dependent on the needs of presenting women. Participants considered Birth

Companions staff to have the necessary skills and capacity to flexibly adapt to provide woman-centred support.
- When Birth Companions were not provided with information about the women's situation (e.g. pregnant, pregnancy loss) in advance of the meeting, this could create challenges in being able to sensitively respond to different women's needs.

Facilitating wider care:
- The trust-based nature of the relationships between Birth Companions, peer supporters, and women enabled women to express their needs and concerns. Birth Companions staff, volunteers and peer supporters would then empower women to share their issues with nominated prison/healthcare staff or raise awareness of their needs within the establishment and make follow-up possible. Prison staff considered how awareness of women's needs enabled them to have a more comprehensive understanding of what was required for delivering individualised care and the need to provide woman-centred support.
- In Prison B a member of the OMU team attended the group for security reasons (due to the location of the room). This had benefits of offering a prison perspective and timely follow-up on specific actions (e.g. pregnancy packs). However, there were other occasions in both prisons where the presence of prison staff (during the perinatal group, or peer support supervision sessions) compromised the support that Birth Companions and peer supporters could provide, for example, when prison staff made comments that altered the tone of the group.
- While Birth Companions had not intended to offer 'through the gate' support to women post-release, it was offered in a limited number of exceptional circumstances to address gaps in service provision, and to create a more positive resettlement experience and outcome. However, this was highly resource-intensive work, which may make it unsustainable if offered long term or for more than a small group of women.

Mother and Baby Unit applications (MBU):
- A key area of concern related to MBU applications. Prison instructions stipulate that 'all' women should receive an 'All About MBUs' leaflet and be supported to complete a MBU application. However, at both prisons the booklet was not visible or available (unless directed or provided by Birth Companions) and there was a lack of understanding regarding MBU eligibility amongst prison staff.
- Whilst it was recognised that not all women wanted to apply to a MBU, there were reported instances of women being in prison for substantial periods of time without having seen an officer responsible for dealing with MBU applications, or women's applications only being processed after the baby had been born. This resulted in distress for some women who felt unable to make plans for their future.
- Birth Companions input (e.g. letters of support) into the MBU application process was not routinely requested by prison/healthcare staff. However, as their input was associated with successful outcomes, opportunities to maximise their involvement should be sought.

Theme four: Professional relationships and challenges to service delivery

Partnership working:
- An essential facilitator for Birth Companions service delivery was good links with lead OMU staff members, and particularly those who could sanction actions.
- Birth Companions had named OMU individuals at both sites and described very different relationships:
    - At Prison B the lead OMU staff member was available and responsive to requests. Birth Companions were able to access the OMU offices and were in

regular communication with other OMU staff members; both Birth Companions and the lead OMU staff member described a positive working relationship.
    - At Prison A, Birth Companions had to consult with one named contact. The initial staff member left, there was then a gap and the new staff member was then often not available. This led to disruptions and delays in the organisation and delivery of perinatal and peer support activities.
    - Prison A, unlike Prison B, had a perinatal pathway in place, with weekly multidisciplinary meetings (including representation from healthcare, prison and third sector organisations, including Birth Companions). When the team was first established, it offered the premise of effective multiagency working. However, a confidentiality breach led to a changed format, with core individuals attending the entire meeting, and other individuals (including Birth Companions on occasion) invited to provide short reports on women under their care, and then asked to leave. Some considered this change to have created a disjointed custodial reporting platform, rather than meaningful partnership practices.

Inappropriate 'care' by prison staff:

- There were examples of poor, insensitive and inappropriate care by prison staff that compromised the safety and wellbeing of women. These related to:
    - Contraventions of prison service instructions at both sites. These included: restraints not being removed on low-risk women when they arrived at hospital and staff members being present during intimate examinations. Prison staff were often unaware of the different escort rules regarding pregnant women.
    - While HMPPS guidance dictates that pregnant women should receive additional food, there was often no choice in the additional food received – leading to uneaten food and women going hungry.
    - There were lengthy waits for requests to be actioned, whether this be requests for food packs, mattresses or processing security clearance for the volunteers.
    - Further examples concern inappropriate comments (such as telling women to use a sanitary pad as a breast pad), special care requests not being actioned by prison staff and response delays.
- The lack of specialist training on the needs of perinatal women for prison staff in prisons without a MBU was highlighted as a concern.

Practical challenges to relationship building with women:

- Challenges related to:
    - Volunteers only attending the prison on an intermittent basis (due to a rota system), and Birth Companions offered fortnightly visits only.
    - While Birth Companions sourced and brought in items (with HMPSS permission) for specific women (e.g. maternity clothes, bras etc.) – these were often lost in the prison systems, leading to disappointment and compromising established trust.
    - The lengthy commute for Birth Companions staff to one prison in particular challenged sustainability, particularly in providing 'through the gate' support. Recruitment of local Birth Companions volunteers in part mitigated this challenge.

Theme four: Value and advocacy

Instrumental and practical support:

- Outside of the core activities of requesting and sourcing essential pregnancy related items for women, there were examples of peer supporters being proactive and responsive to women's needs. These included:

  - Working with gym staff to set up a class for pregnant women;
  - Coordinating a chapel service for a woman who had had a late miscarriage.
- Pregnancy bras were offered to all women, and more personal practical support (e.g. help in packing a hospital maternity bag, providing information in woman's own language) were highly valued.

Information based support:

- Women expressed how the perinatal group and support from Birth Companions was the only forum that enabled them to receive reliable and comprehensive perinatal information in prison. This information was deemed helpful for primigravida time and multigravida women. Women appreciated discussing and receiving information about perinatal and parenting issues, that led them to feel informed, and more in control of their choices - demonstrated in actions such as writing their own birth plans.

Feeling cared for:

- The woman-centred, safe space enabled women to feel *'like a pregnant woman'* rather than a prisoner. The personalised nature of advice, essential maternity items, and tangible efforts to meet women's needs, provided women with a sense of being cared for.

Shared realities:

- Women valued being able to discuss and share concerns with peer supporters who understood what it was like to reside in prison, and could advise women on how to navigate their time inside. Shared accounts offered reassurance and helped to acclimatize women to prison life.
- The communal and safe space of the perinatal groups encouraged and enabled women to share the expected or lived realities of pregnancy and motherhood.

Building social connections:

- While group dynamics were not always optimum, participants reflected on how opportunities for perinatal woman to come together in a confidential, non-judgemental space enabled women to form friendships and bonds, which in turn made them feel less afraid, isolated and alone.

Added value:

- Peer supporters, prison and healthcare personnel and Birth Companions staff all referred to how their involvement or engagement with the perinatal service provision had provided personal benefits such as enhanced self-worth and a better understanding of women's realities.
- Peer supporters expressed a personal sense of reward through knowing they had made a small difference in the woman's life. Their work as a peer supporter was also valued as evidence of their positive rehabilitation.
- Some prison/healthcare staff described how their involvement with Birth Companions led them to feel more able to provide evidence-based support, and how a better understanding of women's realities enabled them to have a better relationship with women.

Advocating for women's needs:

- Birth Companions advocated for women through highlighting perinatal needs and discussing relevant guidance from Prison Service Instructions with prison and healthcare staff.
- Birth Companions presented justifications for how practical items (such as mattresses and bras) would benefit prison staff and practices (e.g. better sleep and better mental health, peer support providing staff with more time to attend to other duties).

- Birth Companions were also instrumental in introducing access to the British Pregnancy Advisory Service (BPAS) in both prisons for women considering a termination post 16 weeks gestation.

Need for dedicated perinatal support:

- Birth Companions were perceived to offer a *'gold standard'* service that is extremely difficult, if not impossible, to replicate. This was due to Birth Companions knowledge of the prison system and women's rights, their skills and understanding of perinatal issues, and capacity and time to meaningfully engage with women.
- Women reflected on how Birth Companions offered additional information due to not being bound by statutory constraints and recognised how little support they might have received had the Birth Companions service not been available.

Key Recommendations

Recommendations relate to improving the care and support of perinatal women in prisons, and how to operationalise Birth Companions services and to optimise best practice in providing perinatal care and support.

Training for prison staff

Better training and education of prison staff is required if prisons are to meet their responsibilities for the health of women and unborn babies.

- As a priority, all prison staff in women's estates should receive training (mandatory and updates) on the needs, entitlements and escort arrangements of pregnant women, and wider issues faced by women who have faced pregnancy losses, stillbirths and terminations; ideally provided by organisations such as Birth Companions who have theoretical, practical and experiential knowledge in the support and care of perinatal women in prisons.

Mother and Baby Unit Applications

Overall there was a lack of dedicated support and information amongst prison staff in enabling eligible women to make applications to MBUs.

- Named prison officers with protected time who are specifically trained in the MBU process and perinatal issues should be responsible for distributing information to women (e.g. leaflets, verbally), initiating and follow-up of MBU applications. This work should also involve coordinating and encouraging Social Services visits to initiate a care pathway, early in the antenatal period;
- Input from other organisations, such as Birth Companions should be sought to inform and support women's MBUs applications.

Perinatal group provision

Women who access perinatal groups and/or access the one-to-one support found them to be an important source of information, opportunities for practical help, and emotional support. Recommendations to facilitate service delivery include:

- Weekly perinatal groups should be delivered in an appropriate space for group work, including a discrete area for one-to-one contacts to facilitate continuity of support and relationship building;
- A Birth Companions facilitator should be appointed from the local area of each prison, supported by trained local volunteers to enable sustainable service provision;
- HMPPS input should be embedded within the perinatal group to ensure prison-related information is provided where appropriate, and needs arising in the group are actioned

in a timely manner – for example, appropriately trained officers could attend the group at a convenient and mutually agreed time.

Identifying and engaging women

Taking advantage of the perinatal support provided by the Birth Companions service for women in prison requires accommodating prison systems that can ensure timely needs assessment, information sharing and communication between prison staff, Birth Companions staff and peer supporters.

- A pathway is needed for perinatal women to be identified and referred into Birth Companions at the point of admission into prison (e.g. via secure email), and then followed-up as necessary;
- Women's perinatal status should be recorded on prison IT systems to help flag up eligible cases and maximise referral opportunities;
- Birth Companions should be provided with the woman's name, prison ID, and a brief summary of her current status (e.g. gestational weeks of pregnancy, separated from infant) for a personal invite to be issued, and to help prepare suitable topics for discussion at the perinatal group;
- Women (and peer supporters) should be able to communicate with Birth Companions on an ongoing basis (via the Email a Prisoner system) – similar to other prison settings;
- Where appropriate, peer supporters should be provided with flexibility and autonomy to proactively approach and speak to women about their perinatal needs, and to facilitate referrals into Birth Companions/the perinatal group as required;
- Pregnant women would benefit from being housed together to establish informal peer support and facilitate contact by the peer supporters.

Identifying, and support for, peer supporters

Peer supporters provided a vital connection with women resulting in improved access to information and resources. Areas of good practice and suggestions for development comprise:

- Peer supporters require specialist training and supervision from Birth Companions to help understand the realities of perinatal women in prison;
- Opportunities for peer supporters to socialise (e.g. group supervision) should be offered to promote positive team practices and peer-debriefing opportunities;
- A named prison staff member, who understands the role and remit of peer support, could help resolve and mediate any issues arising during Birth Companions absence from site;
- Opportunities to expand the peer supporters' skills and capacities should be sought, to sustain peer motivation and enhance their skills - e.g. supporting family visits;
- A paired peer support approach could help in initial contacts when supporting women with high complex needs; however, this needs to be balanced against the challenges of coordinating peer support and level of need;
- Further training and supervision to build personal resilience should be offered.

Communications and partnership practices

The need for positive partnership and multidisciplinary practices was highlighted. A lack of commitment, communication and awareness from prison staff concerning the remit and purpose of Birth Companions posed challenges, undermining partnerships and the consequent care that Birth Companions staff and peer supporters could provide.

- A member of HMPPS staff who has dedicated time, appropriate training and sufficient authority to facilitate Birth Companions service delivery is crucial;

- Multiple and frequent opportunities to provide information and promote awareness of Birth Companions services within the prison setting are needed, e.g. within HMPPS mandatory staff training, residents' induction, email updates, prison radio and TV channel, leaflets and posters;
- A multidisciplinary meeting offers opportunities to provide coordinated, informed, woman-led care. A confidentiality agreement should be in place to enable key stakeholders to participate in meaningful, needs-led discussions;
- Birth Companions work should be shared at existing, and appropriate prison-related meetings to raise awareness of their work;
- Women would benefit from the involvement of Birth Companions at relevant meetings, i.e. child protection meetings, to enable a more holistic perspective on women's level of engagement.

A. Introduction

Although women make up a relatively small proportion of the prison population[2] in countries such as the United Kingdom (UK), their imprisonment rate is increasing faster than men (Shaw et al., 2015; Prison Reform Trust, 2015). Many female prisoners are mothers of infants or young children; the number of children with a mother in prison in the UK is estimated to be more than 17,000 (Prison Reform Trust, 2015) and considered to be an 'invisible' group (Kincaid et al, 2019). The drivers for women's offending differ significantly from men's (Prison Reform Trust, 2019), and their journeys to incarceration are complex and varied - many have co-morbidities of addiction, mental illness and significant trauma histories of family violence and physical, emotional and sexual abuse in childhood (AIHW, 2015). These issues are also often compounded by substance misuse, inadequate access to legal assistance, limited capacity to speak or understand English or a lack of family support (Fowler & Rossiter, 2017). Women prisoners are more likely to come from situations of poverty, have unhealthy and unsupportive relationships, eat unhealthy diets and have lower levels of education than the population overall (AIHW, 2015; Lord Farmer Report, 2019; Sutherland, 2013). These risks clearly compromise women's health and have important implications for the health of their future offspring, making intervention and research with pregnant incarcerated women a key public health issue[3] (Shlafer et al., 2015).

Women who are pregnant/have a child while in custody are particularly vulnerable and face significant challenges. The specific reproductive and psychosocial health needs of women prisoners are highlighted in key UK government documents (Corston, 2007; HM Inspector of Prisons, 1996). Pregnant incarcerated women are likely to experience depression and anxiety (AIHW, 2015), which places them at high risk of adverse maternal and fetal outcomes (Mukherjee et al, 2014; Shaw et al, 2015). An Australian retrospective cohort study undertaken by Walker et al (2014) found that babies born to incarcerated women were more likely to be born premature, have low birth weight and require hospitalisation compared to community controls, consistent with data from the UK and USA (Walker et al., 2014). While imprisonment provides opportunities for health interventions, perinatal outcomes are often poorer given women's existing disadvantages (AIHW, 2015; Mukherjee et al., 2014; Shaw et al., 2015).

Care for perinatal women in prisons

Since 1957 international standards have prescribed that women prisoners should give birth in ordinary hospitals within the community (Council of Europe, 2006). Pregnant women in prison in England and Wales should have the same key maternity entitlements to National Health Service (NHS) care as the general maternity population (Department of Health (DH) 2004; DH, 2006). However, pregnant women in prison can face barriers in access to adequate ante/postnatal care including essential items, and their needs can be overlooked in prisons designed to house men (Ferszt & Clarke, 2012; Møller et al, 2007; Royal College of Midwives, 2019; Walker et al, 2014). Lack of training means some prison staff are not aware of protocols and procedures around responding to calls for assistance and the basic needs of pregnant and postnatal women, and women in labour (Abbott, 2018; Royal College of Midwives, 2019).

---

[2] Make up less than 5% of the overall population; 3719 women in prisons in England and Wales on 6th March 2020: https://www.gov.uk/government/statistics/prison-population-figures-2020

[3] Cross-party manifesto; First 1001 days to focus action on pregnant women, new mums and babies to reduce inequalities at the start of life and enhance long-term outcomes. https://parentinfantfoundation.org.uk/1001-days/

In response to a broad consensus that incarcerated mothers and infants should not be separated, Mother and Baby Units (MBUs) were started to be introduced into prison establishments in the 1960s. In England and Wales there are 12 women's prisons, six of which have Mother and Baby Units (MBUs). MBUs are specifically designed units that can house mother and infant dyads (generally up to 18 months of age). A recent report found that MBUs offer opportunities for mothers to bond with their baby in a more stable environment and can provide a vital source of perinatal support for mothers (O'Keefe & Dixon, 2015). Women who are accommodated in prisons which do not have MBUs and who give birth in custody, either gain places at MBUs at other prisons, or are separated from their babies and go back into the main prison population. Similarly, women who give birth in prisons with MBUs can also be separated from their infants, often due to the level of perceived capability and risk. Mother-infant separation inevitably creates additional emotional distress as women worry about who will care for their infant and how soon they will be separated following birth (Eloff & Moen, 2003; Huang et al., 2012) resulting in some separated women being at risk of self-harm and suicide and perinatal mental illness (Knight et al, 2016). Some infants are placed into the care of family members; others are placed in temporary foster care and a small number of infants are permanently removed from their mothers' care (Fowler & Rossiter, 2017). Her Majesty's Prison and Probation Service (HMPPS) Women's Team identified that pregnant women placed in prisons without MBUs are not able to benefit from experience and expertise built up by staff in prisons that have MBUs, and these prisons face challenges in facilitating women's applications for MBU places and supporting women after separation from their babies. During 2018-19, 60 women moved into a MBU in England and Wales and while 75% of MBU applications were successful, MBU spaces are underutilised[4] This can be due to reasons such as a lack of, or inadequate information being provided to women about the MBU application and processes (Sikand, 2015).

A recent report by Public Health England (2018) recommends a comprehensive range of provision for pregnant women and new mothers in prison including antenatal education and specialised peer support. However, a number of prisons in the UK do not provide these services.

Specialist perinatal provision for women in prison

Currently there are only a few published reports on perinatal interventions delivered in prisons. One US intervention concerns a six-session support programme designed for pregnant incarcerated women, developed via consultations with prison, health staff and women. Topics addressed during the programme involved the process of labour and delivery; fetal development; effects of alcohol, smoking, and substances on the fetus; prison rules and procedures regarding transportation to the hospital, support during labour and dealing with the anticipated separation from their babies (Ferstz & Erickson-Owens, 2008). A small-scale evaluation of the programme reported benefits through women being able to receive and offer support to each other, feeling less alone, being able to ask questions and to receive education (Ferstz & Erickson-Owens, 2008). A further programme is the Minnesota Prison Doula project - a 12-week group-based support programme that provides pregnancy, birth, and parenting services to incarcerated women (Shlafer et al., 2018). It includes education, individualised support for expectant mothers and support during birth facilitated by trained doulas. An evaluation of the programme found that women who accessed the group reported more parenting confidence, more support from other inmates, and more support from prison staff.

[4] 38 women were housed in an MBU out of 64 possible places at end of 2018 http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/human-rights-committee/the-right-to-family-life-children-whose-mothers-are-in-prison/written/102426.html

All the women (n=18) who received doula support had healthy babies - none were born preterm or low birth weight. One woman had a caesarean delivery and the rest had vaginal deliveries with no complications (Shlafer et al., 2015). A further benefit was that women who received doula support were more likely to initiate breastfeeding (Shlafer et al., 2018).

One UK based antenatal programme developed for vulnerable groups and delivered in community and prison settings is 'Baby Steps' - a perinatal education programme developed by the NSPCC in partnership with parenting experts at Warwick University (Hogg et al., 2014). The programme comprised nine sessions delivered from the 28th week of pregnancy and aimed to help parents manage the transition to parenthood, to help develop parent-infant relationships, to create social support and build resilience. An evaluation of the programme highlighted positive impacts such as parents feeling that it improved their communication skills; they viewed the programme as an important source of information and valued dedicated time and space for parents to address their concerns and share experiences. However, a key barrier for women prisoners was how a lack of control over their lives meant that they could not implement what they had learned from the course (Hogg et al., 2014). These insights thereby suggest that the programme content had not been suitably adapted for prison environment, or prisoners' specific needs.

Peer support as a method of social support is provided by individuals (peers) who have received some training and who share similar experiences and characteristics with those they support (i.e. incarceration). Peer support involves the provision of informational, practical, social and emotional support (Dennis, 2003). The potential salutary effects of peer support for recipients are believed to be created through mechanisms of reduced isolation; normalisation of affects; reduced impact of stressors; increased sharing of health and self-management and positive role modelling (Dennis, 2003). Studies have also identified how peer supporters can themselves benefit from enhanced knowledge, increased self-esteem and self-confidence, personal growth, greater empathy and improved communication skills (Fletcher & Batty, 2012; Schwartz et al., 2003). While some studies have identified the positive impact of providing peer support in a prison environment (e.g. Fletcher & Batty, 2012; HM Inspectorate of Prisons, 2016), to date there is no published research of the impact of a perinatal peer support intervention for incarcerated women.

Birth Companions was founded in 1996 to support perinatal women in Holloway Prison. Since this time, they have expanded their expertise to deliver antenatal/early parenting courses in different prison establishments that have a MBU (HMP Bronzefield and HMP Peterborough). This work includes providing separate support groups – one for pregnant women and one for mothers and babies – and to offer one-to-one support for women who have separated from their infants[5]. In 2016 Birth Companions received a National Lottery grant[6] to implement a 'Maternity Champions' peer support programme for perinatal women at HMP Peterborough that involved training a group of prisoners to provide information, emotional and social support to perinatal women in custody. The perceived benefits of this work for women include: improved mental health and well-being, reduced anxiety, reduced isolation, improved ability for women to give their babies the best start in life through the provision of evidence-based information, enabling women to make positive, informed choices about their pregnancy and early parenting; and the women who train as peer supporters (Maternity Champions) to receive

[5] Women who have separated from their infants can also continue to attend the antenatal group for support.

[6] With further funding to support this work received from the People's Health Trust in 2018

well-documented benefits of volunteering through improved confidence, self-esteem and communication skills.

In May 2018, Birth Companions received a funding award via the HMPPS Grant Programme 2018/20[7] to provide perinatal activities and support within two prison settings that do not have a MBU. The allocated funds were to deliver an adapted perinatal group programme: one group for pregnant women and mothers who had separated from a baby/experienced pregnancy loss (8 sessions delivered on a fortnightly basis) on a rolling basis; one-to-one support for perinatal women as an alternative or in addition to the group support ; recruiting and training women prisoners to become peer supporters ('Maternity Champions') to provide information, social and emotional support to perinatal women; recruitment and training of local volunteers to help facilitate the groups and provide one-to-one support." The grant also funded a research team at the University of Central Lancashire (UCLan) to undertake an in-depth evaluation of Birth Companions work in these two establishments. This work involved trialling a new model of support within prisons without a MBU where it was perceived that there was less understanding of women's perinatal needs. The aim of this evaluation was to elicit the facilitators and barriers to implementation of the perinatal activities, and whether and how this support influenced women's experiences.

B. Methodology

B.1 Aims and objectives

The main aims of the evaluation were a) to explore whether and how Birth Companions perinatal activities influenced women's experiences and outcomes, and b) to identify the facilitators and barriers to implementation of their services, in two prison settings. The objectives were to:

1. Identify how the perinatal group and peer support training/delivery had been operationalised in both prison settings;
2. Explore if, how, and why the perinatal groups and/or peer support had influenced maternity experiences and maternal wellbeing;
3. Identify barriers and facilitators to the implementation and receipt of perinatal and peer support provision;
4. Report on attendance and take-up of the perinatal group and peer support across the two prison settings;
5. Highlight key recommendations and transferable lessons for other prison settings.

B.2. Study context

An overview of the prison and the perinatal provision provided in each setting is provided as follows:

Prison A is an all-female establishment with adults and young offenders, and is capable of holding category A[8] prisoners. It is a closed prison with a capacity of 336, a limited number of which are serving life sentences. All residents are assigned a Personal Officer and an Offender

[7] HMPPS Grant Programme 2018/20: Enabling the voluntary sector to contribute to better outcomes for offenders in Public Sector Prisons, the National Probation Service and Youth Custody Service. (Theme 4) Improving the Health and Well-Being of Offenders within the Criminal Justice System.

[8] Category A prisons are for those identified as posing the most threat to the public www.prisonersfamilies.org/prisoner-category/

Supervisor. Perinatal women - pregnant women and those who have had a live birth, miscarriage or termination within the last 12 months - are also assigned a Family Engagement Coordinator. The prison has a weekly multi-disciplinary team (MDT) meeting for all women on the perinatal pathway that includes the midwife, Safer Custody, Family Engagement Co-ordinator, Offender Supervisor, mental health nurse, clinical nurse and both clinical and non-clinical substance misuse services. While the Family Engagement Coordinator has received safeguarding training, Personal Officers receive no specific training[9]. Offender Supervisors are expected to complete the National Probation Services (NPS) Child Safeguarding Training; 100% of NPS Offender Supervisors have completed the training, and HMP Offender Supervisors are in the process of undergoing this training. Pregnant women are encouraged to identify officers they would like to accompany them when they give birth, and this request is supported wherever possible. A midwife is employed to work 30 hours (4 days) per week at the prison, as part of an enhanced perinatal pathway.

Prison B is an all-female closed category prison, with adult and young offenders. The prison is spread over seven wings and can accommodate 187 convicted prisoners, 80 remand prisoners and 16 juvenile prisoners. The prison also has a healthcare centre with three inpatient beds. The prison has a family bonding unit to improve and strengthen family relationships, consisting of two flats fully equipped with a kitchen, lounge, play area and outdoor garden to provide a safe and relaxed space for contact visits for women who have been separated from their children. Every pregnant woman should get a named Mother and Baby Officer (MBO), who will have received specific training[10]. The MBOs main area of responsibility was to support applications to Mother and Baby Units (MBUs); additional duties included providing pregnancy related items (such as maternity clothing), organising and arranging a suitable birthing partner. A midwife provides support (e.g. an antenatal clinic) at the prison one day a week.

Following the death of a baby at HMP Bronzefield [11], a mandate was introduced for all prisons to provide hourly checks overnight (from 7.30pm to morning) for every woman in their third trimester of pregnancy[12].

B.3 Design

An exploratory mixed-methods study design was used, comprising:

- Observations of perinatal groups, and peer support supervision sessions;
- Interviews with key stakeholders, including pregnant/perinatal women, peer supporters, prison and healthcare staff, and Birth Companions core staff and volunteers;
- Birth Companion evaluation, monitoring and socioeconomic data.

B.4 Data collection

Data collection took place between January 2019 and March 2020. The data collection activities for the different population groups at each prison site included the following:

B.4.1. Birth Companions staff and volunteers, prison and healthcare staff

1. Interviews were held with Birth Companions core staff and volunteers, and prison and healthcare staff;

[9] It is planned that every prison officer within the establishment will receive safeguarding training
[10] This training focused on helping women to apply for a Mother and Baby Unit (MBU) placements (see XX)
[11] https://www.bmj.com/content/bmj/368/bmj.m724.full.pdf
[12] This mandate was still in place at the end of the data collection period (March 2020)

2. Regular meetings were held with the Birth Companions Project Manager to record decisions made regarding the planning, implementation and delivery of the perinatal activities.

B.4.2. Peer supporters

1. Group and individual interviews with women in prison who had been trained to provide peer support to perinatal women in the two prison sites;
2. Observations of peer supporter supervision sessions.

B.4.3. Perinatal women

1. Group and individual interviews with pregnant and/or postnatal women who had accessed the perinatal group(s) and/or peer support;
2. Observation of perinatal support groups;
3. Qualitative data captured in evaluation forms - developed and issued by Birth Companions staff to women[13].

While separate semi-structured interview guides were developed for women (one for women who accessed the perinatal groups, and one for peer supporters) and staff (one for prison/health care staff and one for Birth Companions) all explored the participants' experiences, perceptions, facilitators, barriers, and recommendations for service delivery.

Birth Companions core staff members, and all the prison/healthcare staff were invited to take part in further interviews, to map insights over time. All interviews with Birth Companions staff/volunteers were audio-recorded and transcribed in full for analysis purposes. On one occasion a staff member at Prison A provided hand-written notes to the interview questions. The project meetings with the Project Manager were hand-written only.

B.4.4. Secondary data

1. Summary reports detailed by Birth Companions staff following each perinatal group;
2. Anonymised socio-demographic and monitoring data collected by Birth Companions in relation to the numbers of women who access the groups, attrition rates, numbers of women who are trained/received peer support, etc.

B.5. Recruitment

B.5.1. Prison/healthcare staff: An information pack including an information sheet, consent form, contact form (to provide name, job role and telephone number), and return envelope that provides full details about the study were distributed by Birth Companions staff during prison visits or in meetings. On occasion, this information was emailed direct to named contacts. All participants were asked to complete and return the consent form and contact form prior to data collection taking place. A suitable time and date for the telephone interview was organised once the signed (ink or electronic) consent and contact form had been returned.

[13] Birth Companions evaluation forms were modified for the purposes of the evaluation for women to provide consent for their data to be shared with the UCLan evaluation team. Separate evaluation forms were devised for antenatal and postnatal women for feedback.

B.5.2. Birth Companions staff: All the three core staff members were asked to read an information sheet and to sign a consent form at an early face-to-face project meeting; with verbal consent obtained for further interviews. All volunteers were initially approached by the Project Manager about their involvement in the study and following their agreement they were emailed an information sheet and consent form by the evaluation team.

B.5.3. Peer supporters: Peer supporters were provided with a verbal overview[14] of the study and a written information sheet during supervision with Birth Companions staff. Peer supporters who were willing to take part in the study signed a consent form that included the opportunity to indicate if they would prefer a group or individual interview; signed consent forms were collected by Birth Companions staff. The researcher then attended Peer Support supervision meetings at each prison site and conducted group or individual interviews with women in attendance who had provided consent.

B.5.4. Perinatal women: Whenever the researcher attended a Birth Companions perinatal group, the Birth Companions staff member provided the women in attendance with a verbal overview[15] of the study and a written information sheet. At the end of the group meeting, the researcher asked if anyone would like to participate in an interview. If women expressed an interest, the researcher arranged to meet them somewhere else in the prison after the group had finished, for a brief informal interview. At this point, the woman was asked to sign a consent form.

B.5.5. Group observations: Birth Companions staff who deliver the perinatal group and/or supervision sessions asked women at the start of the meeting if they would be happy for a member of the research team to observe a session, and verbal consent was sought from each woman in attendance. All women were advised that the purpose of observations was to gain an understanding of the kinds of support provided during Birth Companions sessions. The researcher then sat in on meetings and made notes in a non-obtrusive manner to avoid interrupting the flow of the group. These notes were written up into more detailed field notes at a later stage. All identifiable information was removed from the final field notes.

B.6. Data analysis

All qualitative data, including interviews, fieldnotes, notes from meetings with the Birth Companions Project Manager, qualitative feedback detailed in the evaluation forms, was analysed using MAXQDA. Thematic analysis was undertaken on the data using the approach developed by Braun and Clark (2006). This process involved an iterative process of close reading, identifying key codes, grouping codes into sub-themes and finally creating themes that are reflective of the data as a whole. Two of the authors (GT and RM) were involved in the analysis process; with final analysis and interpretations agreed by all authors.

B.7. Access and ethics approval

At the outset of the study, emails were sent to the Governors of each establishment, outlining the study and requesting study approval and site access. This initial contact was followed up with a telephone call to discuss the study and associated resource implications for HMPPS staff and following which the Letter of Support required for ethical and NRC approvals was issued. A Single Point of Contact (SPOC) was agreed to facilitate researcher access to, and movement around, the prison rather than provide keys on the HMPPS Tracker; in practice, movement

[14] To support those with poor levels of literacy
[15] To support those with poor levels of literacy

around the prison was generally facilitated by Birth Companions staff, who themselves draw keys. Contact was made with the SPOC to discuss the purpose of the research, the practical aspects of doing the research (e.g. where and how to engage with the women; presence of uniformed staff and external service providers – e.g. midwife,) and needs of the researcher (e.g. safety, security awareness, access to women). MB and RM were fully vetted[16] to access/work in the prisons prior to study commencement – MB had clearance due to her long standing existing HMPPS contract, and RM due to undertaking previous research in prison settings. GT applied and was granted HMPPS vetting through HMP Low Newton. Before each site visit, the researcher contacted the SPOC to ensure it would be possible to enter the prison on the required day.

Ethical and governance approval was granted by the HMPPS National Offending Management System (2018-331), and from the University of Central Lancashire (STEMH 967) prior to commencing the study. As noted above all participants were provided with an information sheet and asked to sign (ink or electronically) a consent form; those who took part in a telephone interview only (i.e. prison staff, healthcare staff, Birth Companions volunteers) and had not provided a signed consent form in advance, were asked to provide consent at the start of the interview (with their agreement recorded on their behalf on the consent form). For those who agreed to take part in a second telephone interview, all consent statements were verbally re-confirmed, prior to data collection taking place.

It was recognised that some topics covered the in interviews could be distressing for perinatal women or peer supporters, as these related to potentially difficult experiences such as anxiety about birth, MBU placement, separation from one's baby, or experiences of supporting women in distress. Women prisoners are a vulnerable population for many reasons, and this vulnerability was taken into account during interviews. Difficult topics were sensitivity addressed and it was detailed within the information sheets that any concerns would be discussed with appropriate prison/healthcare staff; in the event, no such concerns arose, and all women seemed to value the opportunity to share their experiences in a confidential space. Importantly, talking about difficult experiences is not always 'bad' or risky; indeed, some studies show that prisoners enjoy talking about themselves and their experiences in interviews, even when the subject matter itself is distressing or difficult (Rivlin et al 2012). This points to the importance of developing a nuanced account of individual vulnerability that does not view prisoners as a homogeneous group, but rather respects their individual experiences and ideally finds way to manage vulnerabilities whilst recognising resilience (Rogers, Mackenzie & Dodds 2012).

C. Findings

An overview of all the data collected for the evaluation is detailed in Table 1, with further details provided below.

[16] This requires advanced Disclosure and Barring Services approval

Table 1: Overview of data collection

Participants	Number of participants	Number/types of data collection methods	Number interviewed in each prison setting
Perinatal women	4	4 individual face-to-face interviews	2 in Prison A 2 in Prison B
Peer supporters	7	2 group face to face interviews 1 individual face to face interview	4 in Prison A 3 in Prison B
Birth Companions core staff (BCS)*	3	1 group face to face interview 4 individual telephone interviews	-
Birth Companions volunteers (BSV)	6	6 telephone interviews	3 in Prison A 3 in Prison B
Project meetings	10	10 telephone interviews	-
Fieldnotes	9	Observations of 8 perinatal groups and 2 peer support supervision sessions	4 support groups–Prison A 3 support groups–Prison B 1 peer support supervision–Prison A 1 peer support supervision–Prison B
Prison staff*	8	9 telephone interviews	3 in Prison A 4 in Prison B 1 interview with a strategic lead
Healthcare staff*	4	6 telephone interviews	3 in Prison A 1 in Prison B
Evaluation data	8	Completed evaluation forms	1 in Prison A 7 in Prison B

* Some participants took part in multiple interviews (see below)

Perinatal women: Overall there were 4 interviews undertaken with perinatal women (two in each prison setting), and group (n=2; one in each prison) or individual interviews (n=1, Prison B) with seven peer supporters. All women interviewed were White, identified as female, and were aged between 19 and 50. Of the pregnant and perinatal women interviewed, one was pregnant with her first child, two were pregnant and had previous children, and one was approximately 9 months postpartum.

Evaluation data: Over the evaluation period only 14 evaluation forms were completed by women, with eight providing consent for their data to be shared with the evaluation team.

Fieldnotes: Eight observation visits were held between February-December 2019[17] (4 at Prison A, 4 at Prison B) which comprised observations at seven perinatal groups and two peer support supervision sessions (see Table 2).

[17] Two further visits were planned but had to be cancelled at short notice due to a) extreme weather and b) the COVID-19 pandemic

Table 2: Observation visits

Prison visit	Prison	Observation	Number of Women
#1	Prison A	Peer support supervision	4 Peer supporters
#2	Prison B	Support group	3 Pregnant women, 3 Peer supporters
#3	Prison B	Support group	2 Pregnant women 2 Peer supporters
#4	Prison A	Peer Support Supervision; Support Group	2 Peer supporters; 3 Pregnant women
#5	Prison B	Support Group	4 Peer supporters, 4 Pregnant women
#6	Prison A	Support Group	4 Pregnant women
#7	Prison B	Support Group	5 Pregnant women 1 Peer supporter
#8	Prison A	Support Group	2 Pregnant women

Birth Companions: A total number of 12 interviews (11 individual and 1 group) were held with 10 Birth Companions staff – this involved a group interview with the three core Birth Companions staff (Project Manager (BCS_1), Prison Services Coordinator (BCS_2), Participation Lead (BSC_3); two of whom took part in two further individual telephone interviews; six Birth Companions volunteers (BCVs) (n=3 in each prison setting) and a further member of the Birth Companions service (BSC*) who worked in a different prison, to provide wider context to service delivery.

Ten project meetings to discuss progress and challenges with implementation were held with the Project Manager (BCS_1) over the course of the evaluation.

Prison/healthcare staff: A total of 14 interviews (13 held via telephone, and 1 provided hand-written notes) were held with 11 prison or healthcare staff at both prisons (6 at Prison A; 5 at Prison B). Three staff members took part in two interviews (1 at Prison B and 2 at Prison A). A further interview was also held with a strategic lead from the Women's Estate (see Table 3)

Table 3: Interviews with prison/health care staff

Role	Code	Prison
Prison Staff	P/HCS_1	Prison A
Prison Staff	P/HCS_2	Prison A
Healthcare staff	P/HCS_3[1]	Prison A
Healthcare staff	P/HCS_4	Prison A
Prison staff	P/HCS_5	Prison A
Healthcare staff	P/HCS_6[1]	Prison A
Prison staff	P/HCS_1[1]	Prison B
Prison staff	P/HCS_2	Prison B
Prison staff	P/HCS_3	Prison B
Prison staff	P/HCS_4	Prison B
Healthcare staff	P/HCS_5	Prison B
Strategic lead	P/HCS*	Women's estate

[1] Interviewed twice

In the following sections, five key themes, together with associated sub-themes (see Table 4 for overview) are presented.

A selection of participant quotes and field notes that have been used to illuminate the key points being discussed. On each occasion, a participant (or fieldnote) code has been used (PN – perinatal woman; PS – peer supporter; BCS – core Birth Companions staff members; BCV – Birth Companions volunteer; to protect anonymity a general P/HCS code was used to identify a prison or healthcare staff member within the prison environment), a participant number (e.g. PN4, PS3, BCV2, P/HCS5) and the prison setting (as appropriate).

Table 4: Overview of themes and sub-themes

Theme	*Sub-themes*
Introduction to Birth Companions provision	• Remit and ethos of Birth Companions • Project activities
Identification and access to women	• Types and characteristics • Identifying eligible women • Access to peer support • Women's access to perinatal groups and support
Facilitating and extending care	• Creating a safe space for care • Providing woman-centred support • Facilitating wider care • Continuity of support • Mother and Baby Unit applications
Professional relationships, and challenges to service delivery	• Partnership working • Inappropriate 'care' by prison staff • Practical challenges to relationship building with women
Value and advocacy	• Types and benefits of support • Added value • Advocating for women's needs • Need for dedicated perinatal support

C.1. <u>Introduction to prison settings and Birth Companions provision</u>

In this section, an introduction into the remit and ethos of the Birth Companions service followed by an outline of the perinatal activities introduced within each prison setting is detailed.

C.1.2. Remit and ethos of Birth Companions

Birth Companions remit was to provide support to any perinatal woman who was pregnant, or had had a child (in, or outside of, custody), experienced a pregnancy loss, stillbirth, or termination, within a 2-year period. While it was considered that women who met any of these criteria would have similar needs, the needs of those who had experienced a loss, or had had a child, were less visible, and more likely to be missed; particularly women who were in the difficult process of being separated from their infant for the first-time post-birth, and with no established support networks in the prison. Furthermore, as both prison settings had no MBU, and staff were perceived to have less understanding of perinatal issues - the project also had a

specific focus on raising awareness of the needs and rights (e.g. MBU applications) of perinatal women.

Birth Companions operate within a trauma informed, woman-centred and human rights ethos, based on the recognition that women's histories impact their current situation, behaviours and experiences. They aimed to ensure that women's choices, privacy and dignity[18] are respected; and that support is tailored to the needs of individual women. The perinatal support (provided by Birth Companions staff and volunteers within groups and/or individually, and via the peer supporters) is designed to develop trust-based relationships. Women are provided with evidence-based information to empower them to make informed choices and supported to disclose their perinatal issues and concerns. Birth Companions work with women to encourage them to seek help through engaging with other professionals directly, to facilitate needs-led support. They aim to improve women's situations by providing, or advocating, for the receipt of practical and essential items[19], e.g. maternity clothes, maternity bras, extra pillows, additional food, and to make women aware of their entitlements whilst in prison. Birth Companions also support women to make applications to MBUs, where this is appropriate.

C.1.3 Project activities

Three Birth Companions core staff members (Project Manager, Prison Services Coordinator, Participation Lead) led on the coordination and implementation of the project activities at both prisons. This included:

- Attending the prison on a fortnightly basis to deliver a perinatal group (to include antenatal/early parenting issues), and offer one-to-one support as needed;
- Implementing the 'maternity champions' peer support programme that involved training a group of women in prison to provide information, emotional and social support to perinatal women;
- Identifying and training local women to become Birth Companions volunteers to provide support at the perinatal group and on a one-to-one basis with individual pregnant or perinatal women.

The Project Manager and Prison Services Coordinator facilitated the perinatal groups and one-to-one support with women in prison, and the Participation Lead trained and provided ongoing support to the peer supporters (supported by the Project Coordinator).

At Prison B, the perinatal groups and peer support work commenced in Summer 2018 due to pre-formed relationships and availability of trained volunteers to support the work. At Prison A, the perinatal group and peer support provision started later (November/December 2018) as Birth Companions were less familiar with the prison and wanted to understand more about the pre-existing perinatal pathway in place. There were also some delays relating to the prison identifying suitable women to join the Maternity Champions peer support programme.

Further details about each activity are provided below.

[18] In line with Articles 3, 8 and 14 of the European Convention on Human Rights.

[19] Birth Companions provide maternity bras (agreed as part of the project plan) as available underwear within the prisons is often ill-fitting and not suitable for pregnant women. They also provide bras for women who are expressing, and maternity clothes as needed.

C.1.3.1. Perinatal groups/one-to-one provision

An antenatal/postnatal[20] programme developed to be used within the group comprised eight set sessions:

Session 1	Common pregnancy complications; making decisions for labour, birth and beyond
Session 2	Pelvic floor; pregnancy exercises and self-care
Session 3	Hormones during labour, birth and beyond; induction; third stage of labour
Session 4	Pain relief options
Session 5	Birth positions
Session 6	Infant feeding
Session 7	Birth planning
Session 8	Postnatal recovery (and new-born care)

Each session was designed to facilitate a discussion on antenatal/parenting related issues for women who were pregnant or recently had a baby on a rolling basis; with leaflets and handouts, adapted to be relevant and sensitive to the needs of women in prison, provided as appropriate. In addition to this, as the remit of Birth Companions support extended to women who, e.g. had experienced a pregnancy loss, or a child removed from their care, the focus of the discussions was always flexibly determined, dependent on needs (see section C.3.2. for further information). The content of the programme also evolved, based on the needs of the women:

> Yeah, different needs perhaps crop up over time, so we might need more information about breastfeeding choices related to Methadone or other prescription drugs, so we can give women informed information that meets their needs (BCS_2)

Other changes to the material were informed by the specific prison setting. For example, in Prison B, the yoga leaflet had to be adapted due to space limitations in the women's rooms:

> So, with yoga we can say "OK they have a bunk, so they can stretch this way across the bunk, or they can sit on the floor with this much room", because we are always very mindful of giving women resources that really do relate to their environment. (BSC_3)

Perinatal women who required individual support due to, e.g. the sensitivity of their personal issue(s), group dynamics, or complexity of needs, could be offered one-to-one support[21]. The perinatal group was always attended by two members of Birth Companions (the Prison Services Coordinator and the Prison Manager or a Birth Companions volunteer) - to facilitate this need[22]. The ideal venue for the perinatal group would include a separate area for one-to-one support to be simultaneously provided. In both prisons, the group was held in one large room, with individual support either taking place in a discrete area in the same space, or in a separate area of the prison after the group had finished. In Prison B, Birth Companions were able to use the OMU offices for private conversations. In Prison A, this could involve hosting conversations on the wing or in a private room.

[20] While originally named as an 'antenatal/parenting' group due to the number of women who attended with wider perinatal issues, such as separation, termination, it was named 'perinatal group' for the purposes of the evaluation.

[21] The group venue had a separate area where one of the Birth Companions staff could speak to women in private; Birth Companions could also visit women on the wings and find a secluded area to discuss their concerns.

[22] On occasion there could be three when a volunteer was sitting in as part of their training.

C.1.3.2. Maternity Champions – Peer support provision

Remit of the peer support role

The role of the peer supporters was to extend the work of Birth Companions by encouraging and supporting women at the perinatal group and on an individual basis, both during and in between Birth Companions' visits to the prison. Their remit was to help facilitate women's transition into the prison by offering knowledge about the prison system and specific establishment, to accompany women to meetings where appropriate, to offer reassurance and emotional support, to advocate for the women and help them gain access to things they are entitled to (such as pregnancy pillows or additional food), and to be a positive role model. As Birth Companions staff only attended the prisons on a fortnightly basis, due to funding and geographical practicalities, they perceived it crucial that the peer supporters were able to offer support in their absence, e.g. *'to tell them all the information they need, what they're entitled to'* (BCS_1).

Birth Companions had no expectations of the quantity of support provided, but rather it was intended that the peer supporters would use a negotiated-proactive approach, agreeing the frequency of contacts with the individual women, and encouraging women to request contacts with peer supporters whenever support was needed. All the peer supporters were asked to keep case records for monitoring purposes[23]. They were also asked to complete training evaluation forms at the end of the training programme and then three to four months after they had started the role. Verbal evaluations were also sought during supervision sessions into, e.g. 'how are you enjoying the role', 'is there anything you have problems with' thereby providing opportunities to provide additional support[24].

All peer supporters received monthly supervision, initially provided by the Participation Lead, and then the Prison Services Coordinator; the Participation Lead continued to attend both prisons on a quarterly basis to meet/discuss ongoing issues. As Birth Companions were unable to have two-way communications with any of the women in prison[25], the peer supporters could consult with OMU staff if there were any concerns in between their attendance on site. Some peer supporters also highlighted how good relationships within the peer support team meant that they had an additional network of support, as needed:

> We are a good team. We know that we can talk to each other, and rely on each other as well. If I come across someone that I know I can't deal with for one reason or another, I know I can go to another peer supporter and say 'would you take on this person?' or whatever, because it's too hard for me. So, we can talk to each other about it, that's a good thing, we're a really good team (PS6_Prison B)

[23] To record women's initials, how many times they provided support to individual women and types of support provided; with this information discussed at monthly supervision sessions.

[24] As there were no options for the peer supporters to provide consent to share this data with UCLan, this information was not used as part of the evaluation.

[25] All prisons have an Email a Prisoner system where prisoners can receive direct emails. In some prisons where Birth Companions provide services, women can reply/make direct contact– however, this was not the case in either of the current prison settings.

Recruitment and qualities of peer supporters

At each prison, it was decided that the OMU staff would identify women who could be suitable for peer support. This was undertaken through asking prison staff to nominate women, and then obtaining reports from staff in different areas of the prison, e.g. security, previous prison employers (e.g. kitchen staff), education, wing staff, etc to get feedback concerning their level of engagement, general demeanour, behaviour in group and one-to-one settings, and relationships with others. The expected peer supporter qualities included: being able to demonstrate empathy, a commitment to supporting perinatal women, able to maintain boundaries and confidentiality, good communication skills, and where possible to recruit those who already had experience of a similar peer/mentor type role within the prison[26]; *'because it makes sense because they're already working in a lot of the ways that we would want them to'* (BCS_3):

> They're all singing, all dancing, and they can sort of slot into that without a massive amount of work going into them. Because they've already shown that, you know, they are identifiable prisoners – they've already shown that they're willing to learn, they've already shown that they want to work and support other people, so, it's just adding something to something that they're already capable of doing. (P/HCS_1_Prison B)

The peer supporters also retrospectively recognised the need for 'resilience' as an essential criterion. Resilience to cope with the pressures of prison life, and to be able to listen to women's stories, without feeling overwhelmed:

> It's a sad state of affairs that people have to struggle like that […] but if you don't come at it from that point of view you'll easily get sucked up and spat out of the system you're working in, because if you took every story to heart you'd drive yourself crazy wouldn't you? You'd end up so far down the bottom that you wouldn't be able to help anyone (PS1_Prison A)

It was also expected that prison staff would vet the peer's suitability based on their offending histories, whereby offences towards perinatal women or infants would preclude them undertaking this role:

> We have to ensure that they're offence is appropriate, so for example, we wouldn't want somebody being a peer advisor who maybe is in for offence against children, whatever that offence may be. (P/HCS_2_Prison B)

The pre-selected women were initially approached by OMU staff, and if willing, were asked to complete a Birth Companions application form to document their prior experiences, and interest in the role. A group meeting was then organised with the potential peers, Birth Companions and OMU staff to discuss the role, and to further assess the women's suitability, prior to attending the training.

In line with classic peer support provision (Dennis, 2003), Birth Companions original intention was to recruit peers with personal experience of pregnancy, birth, breastfeeding or parenting. However, as some of the selected peer supporters did not have this experience, and were still found to be suitable, this changed the Participation Lead's opinion as to what qualities were

[26] A number of the peer supporters had other similar roles, such as being a Listener for the Samaritans or a HAWC (Health and Wellness Champion).

most important: *'so I've realised that doesn't have to be the case, we've got one at [place name] who isn't a mum but before prison she was a nursery worker'* (BCS_3). An affinity with '*mums and babies'* and a *'warm and caring'* personality thereby superseded the need for prior personal experience of motherhood.

At Prison B, four women were initially identified as suitable by prison staff and attended the training in June 2018. Some months later it transpired that two had offences which rendered them unsuitable for the role. One of the peers was released from prison at a similar time the others were withdrawn, and the remaining peer then left the role of her own volition. This experience initiated a more stringent screening process, with a second cohort of three peer supporters trained in March 2019[27]. At Prison A, there were delays in OMU staff identifying women who may be suitable; four peer supporters were eventually identified and trained in December 2018[28].

<u>Peer support training</u>

From a historical perspective, the peer support service evolved from observations of how women naturally supported one another in prison, where, e.g. *'often someone who has been in the prison longer will take another woman under her wing'* (BCS_1), as well as direct requests from the women:

> Before the plan was even a plan they [women in prison] said "why aren't there peer supporters? We want to be peer supporters" and then the plan was formed (BCS_3)

The peer support training was developed by the Participation Lead[29] and covered 'key threads' about listening skills, being non-judgmental, and working in a trauma-informed way, with adaptions made to prepare peers for the specific types of support they may provide for perinatal women in prisons, and without a MBU. These included supporting a mother following separation from her infant, understanding drug usage in terms of women's pregnancy and feeding choices, awareness of what additional items pregnant women should receive in prison (e.g. extra food, maternity clothes, extra pillows) and other entitlements, such as applying for a MBU place:

> We did quite a bit on MBUs because these are prisons without MBUs, so we saw that there was quite a lot of information we needed to get across. So, we did quite a lot of talking about MBUs so that the peer supporters could tell people where they are, how many spaces they've got, what the process is, forms to fill in, the peer supporters might help step by step with that process. (BCS_3)

The peer support training programme was originally developed to be delivered over four days. However, as those recruited had experience of a similar role, a two-day modified programme

---

[27] As of March 2020, all three peer supporters are currently in post.

[28] One left the prison in November 2019, one in January 2020, with the remaining two due to leave in March and June 2020 respectively.

[29] Following receipt of Big Lottery funding, the Participation Lead accessed a mentoring and befriending training programme, with the toolkit from this event used as a basis for developing the Birth Companions peer support training programme. The training programme has evolved overtime with different variations dependent on where and who is providing peer support. For example, there is a training programme for Birth Companions peer supporters who provide support to women in the community; a prison-based peer support training programme for women who provide support in a prison with a MBU; and the version in the study - a peer support training programme for peer supporters who support perinatal women with no MBU.

was designed, with a key focus on the support needs of perinatal women in prison[30,31]. Most of the peer supporters provided positive feedback on the training, *'yeah it was good'* and found parts of it straightforward, *'we sailed through the training to be truthful with you'* (PS2_Prison A), largely due to their previous roles, and associated training *'it fits with other training that I've done'* (PS5_Prison B). Although as some of the peer supporters had no prior knowledge of being pregnant in prison this information was considered essential, with some expressing *'shock'* at the evident lack of support for perinatal women:

> How they're treated exactly the same as we are, I thought they'd be more supported, I thought it would be more lenient. I understand we are all prisoners, and we've committed a crime, but the one extra allowance of food, I was quite like "oh my god" (PS4_Prison A)

As peer supporters were encouraged to attend the groups, it was also conceived that this provided additional benefits of *'modelling'*, whereby the peer supporters were able to emulate Birth Companions practices when offering support to women. Peers were also encouraged to identify training needs, which in this project related to peer supporters being better able to support signs of poor mental health, and common issues in pregnancy.

C.1.3.3. Birth Companions Volunteers

Recruitment and training of Birth Companions volunteers

Volunteers were recruited via a call to existing Birth Companions volunteers, personal invites to known individuals, and adverts via social media. The volunteers were women (not in custody) with relevant experience of working with pregnant, breastfeeding or new parents and/or experience of supporting women/families in difficult situations. Eight[32] BCVs were appointed, four at each prison[33], all of whom had a background in: midwifery, delivering group-based antenatal education, and/or prior work with female offenders[34,35].

New applicants completed an application form, were interviewed, provided two references, and had to have enhanced Disclosure and Barring Service clearance[36]. The volunteers were provided with two days in-house training provided by Birth Companions staff, and an ex-service user who had experience of incarceration[37]. The training included a history of Birth Companions, instructions in the trauma-informed approach, active listening, safeguarding, the needs of perinatal women in prison, and details of the perinatal course content. Following the training, the volunteer had to complete a probationary period, prior to providing support

---

[30] A 'celebration' event was organised for all peers who completed the training, with the Governor or lead OMU staff invited to distribute the certificates.

[31] Birth Companions also have a peer support programme for ex-offenders who train following release and then return to prison to offer support.

[32] Two were existing Birth Companions volunteers.

[33] One of whom was an existing prison staff member at Prison A whose role did not involve security or discipline, which could have been a conflict.

[34] Volunteers could claim a sessional fee *or* expenses for each support session provided.

[35] The volunteers at Prison B can continue with Birth Companions beyond the lifespan of the project (due to being closely located to another prison where Birth Companions provide support); the geographical distance for volunteers providing support at Prison A means that ongoing involvement with Birth Companions is not feasible. Discussions are in place to link the volunteers with the North East Parenting Support Service - https://www.familylives.org.uk/how-we-can-help/in-your-area/north-east/.

[36] Birth Companions would coordinate the DBS process for all new volunteers.

[37] As two of the volunteers (one at each prison) were recruited after the two-day training programme had been provided, separate condensed training was provided on a one-on-one basis.

independently. This comprised shadowing the lead Birth Companions staff at the perinatal groups for a minimum of four visits, and up until the volunteer felt sufficiently confident to provide support unsupervised. Following the probationary period, the volunteers attended the prison on a rota basis to ensure there was only one volunteer at each group session; this was important to ensure that the number of Birth Companions staff/volunteers was not greater than the number of women attending the group.

Birth Companions volunteers perceived the training to have helped clarify what was expected of them, and reported that opportunities to speak to experienced volunteers and an 'expert by experience' helped challenge previously held stereotypes:

> [It] help break down stereotypes, and that was incredibly useful because I think and I know myself, I had some kind of, I suppose pre-conceived ideas about the kind of people who end up in prisons. (BCV_2_Prison B)

Some volunteers considered their previous backgrounds had helped provide the necessary knowledge and empathy that the role required. However, others referred to how *'daunting'* the prison environment had been, and how flexible opportunities to upskill themselves via *'real experience and observations'* (BCV_2_Prison A), and prior to lone working, was essential:

> I can't remember how long it took, actually, to have led a group myself but, again, Birth Companions are very good about saying 'so you've shadowed now, x number of sessions. Do you feel ready to lead a group? Would you like to lead a group?' and all of that. (BCV_2_Prison B)

At the end of the perinatal group, volunteers had the opportunity to reflect upon and discuss any issues. Separate bimonthly volunteer group supervision sessions were also provided at local venues. If there were difficulties in attendance due to travel distance, working patterns, and family commitments, meetings were sometimes held by Zoom. The volunteers were generally happy with ongoing contact maintained via meetings and other methods such as email and telephone, and considered that sufficient support was provided: *'it feels like there's a lot of support and debriefing and reflective practise, and all of that good stuff'* (BCV_2_Prison B). The volunteer who supported the Prison Services Coordinator in providing birth and postnatal support to one woman post release from prison (see section C.3.4.), considered the immediate availability of her supervisor to be invaluable: '*having X* [Prison Services Coordinator) *at the end of the phone, the fact that she was prepared to be woken up at all hours of the night is just so important'* (BCV_3_Prison A).

The volunteers were also offered opportunities to attend further training (provided by Birth Companions) which included the specific needs of separated women, working within a prison context, and further safeguarding training. The only suggestion for further training reported during the evaluation related to improving skills in *'hearing difficult stories'*. This need echoed the insights shared by the peer supporters in terms of the need for resilience in supporting women with complex needs.

C.2. <u>Identification and access to women</u>

In the following section the types of support and numbers of women supported, and the sociodemographic characteristics of the women who received support during the evaluation period are detailed. The procedures, facilitators and challenges in identifying and offering support to women at the perinatal groups, or via peer support, at both prison settings is then

reported in three sub-themes; *'identifying eligible women'*, *'access to peer support'* and *'women's access to perinatal groups and support'*.

C.2.1. Types and characteristics

The number of women who received support from Birth Companions, and how this support was provided is detailed in Table 5.

Table 5: Numbers and types of perinatal support provided in both prisons

	Prison A	Prison B
Total number of women who actively engaged with Birth Companions (seen by peer supporters only)	20 (1)	51 (4)
Total number of perinatal groups	26	38
Total number of women who attended groups	17	44
Total number of women who received antenatal support in prison	17	40
Total number of times women received antenatal support in prison	48	135
Total number of women who received postnatal support in prison	5	14
Total number of times women received postnatal support in prison	19	32
Total number of women supported by peer supporters	6	23
Total number of women who received support during separation	5	10
Total number of women who received practical items	2	11
Total number of women received resettlement support	1	6
Total number of women received through the gate support	0	3
Total number of women received post release support	1	1

The total number of women who would have been eligible for support was not collected. This is because whilst the pregnancy status of women is routinely recorded, data on women who have had a child/experienced perinatal loss within the last 2 years is not[38]. Overall these data indicate that the numbers of women supported, the types of support, and the number of support contacts (e.g. perinatal group sessions) was higher at Prison B compared to Prison A. While key reasons for these variations are described in depth in the following sections, there was more flexibility and opportunity for women in Prison B to receive and access support when compared to Prison A.

Overall, 54 of the 71 women supported provided consent to share their sociodemographic details with Birth Companions (see Table 6). These data highlight that women who received support were more likely to be White British, aged 22-34 years, not married and pregnant; very few women had a disability or underlying health issue.

[38] This information is recorded at Prison A for women who have had a baby/experienced pregnancy loss within the previous 12 months.

Table 6: Sociodemographic data

	Prison A (n=15)		Prison B (n=39)	
Ethnicity	N	%	N	%
• White British	13	87%	29	74%
• White Irish	1	7%	1	3%
• White Eastern European	1	7%	3	8%
• White and Black Caribbean	0	0%	2	5%
• White and Black African	0	0%	0	0%
• Any Other Mixed background	0	0%	1	3%
• Chinese	0	0%	1	3%
• Black British	0	0%	2	5%
Age				
• 18 and under	0	0%	1	3%
• 19 – 21	5	33%	2	5%
• 22 – 34	9	60%	26	67%
• 35 – 44	1	7%	9	23%
• Didn't respond	0	0%	1	3%
Marital Status				
• Married (includes Gay Civil partnership)	3	20%	4	10%
• Not married	9	60%	27	69%
• Prefer not to say	3	20%	6	15%
• Didn't respond	0	0%	2	5%
Sexual Orientation				
• Straight	15	100%	33	85%
• Bisexual	0	0%	4	10%
• Didn't respond	0	0%	1	3%
• Prefer not to say	0	0%	1	3%
Religion				
• Muslim	0	0%	1	3%
• Christian	9	60%	15	38%
• Other Religion	3	20%	2	5%
• None	3	20%	17	44%
• Prefer not to say	0	0%	2	5%
• Didn't respond	0	0%	2	5%
Pregnant/Perinatal Status				
• Pregnant	13	87%	33	85%
• Given birth in the last six months	2	13%	6	15%
Disability Status				
• Disability Yes	2	13%	10	26%
• Disability No	13	87%	26	67%
• Disability Prefer not to say	0	0%	2	5%
• Didn't respond	0	0%	1	3%
Health Issues				
• Health Issue Yes	4	27%	10	26%

• Health Issue No	11	73%	22	56%
• Health Issue Prefer not to say	0	0%	3	8%
• Didn't respond	0	0%	4	10%

C.2.2. Identifying eligible women

On entering prison, women spend time – usually around one week – on an induction wing. The induction period involves appointments with various service providers, such as healthcare. A voluntary pregnancy test is offered, and women receive information about prison processes and services, such as Birth Companions. Birth Companions provide a leaflet[39] which can be issued to women while located on the induction wing (and elsewhere). At Prison A, information about Birth Companion was also included within a leaflet produced by the midwife.

At Prison B - if a woman was identified as pregnant (during the induction process), the midwife and OMU staff would be notified. While there were early concerns about confidentiality, a system was established whereby a nominated OMU staff member would notify Birth Companions (via secure prison email) of the name and prison ID of women who had been invited to the group. Birth Companions would then use the 'Email A Prisoner' system to write an introductory email and issue a personal invite to the woman. As this system was not infallible, and as the peer supporters had more flexibility (see below) to engage women, the peer supporters could also approach perinatal women and invite them to complete a Birth Companions registration form. This form was then passed to OMU staff to process and invite the woman to access the perinatal group.

At Prison A, internal processes to identify women on the perinatal pathway at the point of induction were already established before Birth Companions began working in this establishment. Similar to the system at Prison B, OMU staff would inform eligible women of the Birth Companions service, and the names/IDs of eligible women were forwarded to Birth Companions for follow-up purposes – although in practice this information was inconsistently provided. At the start of the project, Birth Companions regularly attended the MDT perinatal pathway meeting; attendance provided opportunities to flag-up requests for OMU to contact women to invite them to the Birth Companions group (if not already done so). However, a security breach (not involving Birth Companions) (~April 2019), led to changes in the format of the perinatal meetings (see section C.4.1.), and a halt in transfer of information to Birth Companions. While towards the end of 2019, it was finally agreed that Birth Companions could receive the minutes of the perinatal meetings (which provided names/IDs/details of all eligible women) – the protracted period of time with little/no information left Birth Companions unaware of who was eligible for support[40]. During this time Birth Companions were unable to contact women directly to invite them to the perinatal group and let them know what to expect.:

> [Non receipt of information via OMU staff about individual women] was really hindering our ability to work in our way which is to contact women independently and invite them to the group to explain in our words who we are and what we do (BCS_2)

Further barriers in identifying eligible women for Birth Companions support at both prisons were also reported. First, women who were pregnant were more likely to be referred, rather

[39] This included information about women's entitlements to maternity care and additional resources (e.g. food, clothes, pillow), the MBU application process and the Birth Companions services (perinatal group, peer support).

[40] Particularly due to Birth Companions only attending the group on a fortnightly (as opposed to weekly) basis.

than all perinatal women, e.g. those who had had a child, pregnancy loss, termination, etc within the last 2 years. At Prison A, this was partly due to the perinatal pathway only including women who had faced issues within a 12-month (as opposed to Birth Companions 2-year remit) period. At Prison B, there was no formal mandate to identify these women, with notifications and referrals to Birth Companions thereby occurring on a more ad hoc basis (e.g. via a proactive OMU contact as well as the peer supporters). A lack of awareness as to who was entitled to Birth Companions support could also lead to prison staff *'putting doubts into her [woman's] mind whether she was still able to attend'* (BCS_1). In some cases, women were given incorrect information about the group's purpose (e.g. an addiction service, a midwife's appointment) from prison staff. This misinformation and confusion being confirmed by one of the peer supporters who reported:

> I don't know what the pregnant ladies actually think we are there for. I've tried explaining that but, I don't know if there could be more work done at the front end when that referral is made, because I don't think the ladies totally understand, and I do have to keep reminding this one lady what we are there for. So I think in that sense maybe that needs to be done within the prison. (PS1_Prison A)

Other barriers to women's access related to women refusing a pregnancy test, a false negative test result[41], or women not disclosing perinatal issues. There were also issues of suitable women not being identified due to them not attending, or only spending a short period on the induction wing, for reasons such as, women being transferred from a different prison, re-attending the prison after only a short period of release, or capacity issues on the unit[42]:

> If they've recently been released and come back, or if they're one of our regular clients and they're not subject to drug and alcohol withdrawal, then they've maybe moved on quicker than that, and also ladies transferring in, which we have been recently, if we're quite full, we'll move them on quite quickly, as long as they're settled. So, for those ladies it's unlikely that they're – we would have missed they're pregnant or have had a baby in the last twelve months, but it's not impossible. (P/HCS_1_Prison A)

The lack of early identification and potential negative impacts of delayed support were noted:

> But I have gone across to speak to women sometimes, and it is disappointing because perhaps that lady needed that support and she could have been sitting there for maybe a week or so, not knowing that that support is there (P/HCS_2_Prison B)

While different methods (e.g. posters – Prison B only[43], attendance/presentations at different prison/health related forums) had been used to advertise and promote the remit and nature of the Birth Companions services, prisons were heralded as a *'terrible communicator in general'* (P/HCS_4_Prison B). The need for ongoing, and further means, to raise awareness across prison staff was repeatedly identified as an area where further work was needed:

---

[41] There was one occasions where a woman's pregnancy test had been negative, and due to her ongoing symptoms was encouraged by her peer supporter her to have another test, with the conception confirmed at 8 weeks gestation.

[42] This could lead to complications, e.g. one woman had been released for 2 days prior to be re-admitted due to a missed appointment. While she bypassed induction and healthcare on readmission, it was only during her attendance at the perinatal group where it transpired that she had a uterine infection and did not have her antibiotics with her. This issue also compounded at Prison B due to the midwife only attending once a week.

[43] Governor at Prison A was concerned that posters could be a negative reminder for women who were separated from their children

> I don't know how engaged the officers would get on the wing, and I totally understand that they are so busy and we have other staffing issues, but maybe we could have posters on every wing, and I suppose maybe trying to ensure that each officer is aware individually. I don't think they'd have the time to get actively involved, but just so that they are aware, by maybe leaflets or a presentation or something like that would be an advantage. (P/HCS_2_Prison B)

C.2.3. Access to peer support

From Birth Companions' perspective, the ideal situation was for prison staff to notify peer supporters of any eligible women at the point of admission to prison, and for the peer supporter to make contact as soon as possible, *'so she's connecting with all these women from the very start'* (BCS_3). Peers supporters were to be available to provide support in accordance with prison systems[44,45], and unless other prison rules dictate[46]. Staff and women participants at both sites spoke highly of peer supporters, using terms such as *'lovely'*, *'chatty' 'warm'*, *'motherly'* and *'100% passionate'* to describe them. Prison and healthcare staff reflected on the value of peer support, and might recommend a woman speak with a peer supporter when, for example, *'somebody's had bad news, and additional emotional support was needed'* (P/HCS_1_Prison A). Additionally, women might be encouraged to speak with a peer supporter by another woman at the perinatal group:

> So new women will join the group and women who have been there a bit longer will say "Oh you should speak to the peer supporters, she's really good and she can help you with this". (BCV_2_Prison B)

Overall, however, while the peer support service faced similar issues (see above) in peer supporters not being notified of eligible women, across the two prisons there were marked differences in how peer supporters were able to engage and support women. At Prison A, the peer supporters had to work in pairs to mitigate against any potential risk[47]. While the need for peers to routinely co-work was questioned by Birth Companions staff, some of the peer supporters appreciated the opportunity to work in pairs, especially when visiting women they did not know personally and had not yet developed a relationship with:

> I don't think I'd go [to visit women] on my own anyway, but with X [name of pregnant woman] I already know her, do you know what I mean? So it doesn't bother me seeing her on my own, because I know her. But if it was someone else, I don't know if I would. (PS2_Prison A)

At Prison A, peer supporters were unable to approach women directly. They had to wait until the lead OMU staff member approached women to elicit their willingness to receive peer support, and then to nominate which 'pair' of peer supporters would provide support. Once this was in place, peer support could commence. However, this approach meant that there were

---

[44] Between 7.45am – 7.00pm

[45] Out of hours support (i.e. after 10.00pm) was also available to women through a rota 'listeners' service. Service provided by the Samaritans whereby inmates are trained to provide confidential telephone emotional support to fellow inmates who are struggling to cope.

[46] During periods of lock-down no prisoners can move outside of their wings.

[47] While originally there were four trained supporters, when one was transferred to a different prison, this meant that one peer supporter was always paired with one of the other two to meet prison requirements.

delays and on-going difficulties in peer support assignments being organised by the lead OMU staff member:

> When X [lead OMU staff member at Prison A] is in she checks things and if I'm there and I'm speaking to her then she will action things immediately. But when I'm not there it's just not on her radar. (BCS_3)

These delays were also reported by the peer supporters:

> There are pregnant women in the prison but we're just not getting matched (PS2_Prison A)

At Prison A, women had to request a call to the wing where the peer supporters were located, and staff could then release the peers to offer this support; while this approach was generally supported by staff, this was not always possible to achieve:

> Peer supporters have begun supporting a new woman called X but given unrest and a difficult atmosphere at the prison they have found it difficult to get access to the Wing where X is and to pay her a visit. (Fieldnote #4– Prison A)

The peer supporters were not expected to regularly access the perinatal group unless there were new women attending; although on one occasion their attendance was encouraged, e.g. to provide social support due to only one woman being in attendance:

> There was one prisoner that didn't really want to go at the beginning, [as] there was only her on her own. So, the peer supporters that worked with her started going with her, to give her a bit of support so that she wasn't, you know, just sitting by herself there. (P/HCS_2_Prison A)

Further, peer supporters at Prison A were sometimes unable to attend the perinatal group due to working outside of the prison during the day (on ROTL).

At Prison B, the peer supporters had more flexibility to identify and approach women direct. One of the peer supporters reflected:

> They [women] don't necessarily ask for a visit, but you go over and explain that you're a peer supporter and say a bit about what you do, and explain that if they want to see us they can just call and we will come over (PS5_Prison B)

One of the peer supporters had a 'special pass' (a 'pink band') that afforded them special status[48] to *'free flow around the prison, so that they can show their pass and get through a door'* (BCS_3) to support women.

> It's the pink band as well, because without that you need a movement slip and you need to be released from one place to another and it just gets really slowed up by red tape. Having that freedom of movement to go around without being caught up in it, that's much better. I don't think you could do it without a pink band' (PS6_Prison B)

[48] Due to being a 'trusted' prisoner. The pink band is not unique to Birth Companions peer supporters, but rather is allocated to all prisoners working in positions of responsibility which necessitate relatively free movement around the prison.

This peer supporter was identified to have made full use of her additional responsibilities by making sure she '*has managed to make contact with everyone'* (BCV_3_Prison B)

In Prison B, prison staff and other women were generally more aware of what the peer support role involved[49], and would usually notify the peer supporters of any new perinatal women. Over the course of the evaluation, one of the peer supporters was assigned additional responsibilities as part of a 'family and significant other worker' role[50], managed by the Prison Advice and Care Trust (PACT) Family Engagement Worker. This role involving supporting women with a range of family matters, such as organising visits, support for those going through the adoption process, and facilitating letterbox contact[51]. Within this joint role, she was able to see women more frequently, was more visible within the prison, and this increased opportunities for peer support referrals. The visibility and proactive nature of peer support in this setting meant that on occasion, '*peer supporters* [would] *catch women before they come to us* [Birth Companions] – [they are our] *our eyes and ears'* (BCS_3). The peer supporters were also encouraged and able to regularly attend the perinatal group.

The differences in how peer support was operationalised at the two settings had inevitable consequences for the amount of support that women received. As the peer supporters at Prison B were able to initiate support independently, women had earlier access to support, and the peer supporters had the flexibility to provide ad-hoc support such as re-contacting women on a proactive basis. At Prison A, the need to wait for cases to be allocated, and the necessity to offer support on a paired basis, led to delays as to when support could be provided[52], and for support to be offered on a reactive basis only. Furthermore, despite discussions held between Birth Companions and the OMU lead at Prison A to introduce a similar model of peer support as at Prison B, the response was that *'it wouldn't work here'* (BCS_3) and therefore opportunities for exploring possibilities were closed down.

In order to facilitate easier access to peer support, Birth Companions suggested that pregnant women should be located together on a single wing – this would mean that the peer supporter(s) need only attend one wing to offer support. While this suggestion was not taken forward in Prison A, an unintentional occasion arose whereby '[a peer supporter and] *pregnant women were housed together and have formed a natural support group'* (P/HCS_3_Prison A). Pregnant women in Prison B were consulted about whether they would like to move onto a single wing together, but this suggestion was ultimately rejected as they had formed support networks within their current wings:

> Some of them actually have got support on wings with other friends that they've had for such a long time. (P/HCS_1_Prison B)

For this to work effectively, further care about the location of women upon entry to the prison, rather than attempts at reactive relocations, is essential.

---

[49] All peer supporters had a Birth Companions lanyard and ID card which helped to raise awareness of their role
[50] This related to supporting women with 'Letterbox' contacts
[51] Letterbox contact is a formal arrangement for women, relatives and carers/adoptive parents to share information about the child(ren), when and if appropriate. This is a confidential and agreed service made through the court process.
[52] Although in one occasion this was overcome by a pregnant woman being housed in the same wing as the peer supporter

C.2.4. *Women's access to perinatal groups and support*

While overall the number of eligible women at both prisons, particularly at Prison A, were low, and issues in referrals could be due, in part, to issues such as communication failures, other challenges that could prevent, or inhibit women's access were identified. First, there were issues about women not receiving a 'movement slip' that enabled them to leave their wing to access prison activities, including the perinatal group:

> It's a real uphill battle trying to get women to come to the groups and the women want to come to the groups, but they're obviously not let out (BCV_1_Prison B)

This difficulty related to women's names not being passed through to relevant prison staff (via an 'un-lock register'); with this issue compounded by changes in staff due, e.g. to holiday, sick leave:

> We've had a couple of issues where the resident hasn't been added to the lists because one person's gone off on leave, and somebody else hasn't picked it up. (P/HCS_1_Prison A)

Prison procedures could also preclude access, such as lockdowns[53] due to security breaches:

> We do have situations where women can't come because of operational reasons, sometimes the women are told that they can't come and I sort of relay that to everybody […] that's the end of the discussion, I have to accept that as does everybody else. (P/HCS_2_Prison B)

While key staff at each prison would help *'round up'* eligible women, this could cause disruptions due to women arriving late. There were also reported occasions of women having arguments with prison staff about the need to be released to attend the group, and then arriving at the group upset and distressed. On occasion, Birth Companions staff arrived at the prison after being told that there were women who required their support, to then find out that this was not the case.

There were occasions of women not attending the group due to clashes with other prison or personal-related commitments, such as a court date. On occasion, prison orders prevented women's attendance due to their level or risk. The need for additional checks to assess women's suitability for group support was highlighted by Birth Companions staff, '*because* [she] *could be disruptive of the safe space for the other women'* (BCS_1).

While many of the prison and healthcare staff interviewed were not aware of any occasions where women had refused to access the group, a few participants highlighted how some women refused to engage in *any* activities due to their complex life histories:

> Some don't want to engage, but often these are the ones who have drug issues and complex traumas and mental health conditions where they do not want to engage with any services, so they come in and tested positive for multiple drugs and are not yet stabilized on methadone. (P/HCS_3_Prison A)

[53] A lock-down occurs due to security breaches when extra security measures are taken, and prisoners are confined to certain areas and have restricted activities or liberties.

Some women were reported to not want to access the group due to personal preferences associated with group dynamics. It was also felt that women who experienced sensitive issues, such as being separated from their infant, or who had had a termination, may not want to access group support due to the potential for re-trauma:

> We've had ladies that have had miscarriages or have had terminations that haven't wished to engage because they're dealing with it in their own way, and they don't want to discuss it in a group setting. (P/HCS_1_Prison A)

Although this concern was not necessarily experienced as a reality – in Prison B women who had experienced pregnancy loss (termination, miscarriage, stillbirth) still accessed the group for support. Birth Companions would also offer, or be requested by prison staff to provide, support on a one-to-one basis. Alternatively, women might choose to seek out individual support from the peer supporters:

> But one of the ones who doesn't go to the group does engage with the peer support mentors and finds that a good level of support. (P/HCS_1_Prison A)

C.3. Facilitating and extending care

In this section we outline the different ways in which Birth Companions facilitated and extended care provision for perinatal women. These issues concern how Birth Companions were 'creating a safe space for care'; how the service was 'providing woman-centred support'; the extent to which the service was 'facilitating wider care' to meet women's needs; the importance and extent to which 'continuity of support' was offered, and finally the challenges and ways in which Birth Companions were helping to support 'Mother and Baby Unit applications'.

C.3.1. Creating a safe space for care

A key aim of the Birth Companions support was to create a woman-centred safe space where women could benefit from embodied experiences of pregnancy and motherhood and for '*women having time and space to discuss whatever it is that's on their mind*' (P/HCS_4_Prison B). Birth Companions' open, caring and non-judgemental approach was perceived to be essential in enabling this safe space to be created, and a critical mechanism in forging a positive relationship with women:

> Very approachable, non-judgemental, and I think that's what the women want. You know, they don't want to be judged when they're in prison and pregnant. They don't want people looking down at them and Birth Companions don't. They take them as they come, and deal with them appropriately. (P/HCS_1_Prison B)

The Prison Services Coordinator was present at all the perinatal groups (accompanied by another member of Birth Companions staff or a volunteer), providing continuity for women attending. It was considered that women knowing *'when they will next see them'* was a valuable source of continuity in a complex prison system where *'lot of things change'* and where women '*are not always informed*' (BCV_3_Prison A). The appeal of Birth Companions' continued presence was also recognised by prison staff:

> Because of the nature, they know their history, they know what's gone on, they're working with these women all the time. So instead of having to tell somebody everything from the beginning they're actually picking up with somebody and talking

> with someone they know, and they can talk through their problems with. (P/HCS_1_Prison A)

From a prison and healthcare staff perspective, a key endorsement of the group's success was that women continued to re-access; '*the fact that they keep going, you know, for me says they get something out of it'* (P/HCS_4_Prison B). One of the healthcare staff reported that while women will sometimes refuse to attend professional appointments, this was not the case with the perinatal group:

> So, when I've had this particular girl who hasn't come to my appointments then I'll meet up with the girls from the [Birth Companions] group and say "oh well how is she with you? Oh, she's absolutely fine with us, yes comes to ours, engaged really well", and you'll see very conflicting behaviours. (P/HCS_3_Prison A)

A further healthcare specialist reflected that requests from highly vulnerable individuals to continue receiving support from services were rare – therefore the fact that this had been observed, and within a relatively short period of time, was highly indicative of Birth Companions personal worth to women:

> It's not often that you hear people plucking out individuals from the team and saying look I want more of that or I need them to be doing that. I mean, it does happen, but they've only been there for a short period of time and that's happened already in particularly difficult cases. One case in particular, so yes that's really good. (P/HCS_6_Prison A)

The provision of juice, fruit and snacks at the perinatal group was considered an incentive for women to attend. However, some staff saw this less about the opportunity for a treat, and rather how these additional items symbolised a means to demonstrate value to the women[54]:

> [they] help them to feel at home and feel valued […] these people have brought something they want me to stay. They want to engage with me (P/HCS_4_Prison A)

Furthermore, whilst it was felt that the provision of 'treats' could entice women to *'see what the group was about'*, once they had attended, the perceived self-value became the underlying motivation for re-access. This was also confirmed within women's accounts, with women describing how they felt *'welcomed'*, *'respected'* and *'accepted'* and how the Birth Companions non-judgmental, *'caring'* and '*genuine'* approach was the key reason they continued to attend:

> The Birth Companions women are so non-judgmental, they're just really nice people. They are welcoming and it makes you want to be there (PN1_Prison B)

As Birth Companions offered a woman-focused service, this meant that the relationships between woman and Birth Companions were qualitatively very different than those formed with healthcare/prison staff. The midwife at Prison A reflected:

[54] The provision of refreshments was also perceived to be a way for the peer supporters to feel valued, welcomed and respected (in training and supervision)

> So, she's went to them quietly, during the group and said look I don't mind if we could go over into the corner and I could talk to you on your own. So, it's lovely when I hear that because [when I went to] take her blood pressure, she screamed ow this f'ing hurt and then ripped it off her arm. You know, that's what we see. (P/HCS_3_Prison A)

To maintain this relationship, Birth Companions staff or volunteers did not disclose their professional backgrounds, e.g. midwifery, antenatal education, as it was felt that this could alter the nature of their relationship and create a potential conflict of roles:

> Also, if the women start to say to the prison midwife, "oh she's [Birth Companions] a midwife and she told me about this". There could start to be some conflict the between person who is actually being paid to do the healthcare provision in terms of midwifery (P/HCS*)

One of the volunteers who had a midwifery background reported how *'I really try to, you know, to be a birth companion rather than a midwife'* (BCV_3_Prison A)*;* emphasising how the Birth Companions role was to be '*alongside the woman'*, where the focus is '*entirely on them'*, compared to her midwifery role of *'doing something'* to women.

Timely follow-up on woman-led requests for information or support was also considered crucial to maintain the Birth Companion-woman relationship, as *'if you don't follow through what does that say? You know, that you can't trust us'* (BCV_1_Prison A). It was considered essential to keep women notified if there were delays or difficulties in obtaining information, or if there were any occasions when support could not be offered. As these women often came from complex backgrounds where *'being let down'* was common it was important that Birth Companions kept women informed at all stages, offered what they said they would, and did not *'over promise to prevent disappointment'*.

C.3.2. Providing woman-centred support

Birth Companions aimed to provide a trauma-informed, woman-centred approach (see section C.1.2.), therefore, while there was a set programme for the perinatal group, the focus was *'entirely dependent on the needs of presenting women*' (BCS_1); an overview of the types of support provided within the perinatal groups is detailed in Appendix 1. Information about women expected to attend could help the Birth Companions team prepare suitable topics:

> Well if you know who's coming, we can have a discussion in advance and plan something appropriate. (BCV_3_Prison B)

Details of the woman's situation helped Birth Companions prepare for the different needs of women, and topics that may be of relevance (or needed to be avoided) at the perinatal group:

> X [Prison Services Coordinator] brought in information sheets about twins for a woman she knows is expecting twins (Fieldnotes#3 – Prison B)

Set topics, such as infant feeding or birth positions, provided occasions for women to disclose personal and vicarious accounts that others could benefit from:

> We'll have a handout on birth positions, and we'll be talking about them, and one of the women who've had kids previously, will say "oh yes, I found that really useful because…", and then they'll share their experience. (BCV_2_Prison B)

However, information about attending women was not always provided in advance of the sessions (at either prison), compounded by challenges in accommodating different perinatal needs, and women being encouraged to disclose any issues or areas of concern[55]. Being prepared and able to sensitively respond and engage with different women's needs under these circumstances was considered one of the biggest challenges. It required a high level of flexibility and interpersonal skills to facilitate women-centred care, while introducing topics of relevance that all could benefit from:

> As groups are small and women that come change very regularly, we are cautious about being too fixed. Because if we were going to do breastfeeding as our topic but we knew that one of the women coming was going to be separated, it wouldn't be appropriate. […] The way the conversation goes you just get little bits of information in here and there and respond to the way the conversation is going, and that is obviously a lot more effective. (BCV_3_Prison A)

This needs-led responsive approach was also observed by staff members in attendance:

> It's very much a protected space where they have, you know a topic each session but equally if one of the pregnant ladies comes with an issue that needs discussing and they need support with, then that overrides anything that the Birth Companions have got planned for that week (P/HCS_4_Prison B)

The capacity to respond to needs and to tailor the discussions was considered to be one of the key differences between what Birth Companions offered, compared to other areas of service provision:

> Because you don't want to be really set on 'it has to be about this' because then we're not doing what we meant to do, we are just another class that they go to. (BCV_3_Prison A)

Furthermore, the fact that Birth Companions were not steeped in professional accountability was perceived to allow them to have more flexibility and vitality in how they were able to engage with, and support women:

> It also allows for fluidity and greater dynamism around the individual needs of the person that's in front of them, so that's going to be a good thing. In this day and age, where we're all quite specialised and you know, caught within the sort of protocol driven, algorithmic, sort of service models. All of that, sort of nonsense. So yes, I think that's good (P/HCS_6_Prison A)

On occasion, this could facilitate the use of creative methods to enable women to participate, such as providing art-based activities for a woman with ADHD:

> One of them has got like ADHD, so, X [Birth Companions staff member] was getting like stuff to make and things to colour in and stuff, just to keep her, you know, calm

[55] Open disclosures meant that discussions often extended beyond pregnancy and parenting related issues to topics such as release and resettlement, legal issues, court cases, etc, being discussed during the perinatal group (see Appendix 1).

> and stuff whilst she was there [perinatal group] and keep her focused sort of thing. (P/HCS_2_Prison A)

It was recognised by Birth Companions staff that women who had separated from their infants often preferred one-to-one, rather than group-based support. As women were also more likely to engage with Birth Companions post-separation if they had been in receipt of support during the antenatal period, this emphasises the importance of different support pathways to ensure woman-centred care.

C.3.4. *Facilitating wider care*

The virtue of creating a safe space for women (either in a group or one-to-one format), and the trust-based nature of the Birth Companions-women and peer supporter-woman relationships led to women being more willing to express their needs; *'to talk about whatever feels most helpful'* (BCS_2), when compared to interactions with other prison or healthcare staff:

> And sometimes those ladies won't open up to prison staff like they're opening up to the Birth Companions, they'll tell them what's happening, they're telling them how their pregnancy is going, they're telling them what's happening in the midwife's appointments. Whereas prison staff on the wing, they won't open up like that. (P/HCS_1_Prison A)

Birth Companions and the peer supporters would then empower women to share their issues or concerns with nominated prison staff, to raise awareness of their needs within the establishment and make follow up possible. For example, during one of the observations it was recorded:

> X [woman] said that she had been told she couldn't have her folic acid in possession but would need to pick it up each morning in the meds queue. She didn't want to do this as she hates getting up early and queuing, and as a result she's decided not to pick up the folic acid. One of the volunteers suggested she ask the midwife if she can take the folic acid in the evening instead, since she already queues for sleeping pills in the evening. X said she hadn't realised this and felt this was a good idea. (Fieldnotes #6 - Prison A)

In other examples, there were cases of peer supporters offering to accompany women to chase up specific actions, such as confirming a scan appointment with healthcare staff, or chasing items on their behalf. One of the perinatal women reported:

> Birth Companions asked for mental health to come and see me, and they had a word with the midwife about my hernia (PN3_Prison A)

In Prison B, a member of the OMU regularly attended the perinatal group due to security reasons.[56] This had benefits of offering a prison perspective (e.g. when discussing procedural related issues), and to enable timely support to be provided:

[56] The group took place in the visits hall, which was close to the Main Gate. As such, the prison decided that a member of staff needed to attend groups for security reasons.

> A lot of the women talk about not getting their extra food, so I find out about that. Pregnancy pillows, I find out about them, where they've gone on the wing. There have been queries about supplements, so I've called healthcare to talk about that, or arrange if someone needs to speak with the midwife, and healthcare, definitely maternity clothes[57], trying to find out where the clothes have gone, because these packages come in that the ladies use, where they've gone and try to get them to the ladies. So basically, a lot of things that sometimes come up, just sort of as and when, so really just trying to sort things out for them. (P/HCS_2_Prison B)

However, from a counter perspective, there were other occasions where the presence of prison staff compromised the support that Birth Companions (staff, volunteers and peer supporters) offered. There were instances of prison staff attending the perinatal activities (e.g. perinatal group, peer support training or supervision) where they dismissed women's concerns, and their presence inhibited women's voices:

> I think [when the prison officer was present] that it's not always easy for prisoners to actually say something that they want to say. (BCV_1_Prison A)

During one of the observations, a woman was noted to ask the Prison Services Coordinator "can I have the grey bra?", to which the prison staff member responded that 'you'll get which one you're given" (Fieldnotes #2 - Prison B). During one peer supporter training sessions, a prison officer intervened to adapt some of the exercises. On another occasion, a prison officer brought a student trainee social worker to observe the peer support supervision session, without prior permission of Birth Companions staff.

Open discussions of wider issues also enabled care and support, beyond maternity care, to be provided. For example, on one occasion Birth Companions made requests to increase the frequency of checks under the Assessment, Care in Custody and Teamwork (ACCT) – a care planning process for prisoners who are at risk of suicide or self-harm. Other occasions concerned relocating pregnant women to more accessible, quieter, or safer[58] wings, or providing women with additional support at forthcoming meetings due to high levels of anxiety:

> Birth Companions came to my meeting with Social Services to support me, and help me talk about the things I needed to say (PN1_Prison B)

Birth Companions and peer supporters were heralded for providing opportunities for '*the women's voices to be heard'* (P/HCS_5_Prison A) and to improve holistic care for perinatal women:

> At the end of the day they [women] might maybe talk to the peer ladies a bit differently to me, as I'm a member of staff. I think it's totally invaluable to have them, because issues that we may never come to know about, they'll tell them, and then the peer supporters will come and tell us. […] It's brilliant to have them (P/HCS_2_Prison B)

[57] Maternity clothes provided by Birth Companions at Prison B only

[58] Woman complained that she was housed with woman who smoke Biscopan. This led to contact with healthcare and the woman's subsequently being rehoused on a different wing.

Moreover, in Prison A, there was also the added advantage of Birth Companions providing a *'fuller',* perspective of the women at the MDT (perinatal pathway) meetings and acting as advocates (also see section C5), which helped inform the discussions of needs-led care:

> I think the real value of Birth Companions has been their broader perspective but also the perspective of the patient into that meeting …. everybody tries to bring [a patient perspective] but I think that they probably add to that and that's vital. So, that's been for me a huge boon for the perinatal team to have. (P/HCS_6_Prison A)

Some staff also considered how Birth Companions involvement had led to prison staff and processes to be more accepting of providing, woman-centred support[59]:

> I think it's a lot better, there seems to be a lot more communication [about perinatal women] and I think they're well supported the pregnant ladies in here (P/HCS_2_Prison A)

The remit of the Birth Companions project within the prisons was not to offer 'through the gate' (e.g. accompanying women to appointments on release) or 'resettlement' (e.g. more prolonged support to help reintegrate the individual back into the community) support[60]; rather to offer information about services that could offer support to women post-release, and for Birth Companions to keep in contact, e.g. by text if requested. On three occasions across both prison settings, Birth Companions agreed to provide through the gate and resettlement support. At Prison B, Birth Companions were asked to accompany a pregnant woman to her new area of residence due to no 'through the gate' support being available; this request was honoured as the woman was heavily pregnant and highly anxious about moving to an unfamiliar environment. On this occasion, the pre-organised accommodation did not accept pregnant women, and the Prison Services Coordinator had to secure her a place in a homeless hostel.

At Prison A, extensive and prolonged support was offered to a woman who was being released with no clear resettlement plans in place[61], and whose mental health needs meant that she was deemed to be highly vulnerable. Post-release support was provided over a four to five week period, and included accompanying her to maternity appointments, being present at the

---

[59] For example, a Storybook activity with one of the perinatal women (whereby an audio-record of a woman reading a story is sent with the child at the point of separation) was initiated within two weeks from request (Prison A).

[60] Charitable organisations such as Women in Prison and Minerva can provide 'through the gate' support such as offers to meet women being released (for those who are unable to be met by family or friends) and to accompany them to probation appointments. However, these organisations are unable to provide support to women who are at a higher risk of assessment.

[61] As it was realised that the woman was being detained beyond her legal date, an emergency meeting and emergency accommodation was organised in a woman's hostel, but with no other additional support in place. This case was also problematic due to difficulties in communicating with Social Services, and uncertainty as to whether she would be separated from her infant after birth.

birth[62,63,64], provision of practical and essential items such as baby clothes, infant feeding paraphernalia, and money to buy food, instrumental support such as help with expressing breast milk, and ongoing emotional and social support via face to face visits, texts and telephone. Birth Companions referred the woman into a local third-sector organisation at the point of discharge from their service for long term mentoring support. This level of continuity was outside Birth Companions remit; *'I feel it's something that social services should be doing but aren't'* (BCV_3_Prison A); was difficult to sustain (due to geographical and resource issues), and there were concerns of over-reliance due to support largely provided almost entirely by one of the local volunteers:

> I am a little bit worried that I'm her friend, sort of like her only friend, which is fine, but she's very reliant on us. (BCV_3_Prison A)

However, the significant gap in support that Birth Companions had the potential to address was noted:

> [Birth Companions] filled the gap between what we can do in the prison with offender manager in the community, to stop her falling through the gaps. (P/HCS_3_Prison B)

C.3.5. Mother and Baby Unit applications

It was recognised at the start of this project that staff who worked in prisons without MBUs were less likely to be aware of perinatal issues. However, a key area of concern highlighted across both prisons was the lack of information for women about MBU applications, and a commensurate lack of understanding amongst prison staff about eligibility or the application process.

The National Offender Management Service Prison Service Instruction (PSI 49/2014) highlights that 'all' women are entitled to a copy of the Prison Service 'All About MBUs' booklet, and that appointed staff should be responsible in assisting women to complete the application form correctly. While these booklets were previously provided by the Prison service, this changed to individual prisons taking responsibility for printing the booklets. Birth Companions staff reported that the booklet was not visible or available for women in either prison during the duration of the project. Staff did print the booklet on a couple of occasions when this was requested by Birth Companions staff or it was printed by Birth Companions staff and brought into the prison for women:

> So, unless there is someone there taking responsibility and making sure correct information is being given out […] things can slip again' (BCS_1)

---

[62] Birth Companions offer a birth line service for women who are giving birth in the London area; with women able to call a dedicated number, and if feasible, one of the volunteers can accompany the woman at her birth[62]. The geographical location of the two prisons made this service unfeasible to offer on a routine basis; there was also a low level of need due to the very small number of women who gave birth while in custody. Over the evaluation period, there was one occasion where this service was provided (at Prison A), while it was attempted for a woman at Prison B, on this occasion the midwife was able to attend.

[63] Birth Companions received a letter from the local maternity unit thanking them for what they viewed as exceptional support in a very difficult situation,

[64] For instance, an occasion of a heavily pregnant woman having to carry her belongings and travel unaccompanied a long period of time on public transport.

Birth Companions and the peer supporters[65] provided information about the MBU application process through provision of leaflets, and through discussions during the perinatal group and in one-to-one contacts. However, there were reported instances of women being in prison for substantial periods of time, e.g. 20+ weeks (26 weeks gestation) without having seen an officer who was responsible for dealing with the MBU applications. Further, women reported lengthy waits for applications to be processed (see case study one for an exemplar case of the difficulties that women could face). There were also complaints of staff having *'zero awareness'* of MBU eligibility criteria; with an example of a woman being incorrectly informed she could not apply due to being on remand. While MBOs at Prison B were responsible for supporting MBU applications, this was a voluntary role, with no extra time allocated[66]. At Prison A, there appeared to be no nominated staff who had specific responsibility for this role, and rather applications were chased/dealt with by OMU team members.

Case study one
X learnt that she was pregnant on arrival in prison. Her pregnancy came as a shock and she appreciated the daily support she received from her peer supporter, who first told her about prison MBUs. X attended the Birth Companions group and was given a copy of the All About MBUs booklet. After some initial reservations, she decided she wanted to apply and made an application for a place with some help from her MBU liaison officer and Recovery worker when she was approximately 8 weeks pregnant. X attended the group (or requested a one-to-one visit instead) on 11 occasions and had 26 visits from her peer supporter. X said that she liked speaking with the Birth Companions and that *'they gave me information when no-one else would'*. Despite X making it clear that she wanted to be moved to the MBU before her baby was born, her application was only sent to the MBU for consideration 30 weeks later, and she was still waiting for a decision about whether she would be able to keep her baby with her in prison when she gave birth just before her due date. An Emergency Board was held the day after X gave birth and she was initially granted Temporary Admission to the MBU. A subsequent Board recommended that she be granted Full Admission.

Personal reasons for women not applying to MBUs were also reported. These reasons concerned women not wanting to relocate due to their family (which could include the woman's older children) living close-by, having previous negative experiences of a MBU– '*one had been to a MBU and didn't want to go back to one'* (P/HCS_3_Prison A). Some of the healthcare staff also considered that negative attitudes of staff within the local authorities, due to '*being very risk averse and negative towards mothers keeping their babies in prison'* (P/HCS_4_Prison A), would result in unsuccessful applications.

Over the evaluation period, several women had gone through the MBU application process at both prisons; two were successful, one was awaiting a decision, and one woman's application was refused (without sitting a Board). Four women at Prison B recently sat Emergency Boards after they had given birth, as arrangements had not been made during pregnancy. Two of the women had been temporarily separated from their infants[67], and both reported a significant negative impact on their mental health as a result of this separation.

[65] Previously leaflets on MBUs were provided by the Prison service, this changed to individual prisons taking responsibility for printing the booklets.
[66] Initially there were five named MBOs, with only one remaining at the end of the evaluation
[67] One after their application was refused and another while the outcome of the Board was unknown

Through their work in different prisons, Birth Companions have been approached by Social Services (who are lead professionals on the MBU application process) to provide insights into the woman's engagement. On some occasions Birth Companions have also provided letters of support to inform MBU applications. The midwife at Prison A described how she would use the information provided by Birth Companions within her Social Services assessments, as this detail offered meaningful insights which could inform plans concerning MBU applications and release:

> The [perinatal] group does a lot of work around bonding and attachment and so it feeds in really well with social services assessments of how they start to attach with the pregnancy and things like that. It's really useful to get information from them and how the women are engaging. (P/HCS_3_Prison A)

The success of one MBU application in Prison B was directly attributed to the input of Birth Companions:

> Then the input I think of Birth Companions and what they've done and having a very good social worker they have managed to turn things around and we've had them going to the mother and baby unit. […] I don't think you'd have had that same outcome if you hadn't have had Birth Companions personally. (P/HCS_5_Prison B)

While requests for Birth Companions support to inform MBU applications were not routinely made by staff in the two prison settings, this was highlighted as an area where further advocacy was needed; *'we could certainly do more in this area'* (BCS_1).

C.4. <u>Professional relationships and challenges to service delivery</u>

In this section, the positive and negative insights into relationships and partnership practices between Birth Companions and prison/healthcare staff at the different prisons are outlined, as well as the practical and interpersonal difficulties that arose in the context of delivering needs-led care and support to perinatal women. Three sub-themes are reported: 'partnership working', 'inappropriate care and support', and 'practical or interpersonal challenges'

C.4.1. <u>Partnership working</u>

The midwives at both sites, unsurprisingly due to their shared interests and remit, reported close and collaborative relationships with Birth Companions; with regular contacts being arranged to discuss and share information on specific cases:

> I try to meet them regularly when they're coming up to do the group, and we have some time to discuss the women who are attending the group, before the group has actually started for the day. (P/HCS_3_Prison A)

Notably these relationships only extended to the core Birth Companions staff, rather than the volunteers; '*personally I've never met her* [midwife]*'*. (BCV_3_Prison B).

An essential facilitator for Birth Companions to deliver their services (perinatal groups, peer support), and to enable women's pregnancy or perinatal needs (vitamins, additional food, maternity clothing, pillows, etc) to be met, was to have good links with lead OMU staff members, and particularly those who had sufficient authority to sanction actions. Birth Companions had named individuals at both sites whom they could contact and had prison email

addresses to ensure secure transfer of information. Communications generally involved emails where feedback, concerns or requests could be raised:

> One of the emails from [name] was about a woman's hospital bag. We've got a lady who is due in the next four, five weeks and they're talking about a baby bag and what she should have in it, it was about baby's first outfit […] So she's emailed if we agreeable about the first outfit, so they're doing that for the next session. (P/HCS_1_Prison A)

Overall, Birth Companions described their relationships with prison staff at the prisons very differently. At Prison B, the lead OMU staff member was available and responsive to requests. Birth Companions were also in regular communication with other OMU staff members, with one being a regular attendee at the perinatal group:

> And X generally sits in on our Birth Companions meetings with the women and she is very good, she does follow things up, and she will raise things with X [lead OMU staff member] and when X [lead OMU staff member] has been there he's very supportive of us coming in. (BCV_3_Prison B)

Birth Companions staff reflected that at Prison B, *'it feels like we're all part of a happy, jolly family.* (BCS_2). They provided various examples to demonstrate how collaborative working had helped resolve specific issues. These included prison staff being *'really enabling'* in helping to identify and bring women to attend the perinatal group; how low attendance at the perinatal group, due to women being directed to other education based activities, was quickly resolved following a conversation with the prison Governor; and that while a woman on restricted movements was initially thought to be unable to attend the perinatal group, this was resolved by an officer accompanying her. Prison B staff members were considered to go *'above and beyond'* to make Birth Companions staff feel welcome. They felt comfortable to *'pop in'* to the OMU office to speak to staff when needed and were confident that support would be provided - *'I can walk in and ask a question, and someone will jump up and help us'* (BCS_3). There was a consensus amongst the Birth Companions staff of there being effective partnership practices in this setting; the importance of maintaining this relationship was also stressed by the lead OMU staff member:

> I'd hate for them to feel anything else other than [feeling part of the team] and if there was anything, I'd like to think that they can let me know what's going on. And if there's something I need to address, then I absolutely will do. I don't want for us to lose that partnership with them because they've had an experience which they weren't expecting or wasn't great at all. (P/HCS_1_Prison B)

A key gap at Prison B was the lack of MDT forum for stakeholders to meet and consider the needs of perinatal women. While one perinatal MDT meeting was coordinated by one of the OMU staff, poor attendance led to its early demise[68]. The lack of Birth Companions input at other core meetings, where their involvement could help inform care delivery was also noted:

> We had one last Thursday so it was a child protection meeting - so there was me, the lead prison officer was there, and there was a newish lady from X there, social workers,

[68] Further requests for Birth Companions to join existing meetings, e.g. Family Strategy Group were also not successful.

> housing, mental health services […] and it's funny you've said that because I did think, with this particular girl that she was going out and would need quite a bit of support. I did think why haven't we invited Birth Companions? (P/HCS_5_Prison B)

At Prison A, Birth Companions communicated almost exclusively with one key member of the OMU. As the initial OMU staff member left, there was then a gap and the new staff member was then often not available, the Prison Services Coordinator reported how this situation:

> Hinders our work, our ability to work effectively even more because we're already so many steps down the line when it comes to accessing information then if the key people aren't there you literally have to recreate the wheel from scratch. (BCS_2)

As reported earlier, Prison A had a perinatal pathway in place, with weekly MDT meetings[69] comprising representatives from all relevant healthcare, prison and third sector organisations, including Birth Companions. When the team was first established, it offered the premise of effective multiagency working. However, following a confidentiality breach[70] in Spring 2019, this led to changes in how the meetings were convened. Previously, representatives from all key backgrounds met to discuss all women on the perinatal pathway; following the breach, this changed to a small, core group of individuals attending the entire meeting, and other individuals (including Birth Companions on occasion) invited to report for *'five minutes or ten minutes'* on women under their care, and then asked to leave. This was to ensure that confidential information was only divulged with other members of the woman's direct care team. Birth Companions were asked not to contribute to discussions, despite having, e.g. '*a piece of the puzzle here, as this woman is engaging with us, and we know something about her'* (BCS_2). These exclusionary practices were reported to have reinforced beliefs that *'we aren't part of a team, and we aren't valued'* (BCS_2). While some of the healthcare/prison staff were in support of *'preventing people listening to conversations about those they are not supporting'* (P/HCS_3_Prison A) others were less positive. The meetings were reported to have changed to a *'disjointed'* and *'disruptive'* custodial reporting platform, rather than a meaningful engagement to discuss individual cases, with limited opportunities for cross-case discussions preventing important learning opportunities:

> When I think back to a year ago or a year and a half ago […] that for me was when we were at our high point when things were really storming ahead, and it felt really, really positive, it felt very therapeutic. Not that it isn't now, but there is probably not the same concentration of therapeutic involvement and it feels a little bit more custodial; […] [without] a core threshold level of healthcare staff involved, this [MDT meetings] loses its purpose […] and learning points that are really crucial […] (P/HCS_6_Prison A)

C.4.2. Inappropriate 'care' by prison staff

There were numerous examples of poor, insensitive and inappropriate care by prison staff that compromised the safety and wellbeing of women. First, the National Offender Management Service External Escorts - External Prison Movement (Ref: NSF 7.1) Instructions state that if restraints are required during transport, they must be removed upon arrival inside the hospital, unless there are exceptional circumstances of a high risk of escape or a threat to anyone's personal safety. Rule 24 in the Bangkok rules[71] for the treatment of women offenders' states

[69] Birth Companions staff attended on a fortnightly basis to coincide with group facilitation

[70] This related to information being recorded on prison recording systems.

[71] United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (2010)

that *'instruments of restraint shall never be used on women during labour, during birth and immediately after birth'*. Furthermore, escort staff should not be present in the delivery room, or in a room where an intimate examination is taking place, unless the prisoner requests it. At both prisons there were occasions of prison officers staying in the room for medical consultations, scans, and on occasion internal examinations without the women's consent, and of women being handcuffed whilst at the hospital. One mother (who was due to be separated from her infant) was handcuffed following the birth and whilst she was holding her infant. This practice was reported to be informed by the previous escape attempt of a different woman, rather than the individual woman's personal level of risk. Another woman made an official complaint about prison officers repeatedly being present during her hospital antenatal consultations. When Birth Companions raised these issues with staff on the women's behalf, staff were often completely aware that there were different rules regarding pregnant women.

While HMPPS guidance dictates that pregnant women should receive additional food, at both prisons this generally involved an extra sandwich and a piece of fruit served early afternoon. Women reported not being offered any choice in the food received, leading to uneaten food, and women going hungry, and on one occasion, the food not being properly cooked:

> X showed us a sandwich that she had been given for lunch, which has raw chicken in it. She said that she has lost weight since coming into prison, despite being pregnant, because the food is often rotten or under cooked, so she can't eat it. (Fieldnotes #8 – Prison A)

This situation was contrasted with Birth Companions input at one of the MBUs, which had led to women receiving an additional food pack (comprising cartons of cheese, nuts, muesli, extra milk and fruit; with ginger nut biscuits served to those with morning sickness). Women were also able to request toast if they were still hungry. While it was recognised that the selection will never suit all women's tastes, they were provided with a variety of foods of good nutritional value.

Peer supporters and Birth Companions staff both expressed frustration about the length of time it could take for requests to be actioned, whether this be requests for food packs, mattresses or processing security clearance for the volunteers; '*it's the prison, everything is very very slow, a slow slow process'* (PS4_Prison A).

> One of the ladies still doesn't have a pregnancy mattress, and I'm going to the kitchens and chasing up packs, but they're not getting done. That's one frustrating thing (PS5_Prison B)

Other examples of inappropriate care reported by Birth Companions staff and volunteers concerned a woman being advised by a prison officer to *'cut up a sanitary towel'* in response to her request for breast pads. Some women experienced delays in maternity appointments, attributed to issues such as a replacement midwife not being assigned to the prison during periods of absence. Requests for additional care for vulnerable women (such as increased checks under an ACCT) not being actioned. Sometimes women did not receive pregnancy vitamins, and one woman whose amniotic waters were leaking did not attend hospital for a prolonged time of time, despite the guidance that *'you need to see someone within 24 hours in case there's a risk of infection'* (BCV_3_Prison B).

Criticisms were also raised about the lack of understanding amongst prison staff of the needs of perinatal women. MBOs are provided with some training that focuses mostly on MBU applications, but this only applies to a relatively small number of women (i.e. 600 pregnant women going through custody each year, with places for 64 in MBUs). There is a lack of more in-depth training for prison staff about the holistic needs of perinatal women:

> But when I looked at it the whole training was focused around helping women apply for a place on the MBU so it's completely missing understanding that the vast majority of pregnant women who pass through prisons will not be heading for a MBU. They're the exceptions and not the rule. Most of them won't be in long enough. Most of them won't actually give birth during their time in custody. When I went to have a look at what the course said, I was a bit shocked really (P/HCS*)

There were a small number of instances of direct negative interactions between Birth Companions and prison staff. For example, when a Birth Companions volunteer approached a prison officer to discuss a particular woman the response was *'she was like 'well who the hell are you anyway?'...you know, really rude'* (BCV_1_Prison B). Peer supporters also highlighted how certain prison officers were not supportive of their role, and this required careful negotiation to ensure they could provide support to women:

> Some staff think you shouldn't have peer supporters or peer mentors in prison, because prison is prison and there shouldn't be a hierarchy of anyone who is more important than anyone else… but you get to know which staff to talk to and which days to go onto that wing (PS5_Prison B)

C.4.3. Practical challenges to relationship building with women

Some practical challenges in the delivery of Birth Companions services and which impacted on the relationships they formed with women were also reported. One challenge presented by the Birth Companions volunteers was that a rota system, and intermittent access had inevitable negative impacts on establishing close relationships with individual women[72]:

> I suppose it's a bit a little bit like starting again 'cause you've missed out the bits in between, but then obviously there could be completely different women anyway and some people might have been released (BCV_2_Prison A)

Efforts were made to maintain a sense of continuity amongst the volunteers, by providing short summaries of the groups and sharing these within the team to help *'keep me abreast of how, or what's happened'* (BCV_2_Prison B). A volunteer WhatsApp group was also established.

A further practical challenge related to Birth Companions sourcing and bringing items for specific women (e.g. maternity clothes, bras etc.)[73]. These items had to be processed by Security, sometimes resulting in lengthy delays and/or items being lost in the prison system[74]:

[72] Due to, e.g. only accessing one a month, or every two months.
[73] Prison A did not want Birth Companions to bring in any maternity clothes
[74] A more robust system was subsequently established whereby a woman can make an appointment to visit OMU to collect maternity clothes as needed (Prison B only)

> We brought in clothes for one woman who had nothing to wear, and they just disappeared, they got lost, two out of six things made it to the prisoner. (BCV_3_Prison B)

While a key staff member at each prison would try and help locate the lost items, on occasion the items needed to be replaced, with obvious cost implications. However, what was perceived to be more important by Birth Companions staff was the emotional cost, as failing to deliver on what was promised was a potential breach of trust: '*it looks like we've let that woman down*' (BCV_3_Prison B).

There were also challenges in delivering the service, particularly at Prison A, due to the geographical location of the prison and the need for lengthy commutes by the core Birth Companions staff. Fortnightly visits compromised opportunities to establish relationships with staff as well as women, as, e.g. '[it can take] *three or four visits before* [the women's] *shutters start to come down'*. An ideal situation, mentioned by the core Birth Companions staff and volunteers, was to have a regional facilitator and sufficient local volunteers to support weekly visits. Volunteers who possess local knowledge were perceived to have benefits of having a common bond with local women, were able to offer practical information, such as travel arrangements to different areas; *'like I would know that public transport would be horrendous to get from X to X'* (BCV_3_Prison) and the potential for support post-release without compromising reliance on individual supporters.

C.5. Value and advocacy

In this section, three sub-themes are reported. First, the 'types and value of support' details the cognitive, physical, psychological and social benefits for perinatal women. Second, 'the added value and advocacy' sub-theme reports on how care delivery had salutary impacts for prison, and healthcare staff, Birth Companions staff and peer supporters, as well as detailing how Birth Companions and the peer supporters advocate for woman-centred care. The final sub-theme reports reflections from across the participant groups into the ongoing need for Birth Companions' support.

C.5.1. Types and benefits of support

In the following sections, the types of support that women received, and how this support influenced women's cognitive, social and emotional wellbeing are described.

C.5.1.1. Instrumental and practical support

Outside of the core activities of requesting and sourcing items for women such as pregnancy packs, pillows, and additional food, e.g. *'left over yoghurts'* and *'cartons of milk'* (P/HCS_3_Prison A), there were also examples of innovative practice to meet women's needs. In particular, peer supporters were proactive and responsive in attempts to improve women's experience of prison life. Examples of proactive care included speaking to the officer responsible for the prison gym to set up a gym class designed for pregnant women, thereby helping to improve women's physical wellbeing:

> One of the ladies I met wasn't 'gym fit' so she couldn't get to the gym, she can't get around to see the people that she needs to get that fixed, but I can. So, within half an hour she was 'gym fit', it was done' (PS6_Prison B)

Another example involved the peer supporter taking a woman to the library due to a feeling that if she *'did something just like really practical with her that that would sort of help'*

(BCS_3). A further occasion involved coordinating a chapel service for a woman who had a late miscarriage:

> We had the unfortunate incident of one of our pregnant prisoners miscarrying last week and amongst the notes that we've got on our system, one of our Birth Companion champions has been to see her just to offer some more support for her and we are going to try and arrange, if we can, a chapel service with her and the other pregnant prisoners to you know, have that little bit of a support and that bond amongst them as well. (P/HCS_1_Prison B)

Pregnancy bras were offered to all women. This was in recognition of how a woman's breast size changes during pregnancy, and women often wore uncomfortable and ill-fitting bras. Other forms of practical support (e.g. packing a hospital maternity bag, providing information in women's own language) provided by peer supporters and Birth Companions staff was reported to have made *'a big difference'* in helping women feel 'prepared' for the forthcoming birth. Peer supporters reported that because they are in the prison every day and have sufficient time, they were able to respond quickly and proactively to situations that arise, and therefore create solutions in a timely manner.

C.5.1.2. <u>Information based support</u>

Women expressed how the perinatal group and support from Birth Companions was the only forum which enabled them to receive reliable and comprehensive information:

> In prison you don't have access to information about pregnancy or your health, so information about pain relief or about the development of your baby each week, what the foetus looks like each week… coming here I get that information and I feel supported and looked out for (PN1_Prison B)

The information provided by Birth Companions was identified as being helpful for first-time, as well as multiparous women: *'there's always something new that there is to learn about being pregnant or having a baby'* (PN4_Prison A).

Women appreciated being able to discuss and receive information about pregnancy, childbirth and/or childcare related topics in the perinatal groups. Some reflected on how this information helped them to feel better informed, and therefore more in control of their choices:

> Writing the birth plans was really good, it helped me to learn, because there's lots of things I didn't know about pregnancy and birth. Like I know the words, but I don't know what they mean. But I've learnt about clamping the baby's cord and about how you can have a water birth, I thought you had to pay to have the water birth, but she told me it's free, so that's good. (PN1_Prison B)

Some of the prison/healthcare staff also recognised how Birth Companions support was helping to empower women to advocate for their rights:

> Because knowledge is power isn't it, that once they know what to expect and they know what is reasonable and they know what to do when things don't quite go right so it gives them that knowledge to be able to take ownership themselves and deal with situations a lot better. (P/HCS_1_Prison A)

This sense of empowerment could relate to women feeling able to articulate their specific birth requests (e.g. remaining mobile in labour due to her ADHD), and women feeling more confident to seek out their information requests; '*I feel confident to ask Birth Companions questions about pregnancy'* (P2_Prison A). The opportunities for women to discuss their immediate as well as future related concerns was reported to have helped alleviate their stress and anxiety:

> Talking through my worries makes me feel calmer and more able to think about a course of action, and my plans post-release (PN2_Prison B)

C.5.1.3 Feeling cared for

Some prison and healthcare staff considered how a service that was tailored to women's needs made the women *'feel a bit special'*; with the woman-centred, safe space reported to have enabled women to have an embodied reality of feeling *'like a pregnant woman'*, *'a real person'* (BCV_1_Prison A). The personalised nature of advice and extent to which, *'Birth Companions put themselves out for you'* (PN2_Prison B) in attempts to meet women's needs, provided women with a sense of being cared for:

> X [woman] was just blown away when I told her that X (Prison Services Coordinator) would be able to support her, and would be on the first train from London, and it just blew her mind she couldn't believe it to think that people would come to see her from London. (BCV_3_Prison A)

The provision of essential pregnancy/maternity related items such as bras, also considered to hold more value than its instrumental purpose:

> It's really nice to know there's something, which on the surface might seem so trivial, just take one basic practical item, but actually for her that meant so much more than just a bra. (BCV_1_Prison A)

This sense of care was described as particularly valuable in a prison environment, where it is easy for women to feel anonymous or forgotten:

> I do think this service is important. One of the girls said it in the meeting today, it's showing that someone does care. It's the fact that someone's there. You become very anonymous in the jail, no matter what you've got going on, you become very irrelevant in the jail, so being pregnant you can feel very very alone even on the outside, let alone in here as well. So knowing there is somebody somewhere who cares about you and is making sure you get your rights, even down to getting a bra that fits, and that is comfortable, something as simple as that is really, really important' (PS6_Prison B)

C.5.1.4. Shared realities

A key benefit of peer support is the opportunity to discuss and share concerns with individuals from similar backgrounds, and who may have experienced similar realities. One of the peer supporters reflected that being *'on the same level of women'* helped to facilitate trust, and which in turn made the women '*more likely to talk'* about her concerns (PS1_Prison A). Shared accounts offered reassurance, with reports of how peers sharing insights into *'how things work in the prison'* made '*a massive difference*' (BCV_2_Prison B) in helping to acclimatize women to prison life. At one of the perinatal groups, a discussion of the benefits of peer-based discussions was observed when:

> X thanked her for talking about a termination, X said that she is considering a termination and found it comforting to know that this option had been chosen by others. (Fieldnotes #7– Prison B).

Women valued the communal and safe space of the perinatal groups where they could share the expected or lived realities of pregnancy and motherhood:

> I like giving that information out to someone else, the more women that breastfeed the better, you really don't realise how good it is for the children and how much time and money it saves for yourself, I tell everyone that (PN4_Prison A)

C.5.1.5 Building social connections

While group dynamics were not always optimum, positive interactions between the group members were recorded within fieldnotes and reflected in interviews with women, peer supporters and prison/healthcare staff. The opportunities for perinatal woman to come together in a confidential, non-judgemental space enabled women to form friendships and bonds:

> So even though all three were very different and very different life experiences, didn't particularly know each other but they were all very supportive of one another. There was that common bond. (P/HCS_4_Prison B)

Importantly, attending the group made women feel less afraid, isolated and alone, as they were able to meet other pregnant or postnatal women in the prison who they might not otherwise have come into contact with:

> Coming to the groups you meet other pregnant women who you might not meet otherwise - I'm the only pregnant one of my wing, so if I didn't come here, I would have thought I'm the only pregnant person in the jail. That really helps make me calmer, because prison is really scary (PN1_Prison B)

The perinatal group was reported to have provided women with a positive sense of community - a rare experience in a prison environment:

> I think Birth Companions is great for pregnant women in every way. Despite my own choices in ending my pregnancy I have witnessed what the group is capable of and it really is a group I look forward to build your confidence and feel a part of something special and mutual. I didn't feel alone anymore. (Woman, feedback form)

Even women who were not necessarily vocal during the conversations, were still considered to reap rewards:

> One who has been in the prison (X) for a while and about 28 weeks pregnant – she was upset and angry with prison staff for various reasons and didn't really want to engage with the group today. But she comes consistently and seems to appreciate the space, even if she doesn't always want to talk. (Fieldnotes #7– Prison B)

On one occasion, the peer supporters were asked to attend a Social Services meeting with a woman they were supporting. While in retrospect this was not perceived as overly positive as the peer supporter reflected that while *'it has been great to support her* [mother]*, it was quite*

hard to hear' (BCS_3) *what was said'*[75], it was a testament to the women-peer supporter relationship that she wanted them present.

C.5.2. <u>Added value</u>

Peer supporters, prison and healthcare personnel as well as Birth Companions staff all referred to how their involvement or engagement with the perinatal service provision had provided personal benefits. Peer supporters expressed a personal sense of reward through knowing they've made a small difference in the woman's life:

> I do feel, if we've made the slightest difference, even so much as 'right ok we will scrounge together some cereal for her' and she'll be, the smile will be all over her face, and that tiny little thing which means nothing to us […] it's a big thing to her and it means something. And you feel as if you've done something rather than nothing. (PS1_Prison A)

Their commitment to the role was reflected by one peer supporter wanting to leave the position due to not being able to regularly support women, and therefore felt *'she wasn't doing anything helpful'* (BCS_2). Some participants highlighted that while more women should be offered the peer support training - *'so that more people can experience the role*' (P/HCS_2_Prison B) - they needed to have regular opportunities for hands-on support, to practice and develop their skills.

Some of the peer supporters spoke of how the role imbued a sense of trust, which peers were keen to uphold, both for themselves, and others in the team:

> We've got a really tight team, and if one person gossips or gets involved in something they shouldn't be doing, then the whole team is tarnished with it. It has to be - you all have to be really trustworthy - to each other as well as to the establishment you're working in (PS7_Prison B)

Peer supporters also valued their involvement with Birth Companions since their ability to take on a position of responsibility demonstrated their positive rehabilitation:

> They've [Birth Companions] said that they can write me a reference when I leave, so that's helpful. That's good if you've got ROTLs coming up and you have to sit boards and stuff, it's good to be able to show that you're a Birth Companion, even though the Governor already knows, it can show that I am doing something. (PS5_Prison B)

Further insights into the peer support role and the personal benefits of providing this support are detailed in case study two:

[75] During a follow-up meeting between Birth Companions and prison staff it was decided that it was in everyone's best interests, and potential for confidentiality breaches that this should not happen again.

Case study two

X trained as a peer supporter with Birth Companions in 2019. While she already had experience of supporting women as a prison listener, she felt that the peer support training helped to develop her skills and confidence. She also considered that finding out about Birth Companions and what is available for pregnant women to be the most useful. While X had her own challenges of preparing for release and planning for her future, she supported women with great care and attention. X would access the perinatal group to ensure women had all they needed, such as pregnancy packs and pillows. She regularly provided information on applying to a MBU, and often contacted women on a daily basis to offer ongoing support. On one occasion X provided intensive support to a woman who sadly suffered a late miscarriage and was able to arrange and attend a chaplaincy service on her behalf. Over the 15 months she worked as a peer supporter, she supported over twenty women through 146 one-to-one contacts. X was also involved in wider advocacy for women such as through promoting Birth Companions work with prison staff, and she was invited and attended another prison to talk about her role as a peer supporter. On leaving prison, X reported how *'it has been a real pleasure to work with Birth Companions and I have learnt a lot'*. She intends to seek employment that will enable her to use the skills she gained as a peer supporter, and Birth Companions provided a reference to share with potential employers.

Some of the prison and healthcare staff reported personal benefits via their involvement in the Birth Companions services. For instance, the OMU officer who sat in the perinatal group at Prison B expressed satisfaction in being able to follow-up and resolve actions, and to make a positive difference to individual women's situations:

> I certainly feel a sense of achievement when we sort something out literally that day that one of the girls has brought up, rather than waiting a week or two weeks, it makes them more comfortable, that's satisfaction for me seeing that come about when you can sort something out. (P/HCS_2_Prison B)

Some of the prison/healthcare staff considered that collaboration with Birth Companions meant that they had *'a better understanding of women's realities'*, and which on occasion helped them to *'have a better relationship'* with women. Some also spoke of feeling more able to provide evidence-based support to perinatal women as a result of Birth Companions sharing, e.g., new research, insights into MBU applications, and different ways of working in other prison environments:

> Birth Companions provides me with information on events, new research, insights into MBUs and applications which helps me in my role. (P/HCS_3_Prison A)

Birth Companions volunteers also provided positive reflections on their role, which for one was described as *'one of the most rewarding things I've ever done'* (BCV_3_Prison B), and another a *'joy to be part of their life'*. The Prison Services Coordinator also reported on how the intensive resettlement support provided to the woman from Prison A provided important transferable learning opportunities in terms of *'how to reach women like her and work with them and how also how not to work with them'* (BCS_2).

C.5.3. Advocating for women's needs

There were numerous ways that Birth Companions advocated for women's needs. A key part of their remit was to highlight and rectify instances of inappropriate care, and particularly when it breached Prison service instructions (such as the lack of and inadequate support for MBU

applications (section C.3.5), and inappropriate treatment of pregnant women when transporting to hospital appointments (section C.4.2)). This work involved Birth Companions taking opportunities to educate prison and healthcare staff on MBU eligibility and application processes and supporting and advocating for women to complete MBU applications, educating prison and midwifery staff on escort guidance and coordinating meetings with senior staff to notify them of prison service contraventions.

Birth Companions considered how their service and what the prison provided had different, and not necessarily complementary remits; Birth Companions aimed to *'work holistically'* with women, and prison staff were to *'keep them alive and secure in a custodial setting'* (BCS_2). There is no legal mandate for women in prison to be provided with practical items[76], such as maternity bras, an additional/firmer mattress, additional pillows[77]. Consequently, Birth Companions would advocate for these items by presenting arguments as to how they would benefit prison staff and practices; *'such as a better mattress and maternity bra means that women will be more comfortable, sleep longer, and therefore less likely to 'self-harm or kick off'* (BCS_2). Similarly, Birth Companions made the case for how the peer support service can improve working practices for prison officers, as peer supporters will respond to women's requests and concerns, relieving pressure on officers who would otherwise have to resolve these issues themselves. Birth Companions would also use success stories of implementing change elsewhere, in attempts to influence practices:

> [So I will say] When we worked with other prisons and this is what they do there [such as providing additional food packs] then they're kind of like oh ok and perhaps take note a little bit. (BCS_2)

Birth Companions were instrumental in introducing access to the British Pregnancy Advisory Service (BPAS)[78] in both prisons for women considering a termination post 16 weeks gestation[79]. This involves women being allowed to make a confidential call to a trained BPAS counsellor, and BPAS then liaising with the prison to organise a termination as required. Birth Companions also organised meetings, or initiated written communications with lead staff, e.g. Governors, to help facilitate service delivery and care for women. These issues included safeguarding, facilitating MBU applications, responding to gaps in provision such as no access to breast pads or breast pumps (with implications for engorgement and mastitis), and reports of women feeling bullied or targeted by other prisoners.

The prison strategic lead considered that the credibility and expertise of Birth Companions meant that they were more *'able to make suggestions without ruffling feathers and putting barriers up'* (P/HCS*). Moreover, as Birth Companions were aware of who the key contacts were in each prison, this in turn helped them *'to push for things and actually make it happen'* (P/HCS*). However, Birth Companions staff referred to how advocacy was a balance of managing and developing relationships with staff, while making attempts to initiate change to provide a valuable service for women:

---

[76] With these items detailed in Birth Companions *Birth Charter*

[77] Current work is underway to revise the Management of Mother and Baby Units Order (2000) which is due for sign-off in May 2020. Birth Companions are involved in this work to influence the perinatal pathway for women, and introduce minimum standards for all perinatal women (those who are and who are not in MBUs) - women who are pregnant, having terminations, miscarriages, stillbirth, separating from their infant, etc.

[78] BPAS is a charity which provides reproductive healthcare services including pregnancy counselling, abortion care, miscarriage management and contraception.

[79] As this is beyond the time that a termination will be organised within Hospital Trusts

> It's a bit of a tightrope because we do advocate for changes to the system and are quite openly critical in certain settings about what we see in prison and the failings that are there, so it's kind of maintaining the relationships individually with the key staff but equally feeling that we can influence things on a grounded platform as well. (BCS_2)

The peer supporters also saw advocacy as a key part of their role. As some were *'trusted prisoners'* who typically had better relationships with prison staff, they spoke of how they would use their position of relative privilege to advocate for the rights of those they supported:

> I think I would probably describe peer support as an additional support, a confidential support who can try and help them advocate for additional things that they should be entitled to. (PS1_Prison A)

C.5.3. Need for dedicated perinatal support

Prison and healthcare staff described Birth Companions as a '*fantastic'*, '*brilliant'*, '*invaluable'* due to their dedication and passion to make a positive difference to women:

> They are very proactive, very willing and have just got a drive and determination about them and that makes it work. There's nothing ever too much trouble. Very approachable. I just find them a pleasure to work with. (P/HCS_1_Prison B)

Many women in prison have experienced multiple kinds of disadvantage due to an array of complex life experiences, including sexual exploitation, childhood sexual abuse, domestic abuse, mental health problems and substance misuse needs; pregnancy thereby creating a further layer of vulnerability. Birth Companions were perceived to offer a unique '*gold standard'* service due to being *'a credible, respected, independent organisation working to support those women to help make them feel safe and heard'* (P/HCS*).

Birth Companions services were perceived to be *'extremely difficult',* if not impossible, to replicate: '*it would be a service which would be extremely difficult to replace even if you could'* (P/HCS_1_Prison B). This was due to the Birth Companions team having the knowledge of the prison system and women's rights skills and their understanding of perinatal issues; '[they have the] *particular expertise of understanding the needs of pregnant women in prison'* (P/HCS*), their capacity to meaningfully engage women in a model of woman-centred care, and sufficient dedicated time to provide essential information (e.g. antenatal education) that perinatal women needed but often were unable to receive due to the constraints of prison-related statutory provision:

> Because I'm only commissioned to go in for one day a week and in that day that is antenatal appointments, a lot of work around social services and making sure everything else is tying up. I wouldn't get time to do the antenatal education, sourcing other things that the ladies might need, you know like when they do breathing and all things like that, I haven't got the time, unless they let me go in for another day but they are things that I haven't got time to do. (P/HCS_5_Prison B)

The midwife at Prison A reported:

> [I'm] very concerned about loss of Birth Companions as I don't know how to replicate it – I can offer midwifery and parenting support, but it is not the same as what they do.

> They are not professionals attached to healthcare or prison but offer an independent space for the women to be mothers. I am not trained to do what they do (P/HCS_3_Prison A)

Further importance was also attributed to Birth Companions provision of 'invaluable' practical items that the prison service was unable to provide:

> It's not just as a support for them from a verbal sort of thing, it's also support they provide from providing all different sorts of needs as well. Whether it would be the birthing bras or maternity clothes, which they've also brought in, and also clothing for new-born children. It is just an invaluable source for us. […] We haven't got the resources and the time to be able to do those sort of things that we'd like to do (P/HCS_1_Prison B)

Women also reflected on how Birth Companions offered additional information due to not being bound by statutory constraints, and the recognition of how little support they might have received had the Birth Companions service not been available:

> Because there's no nursery nurses or nursery staff to get information from, at least I know that there's Birth Companions to fall back on if you do have any questions, if you wait until Birth Companions come in that can put your mind to rest' (PN3_Prison A)

D. Summary of Key Findings and Recommendations

Below we detail key recommendations that were generated from this study. Some recommendations specifically relate to how to operationalise Birth Companions services and to optimise best practice in providing perinatal care and support. However, others operate as stand-alone recommendations for prisons to better understand the needs of incarcerated perinatal women, to provide support in line with prison service instructions, and to promote joined-up whole systems care.

Training for prison staff

There is evidence of variable levels of appreciation by prison staff of the physical, emotional and social needs of perinatal women. This resulted in examples of inappropriate 'helping' and on occasion, obstructive action. Better training and education of prison staff is required if prisons are to address responsibilities for the health of women and unborn babies.

- As a priority, all staff working in women's prisons should receive training into the needs and entitlements of pregnant women, and wider issues faced by women who have faced pregnancy losses, stillbirths and terminations. Staff working in a prison environment without a MBU require additional training to help understand; the needs and experiences of women who are going to be/have been recently separated from their infants. Training should be mandatory for all new staff, and with regular (e.g. yearly) updates provided;
- Training packages should ideally be written and delivered by organisations such as Birth Companions who have theoretical and experiential knowledge in the support and care of perinatal women in prisons, and in partnership with HMPPS stakeholders who understand the practicalities of providing support in prison contexts;
- Training about the escort of pregnant women needs to be accessed by all key/relevant staff to prevent against inappropriate practices.

Mother and Baby Unit Applications

Overall there was a lack of dedicated support and information amongst prison staff in enabling eligible women to make applications to MBUs. Birth Companions played an important role in facilitating applications when systems allowed the necessary communication of key information.

- A clear pathway needs to be in place that identifies named prison officers who have received appropriate training and who have responsibility for distribution of information (e.g. leaflets, verbally) and in initiating and following-up MBU applications. Named staff need to have protected time to undertake this role, and contingency arrangements in place for when key staff are unavailable;
- These named prison officers could also coordinate and encourage visits from Social Services to initiate a care pathway, with pre-birth assessments undertaken as early as possible (e.g. from 18 weeks) to enable intensive support, timely assessment and to facilitate decision-making (see Barlow et al, 2016);
- Other staff who work within the prisons, e.g. healthcare, pastoral support could also receive training in MBU applications to help encourage and support women to make applications;
- Birth Companions should be instrumental in providing updates or letters of support to help inform women's MBUs applications, such as via liaising with named prison staff.

Perinatal group provision

The findings indicate that those women able to attend perinatal groups and/or access the one-to-one support found them to be an important source of information, and opportunities for practical help, and emotional support. Both support options are important to be able to sensitively provide woman-centred care. Given the importance of the first 1000 days on the health of the baby, this evidence lends support for the provision of perinatal group support for incarcerated women.

- Weekly perinatal groups should be provided as standard provision to facilitate continuity of support and relationship building with women;
- A regional Birth Companion facilitator should be appointed from the local area, supported by trained local volunteers to enable sustainable service provision;
- Non-attendance by prison staff at the perinatal group has benefits of women taking ownership of the group and encouraging disclosures of concerns and issues. However, a member of prison staff in attendance for part of (e.g. at the end) the group could have potential benefits in providing prison-related information, and to follow-up on specific actions;
- The perinatal group needs to be delivered in an appropriate space for group work, and a separate, discrete area for one-to-one support as needed;
- As there are challenges in meeting the needs of women with different perinatal experiences in a group situation, some background information provided in advance of the session is crucial.

Identifying and engaging women

Taking advantage of the perinatal help provided by the Birth Companion service for women in prison requires accommodating prison systems that can ensure timely needs assessment,

information sharing and communication between prison staff, Birth Companion staff and peer supporters.

- A pathway is needed for perinatal women to be identified and referred into Birth Companions at the point of admission into prison (e.g. via secure email). As women can feel overwhelmed when they arrive in prison, and by the amount of information provided, women should be followed-up by Birth Companions staff or the peer supporters at a later point (e.g. one-two weeks later);
- Women's perinatal status should be recorded on prison IT systems to help flag up eligible cases and maximise referral opportunities;
- Birth Companions should be provided with the woman's name, prison ID, and a brief summary of her current status (e.g. gestational weeks of pregnancy, separated from infant) for a personal invite to be issued, and to help prepare suitable topics for discussion at the perinatal group;
- Women (and peer supporters) should be able to communicate with Birth Companions on an ongoing basis (via the Email a Prisoner system) – similar to other prison settings;
- Peer supporters should be provided with flexibility to approach and speak to women about their perinatal needs, and to facilitate referrals into Birth Companions/the perinatal group as required. This may require further thought when selecting suitable peers (e.g. to only appoint those who are 'trusted' and have relative freedom to move around the prison);
- A proactive approach to accommodating pregnant women together, where appropriate, at the point of admission to prison to establish informal peer support and facilitate contact by the trained peer supporters;
- Birth Companions have a wealth of up-to-date knowledge about the different types of support available to perinatal women on release. Opportunities for Birth Companions to work with key staff (e.g. HMPPS staff, healthcare staff, drugs and alcohol services, third sector organisations) in planning the release and resettlement of perinatal women should therefore be maximised;
- Suitable facilities, e.g. language line, and dedicated private office space to host discussions, need to be provided for women who cannot converse in English. Opportunities to recruit Birth Companions volunteers who speak different languages could also prove beneficial.

Identifying, and support for, peer supporters

Peer supporters were reported to be select individuals, who were particularly suited to the role. They were identified as an important resource that provided a vital connection with women in the perinatal period. The support they provided resulted in improved access to information and entitled resources that pregnant women (and their unborn baby) may otherwise have been denied. While the peer supporters valued and benefitted from their role, as they were repeatedly exposed to the challenging stories of other women, there was a need for personal resilience to maintain their own sense of self and wellbeing.

- Birth Companions peer supporters require specialist training and supervision from Birth Companions to enable them to understand the realities of perinatal women in prison, and for appropriate woman-centred support to be provided;
- Opportunities for peer supporters to socialise with one another, such as attending the groups, through group supervision, or the opportunity to work in pairs, should be offered to promote positive team practices and peer-debriefing opportunities;

- The prison should identify a named member of staff who understand the role and remit of peer support, and who can help resolve any issues during Birth Companions absence from site;
- Opportunities to expand the peer supporters' skills and capacities should be sought. This could involve engaging their services within other perinatal-related activities, e.g. helping to facilitate letterbox contact for women separated from children or supporting family visits. This would serve to sustain peer motivation and enhance their skills; with added benefits of improved outcomes for women and peer supporters;
- A paired peer support approach can be helpful for initial contacts with women, or when supporting those with high complex needs; however, as this can create difficulties in the coordination of peer support, and delays in the receipt of support, a one-to-one peer-woman approach is more suitable should the level of risk dictate.

Communications and partnership practices

Birth Companion service staff were able, when the prison system allowed, to be important contributors to multi-disciplinary discussions about the care and support for perinatal women. The study provides examples of good working partnerships, that smoothed the care processes for women. However, there were instances of key gaps in the prison system, including a general lack of commitment, communication and awareness about the remit and purpose of Birth Companions. These posed challenges, undermining partnerships and the consequent care that Birth Companions staff and peer supporters could provide.

- A dedicated HMPPS staff member who has dedicated time and sufficient authority to facilitate Birth Companions service delivery is crucial, with at least one named deputy assigned these responsibilities in their absence;
- Due to occasions of items being lost or delayed in transit within the prison system, named prison staff should be assigned to track and distribute the items;
- Multiple and frequent opportunities to provide information and promote awareness of Birth Companions services within the prison setting are needed. This could involve a variety of approaches such as information provided within mandatory training sessions for prison staff, email updates, prison radio and TV channel, closer collaboration with healthcare and chaplaincy staff to promote the work of Birth Companions and leaflets and posters in the Visitors centre;
- A multidisciplinary meeting should be established within the prison for representatives from relevant prison, healthcare and third sector organisations to meet and discuss the care of perinatal women. A confidentiality agreement should be designed, with clear boundaries as to what and how information should be shared, and that enable key stakeholders to participate in meaningful, needs-led discussions;
- The work of Birth Companions should be shared at existing, and appropriate prison-related meeting; updates on Birth Companions service provision should be presented as a regular agenda item by nominated prison staff (e.g. each wing holds prisoner/resident representative meetings). This could serve to help with raising the profile of Birth Companions, and in facilitating follow-up care and actions as required;
- Invitations could also be extended to Birth Companions to attend relevant meetings about women they have supported, i.e. child protection meetings, to enable a more holistic perspective on women's level of engagement.

Strengths and limitations
Strengths relate to the insights from all key stakeholders, and individuals with a wider strategic remit being collected to inform the evaluation. The longitudinal nature of the evaluation also meant that insights into the challenges and remedial actions could be captured over time. We collected insights from women from very chaotic lives, and who would normally be very difficult to access, thereby providing an opportunity for them to contribute to the development of improved services for future women in prison. However, we recognise that the number of interviews with women were low. This was due to women declining to participate, the low numbers of perinatal women particularly at Prison A, and women being identified as unsuitable by Birth Companions staff. This could be due to the women's complexity of needs or Birth Companions staff considering it inappropriate to invite women to participate due to their level of vulnerability and distress on the day of the researcher's visit. A further reason related to it being the woman's first time at the group when the researcher attended, with limited insights to share. The evaluation was undertaken by researchers with expertise in perinatal issues (GT, KW), peer support provision (GT) and needs of women in prison (MB, RM). Further limitations concern only two prisons being included, and some of named individuals (prison, healthcare staff) who had some involvement with Birth Companions, did not respond to participation requests. The study also provides clear evidence of the challenging nature of undertaking research within a prison environment. This point should be noted by funders when accounting for the sufficient resources and time required to generate new knowledge about the health of mothers and babies.

E. References

Abbott, L. J. (2018) The Incarcerated Pregnancy: An Ethnographic Study of Perinatal Women in English Prisons. University of Herefordshire

Albertson, K., O'Keeffe, C., Lessing-Turner, G., Burke, C. & Renfrew, M.J. (2012). Tackling health inequalities through developing evidence-based policy and practice with childbearing women in prison: a consultation. Available at: http://shura.shu.ac.uk/7048/1/Albertson_Takling_Health_Inequalities.pdf

Australian Institute of Health and Welfare (AIHW) (2015). *The health of Australia's prisoners: 2015*. Cat. No. 207. Canberra: AIHW.

Barlow, J., Dawe, S., Coe, C. & Harnett, P. (2016). An Evidence-Based, Pre-Birth Assessment Pathway for Vulnerable Pregnant Women. British Journal of Social Work, 46(4), 960–973.

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

Hogg, S., Coster, D. & Brookes, H. (2014). Baby Steps: Evidence from a relationship based perinatal education programme. Available at: https://www.nspcc.org.uk/globalassets/documents/research-reports/baby-steps-evidence-relationships-based-perinatal-education-programme.pdf

Corston, J. (2007). *The Corston Report: The need for a distinct, radically different, visibly-led, strategic, proportionate, holistic, woman-centred, integrated approach.* London: Home Office.

Council of Europe (2006). *European Prison Rules.* Available at: https://rm.coe.int/european-prison-rules-978-92-871-5982-3/16806ab9ae

Dennis, C. (2003). Peer support within a health care context. *International Journal of Nursing Studies*, 321-332.

Department of Health, (2004) *The National Service Framework for Children, Young People and Maternity.* Available at: https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services

Department of Health, (2006) *National guidelines for maternity services liaison committees*. Available at: http://webarchive.nationalarchives.gov.uk/20130124072236/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4128340.pdf

Eloff, I. & Moen, M. (2003). An analysis of mother-child interaction patterns in prison. *Early Child Development and Care,* 173(6), 711-720.

Ferszt, G.G. & Erickson-Owens, D.A. (2008) Development of an educational/support group for pregnant women in prison. *Journal of Forensic Nursing,* 4, 55–60.

Ferszt, G.G. & Clarke, J.G. (2012). Health care of pregnant women in U.S. state prisons. *Journal of Health Care*, 23(2), 557–569.

Fletcher, D. & Batty, E. (2012). *Offender Peer Interventions: What do we Know?* Sheffield Hallham University. Available at: https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/offender-peer-interventions.pdf

Fowler, C. & Rossiter, C. (2017). 'Women who are incarcerated'. In: G. Thomson & V. Schmied (eds). *Psychosocial Resilience and Risk in the Perinatal Period: Implications and Guidance for Professionals,* pp. 125-139. Routledge: London.

HM Inspectorate of Prisons (2016). *Life in prison: Peer Support.* Available at: https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/01/Peer-support-findings-paper-final-draft.pdf

Huang, K., Atlas, R. & Parvez, F. (2012). The significance of breastfeeding to incarcerated pregnant women: an exploratory study. *Birth, 39*(2), 145-155.

Kincaid, S., Roberts, M and Kane, E (2019) Children of Prisoners. Fixing a broken system. Centre for Health and Justice: University of Nottingham

Knight M. et al on behalf of MBRRACE-UK (2016). Saving Lives, Improving Mothers' Care - Surveillance of maternal deaths in the UK 2012-14 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-14. National Perinatal Epidemiology Unit, University of Oxford.

Lord Farmer (2019) The Importance of Strengthening Female Offenders' Family and other Relationships to Prevent Reoffending and Reduce Intergenerational Crime. Ministry of Justice: London

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809467/farmer-review-women.PDF

Ministry of Justice (2019) Annual HM Prisons and Probation Service Digest: 2018-2019. Official Statistics Bulletin. London: Ministry of Justice https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821149/HMPPS_annual_digest_2018_19_Guide.pdf

Møller, L., Stöver, H., Jürgens, R., Gatherer, A. & Nikogosian, H. (2007). *Health in prisons: A WHO guide to the essentials of prison health*. WHO Regional Office for Europe. Available at: http://www.euro.who.int/__data/assets/pdf_file/0009/99018/E90174.pdf?ua=1

Mukherjee, S., Pierre-Victor, D., Bahelah, R. & Madhivanan, P. (2014). Mental health issues among pregant women in correctional facilities: a systematic review. *Women & Health,* 54(8), 816-842.

O'Keeffe, C. & Dixon, L. (2015). *Enhancing Care for Childbearing Women and their Babies in Prison*. Action for Prisoners' and Offenders' Families and the Hallam Centre for Community Justice. Available at: https://www.barrowcadbury.org.uk/wp-content/uploads/2015/12/FINAL-MBU-report-7th-December-2015.pdf

Pawson, R. & Tilley, N. (1997). *Realistic Evaluation.* Sage: London.

Prison Reform Trust (2015). *Prison: the facts: Bromley Briefings.* London: Prison Reform Trust.

Prison Reform Trust (2019) *Bromley Briefings Prisons Factsheet*. Winter 2019. Prison Reform Trust: London

Public Health England (2018). Gender specific standards to improve health and wellbeing for women in prison in England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687146/Gender_specific_standards_for_women_in_prison_to_improve_health_and_web being.pdf

Rivlin, A. et al., 2012. Impact on prisoners of participating in research interviews related to near-lethal suicides. *Journal of Affective Disorders*, 136(1–2)
Rogers, W., Mackenzie, C. & Dodds, S., 2012. Why bioethics needs a concept of vulnerability. *International Journal of Feminist Approaches to Bioethics*, 5(2), pp.11– 38.

Schwartz, C., Meisenhelder, J., Ma, Y., & Reed, C. (2003). Altruistic social interest behaviors are associated with better mental health. *Psychosomatic Medicine,* 65, 778-785.

Shaw, J., Downe, S. & Kingdon, C. (2015). Systematic mixed-methods review of interventions, outcomes and experiences for imprisoned pregnant women. *Journal of Advanced Nursing*, 71(7), 1451-1463.

Shlafer, R.J., Davis, L., Hindt, L.A., Goshin, L.S. & Gerrity E. (2018). Intention and Initiation of Breastfeeding Among Women Who Are Incarcerated. *Nursing for Women's Health*, 22(1), 64-78.

Sikand, M. (2015). Lost spaces: Is the current procedure for women prisoners to gain a place in a prison Mother and Baby Unit fair and accessible? *The Griffins Society*. Available at: https://www.thegriffinssociety.org/system/files/papers/abstract/griffins_research_paper_-_abstract_2015-05.pdf

Sutherland, M. (2013). Incarceration during pregnancy. *Nursing for Women's Health, 17*(3), 225-230.

The Royal College of Midwives (2019) Position Statement: Perinatal women in the criminal justice system. The Royal College of Midwives: London

Walker, J.R., Hilder, L., Levy, M.H. & Sullivan, E.A. (2014). Pregnancy, prison and perinatal outcomes in New South Wales, Australia: a retrospective cohort study using linked health data. *BMC Pregnancy Childbirth*, 14(1):214. doi.org/10.1186/1471-2393-14-214 pmid: 24968895

World Health Organisation, (2014) *Prisons and Health*. Available at: http://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf?ua=1.

Appendix 1

Types of support

A summary of the focus and topics discussed during the perinatal groups (or one-to-one sessions) at both prisons was analysed as part of the evaluation. The types of information, support or advice required included:

Signposting women to wider support

Signposting women to available services, e.g. Family Rights Group (for women with Social Services involvement), Forward Steps (housing service at Prison B) due to concerns of homelessness, BPAS, Healing Trauma, Prisoner's Advice Service, Listeners for Support, or providers within the prison, e.g. bereavement counsellor, midwife, MBOs (Prison B), mental health, healthcare.

Instrumental support

Within the group(s) there were discussions (and subsequent chasing up/actions) to ensure all women received essential items, such as pregnancy packs (e.g. additional food packs), pregnancy pillows, maternity bras, maternity clothes, breast pads. Birth Companions would provide parenting books to the women, seek out information (where possible) as to whether the woman would be separating from their infant via prison/social services staff. Birth Companions would provide emergency credit so, for example, women could make personal calls regarding forthcoming court dates.

Emotional support

The groups provided opportunities for women to share frustrations and concerns over wider issues, e.g. losing custody of children, mistrust of statutory providers (e.g. social workers), prior birth experiences, concerns over mental health, fears of being locked in at start of labour; frustrations of delays in MBU application outcomes; concerns about delay in obtaining medication. Other specific emotion-based support facilitated by Birth Companions included liaising with OMU staff to try and ensure that women's birth-related requests could be achieved. This could include women receiving a scan photo, organising a suitable birth partner, for baby photos and prints of the baby's hands and feet to be taken post birth, providing women with materials to make cards for their baby or keep a pregnancy journal, and to provide women with baby clothes[80].

Informational support

Information was given on the practical and instrumental items that women should receive within prison, their rights during transfer and being observed by prison officers, and child protection procedures and proceedings. Discussions included information on key pre-defined topics such as infant feeding, birth choices, pain relief, relaxation methods, impact on methadone during pregnant/breastfeeding, skin to skin care, and MBU applications/placements. Further support could include Birth Companions helping women to access information on applications to Home Office (immigration status), applying for re-categorisation, and providing information on local community support available to them post-release.

[80] This related to one occasion of two outfits being provided - one outfit to be worn by the infant immediately after birth, and which women then kept - one outfit remained with the infant.