birth companions

Spotlight: Dual contact

Understanding the needs and experiences of women in contact with the criminal justice and children's social care systems during pregnancy and early motherhood.

Contents

Spotlight briefing

In this briefing paper we shine a spotlight on the issues faced by women who have contact with both the criminal justice and children's social care systems during pregnancy and the first two years of their child's life. We outline the context, highlight key evidence, and share some powerful contributions from our Lived Experience Team who have experienced this 'dual contact'.

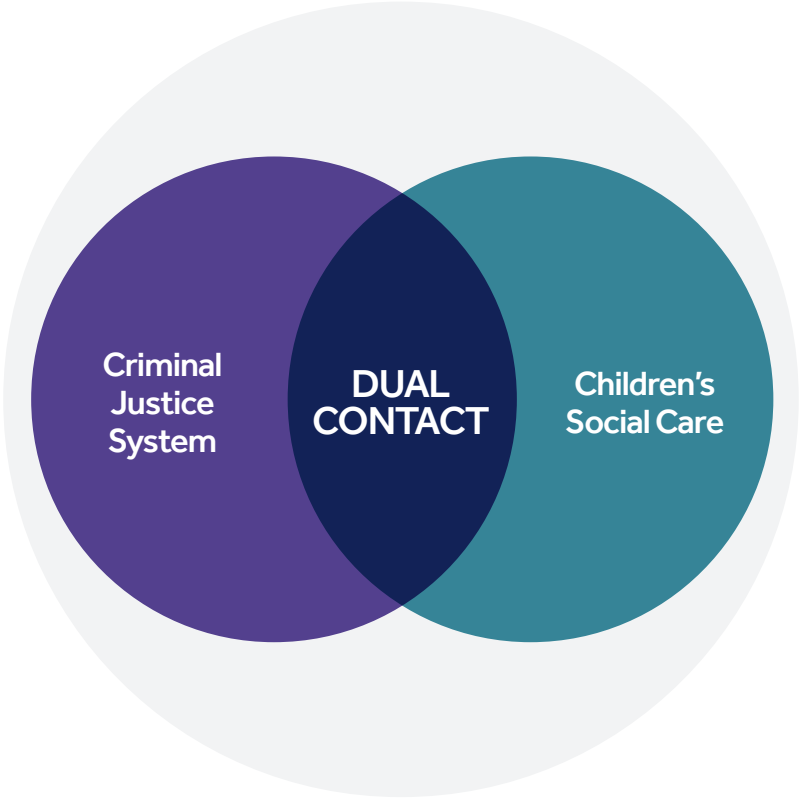
A note on language
We have used the words 'woman' and 'mother' throughout this paper, but we recognise that not everyone who is pregnant or has recently given birth identifies as a woman or mother. This policy paper is intended to include anyone who is pregnant or has recently given birth, whatever their gender identity or how they express their gender.

Many pregnant women and mothers who come into contact with the criminal justice system (CJS) also have contact with children's social care, in custody or in the community. This contact might start before, or at any point during, their contact with the CJS. The type of children's social care involvement can also vary, including assessment for places on prison Mother and Baby Units (MBUs), kinship care arrangements, child protection proceedings, and/or maintaining contact with children who are in local authority care.

A significant proportion of women who become involved with the CJS have spent time in care themselves as a child. It is estimated that 31% of women in prison are care experienced, compared to 24% of men[1], with early life trauma and unmet mental health need key factors in both care and CJS involvement.

National data is lacking in terms of how many pregnant women and mothers of infants have contact with both these systems. It is not possible, based on current research, to fully understand the scale or impact of mother-baby separations during CJS contact, for example, nor the outcomes for babies and mothers, regional differences in dual contact, or trends over time[2]. This is a significant gap, considering the current policy emphasis across the CJS on maintaining and strengthening family ties[3] in order to reduce reoffending and break intergenerational cycles of crime. We hope this evidence base will be established more strongly in coming years. In the meantime, this paper offers an overview of the key issues and concerns.

We believe that significant change is needed in order to improve the experiences and outcomes of women with this dual contact; and to prevent contact with one of these systems leading to otherwise avoidable contact with the other. Those working with women across the criminal justice, healthcare, and children's social care systems need to be better equipped to recognise and respond to the needs associated with dual contact in pregnancy and early motherhood. A joint health and social care pathway for women who are pregnant or have given birth in the last two years is needed to ensure consistent, effective multi-agency working, and ensure women and babies are given the care to which they are entitled. This should include specific reference to the needs of women who are also in contact with the CJS, both in prison and in the community.



The death of baby Aisha Cleary in HMP Bronzefield

The importance of working to understand and improve the experiences of women who have involvement with both children's social care and criminal justice was brought into sharp focus by the recent inquest into the death of Aisha Cleary, born in her mother's prison cell in September 2019.

Aisha's teenage mother, Rianna, had contact with social care services throughout her own childhood and as she transitioned into young adulthood. Her unborn baby was subject to local authority plans for removal at birth; plans that had a huge impact on an already traumatised young woman, and that led to a reluctance to engage with maternity services. When Rianna went into labour with Aisha, and pressed her cell bell for help, no-one came. She delivered baby Aisha on her own, at night, in her cell. Aisha did not survive.

The Coroner's inquest, held over four weeks in May 2023, heard evidence from more than 50 witnesses. This included evidence from the London Borough of Camden's Head of Safeguarding and Quality Assurance, who accepted that debates between Camden and Haringey social care teams over who was responsible for Rianna "will have left her feeling unwanted and uncared for".

In a moving statement read out in the coroner's court, Rianna said

"Why was I made to feel like I would never have a chance with my baby? Why could no-one speak to me in a way that understood my past experiences?... When I was pregnant, I felt like everyone in authority was putting pressure on me, like other people were making decisions for me and I was not involved. I was told I would only get five minutes with my child and the police would be there to take the baby away."

"I felt like nobody, both in the community and in prison, was trying to understand me or what was going on for me. I did not feel that anyone was on my side. I felt like they were not giving me a chance before she was even born."

Read Birth Companions' full response to the inquest.

Context: Women in prison

There are 12 women's prisons in England, and six of these have a Mother and Baby Unit (MBU), where women can apply to have their baby with them up until, or soon after, they reach 18 months of age.

Women make up around four percent of the overall prison population[4]. They tend to commit less serious offences than men, and so are more likely to serve short prison sentences. 63% of sentences started by women in 2021 were for less than 12 months. Half (50%) were for less than six months. In 2021 over half of women (52%) who were remanded to prison by the magistrate courts didn't go on to receive a custodial sentence. In the Crown Court this figure was 42%[5].

The Female Offender Strategy, published by the Government in 2018, recognises the main drivers of offending among women as experiences of abuse and trauma, mental health issues, substance misuse, financial hardship, and homelessness[6]. 76% of women in prison experience mental ill-health, and it is estimated that nearly 60% of women who offend have experienced domestic abuse[7]. Research by The Disabilities Trust (now called Brainkind) found 64% of women in prison have a history indicative of a traumatic brain injury, largely through domestic violence[8].

The Government has committed to reducing the number of women held in prison, although recent inquiries from the National Audit Office[9], Public Accounts Committee[10] and House of Commons Justice Committee[11] have criticised the slow progress on delivering this.

In the year from April 2022 to March 2023

194
pregnant women were held in prison

44
women gave birth while being held in custody

78
women applied to a prison Mother and Baby Unit
10 fewer than the previous year

Pregnant women in prison are up to seven times more likely to experience stillbirth and have higher rates of premature labour than women in the community.

In the year from April 2022 to March 2023, 194 pregnant women were held in prison* [12]. This was the first time the Government had published the total figure, so we do not yet have any basis for comparison to show whether numbers are rising or falling. During this period, 44 women gave birth while being held in custody. One of these births happened in the prison or while in transit to hospital. 78 women applied to a prison Mother and Baby Unit – 10 fewer than the previous year. 40 MBU applications were approved, and 15 refused†.

Subsequent data, obtained through Freedom of Information requests, showed that one in three pregnant women (34%) were being held on remand awaiting sentencing[13].

It is not known how many women enter prison separated from an infant in the community, and efforts to improve data on the number of women with primary caring responsibilities through adjustments to the Basic Custody Screening Tool are not required to break data down by the age of child.

Birth Companions has seen a significant rise in the number of women known to be separated from a child under the age of two in the prisons we are working in, increasing from 13% of those we were supporting in 2020/21, to 30% in 2022/23. It is unclear whether this is due to an increase in the number of mothers with young children being sentenced, or a result of improvements in the identification of these mothers within the prison system. The impacts of such separations are of huge concern for women and families.

Pregnancy and the first year after childbirth is a high-risk period of any woman's life, and research shows that women in prison are already at heightened risk of poor mental health, self-harm, and suicide[14].

Pregnant women in prison are up to seven times more likely to experience stillbirth[15] and have higher rates of premature labour[16] than women in the community. They also miss out on equivalent levels of midwifery and obstetric care, which leads to missed opportunities to mitigate risks. Research by the Nuffield Trust[17] found pregnant women in prison miss over 30% of their obstetric appointments, with staffing levels and limited escort availability thought to be a key factor in this.

It is a clear expectation of both HMPPS and the NHS that healthcare provided in prison should be equivalent to that provided in the community[18], yet the evidence provided by the Nuffield Trust and others suggests this is far from the reality for many pregnant and postnatal women. Women report feelings of shame; a lack of privacy, including for healthcare appointments; a loss of dignity; and little choice regarding their midwifery care and birth preferences. All this has a significant impact on women's maternal identities[19].

Alternatives to the imprisonment of pregnant women and new mothers

Research by Coventry University into the reasons for the imprisonment of pregnant women highlights the fact that at least eleven countries, with a total population of around 646 million, do not permit or severely curtail the incarceration of pregnant women[20]. These include Brazil, Russia, Georgia, Ukraine, Mexico and Colombia. Instead, these countries prioritise use of community sentences, probation supervision, house arrest or electronic monitoring. Italy also prohibits pre-trial detention (remand) unless there are exceptional circumstances.

* Based on self-declared pregnancies.
† The remainder may have become unnecessary or not been pursued.

Context: Women with CJS contact in the community

While there has been some increase in the level of focus on pregnancy and early motherhood in custody in recent years, this has not yet extended to detailed consideration of the needs and circumstances of women who have contact with the criminal justice system (CJS) in the community; for example, while awaiting court, serving a community sentence, or under probation supervision after release from prison. Indeed, there is very little research into the health needs of women who come into contact with the CJS outside of prison.

In 2021, 28% of women sentenced by the courts received a community sentence. 17% of all offenders starting community orders, and 13% of all offenders starting a suspended sentence order (with requirements) were female[21]. The majority of female defendants dealt with for indictable offences in 2021 were aged 18-39[22]. Although data is not published on how many of these women are pregnant or have given birth in the last two years, we can be confident there will be a significant number in this cohort.

Research with magistrates looking at community sentencing options such as Mental Health Treatment Requirements (MHTRs), Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirements (ATRs) asked if magistrates were aware of whether childcare provision was available to women who were given such sentence requirements. The vast majority – around four-fifths – said they didn't know, with one magistrate adding "Good question – I have always assumed defendants undertaking these sentencing options can access childcare if there was no alternative, via friends and family – but that is only an assumption on my part."[23] Clearly childcare is crucial for women expected to meet such requirements while caring for an infant.

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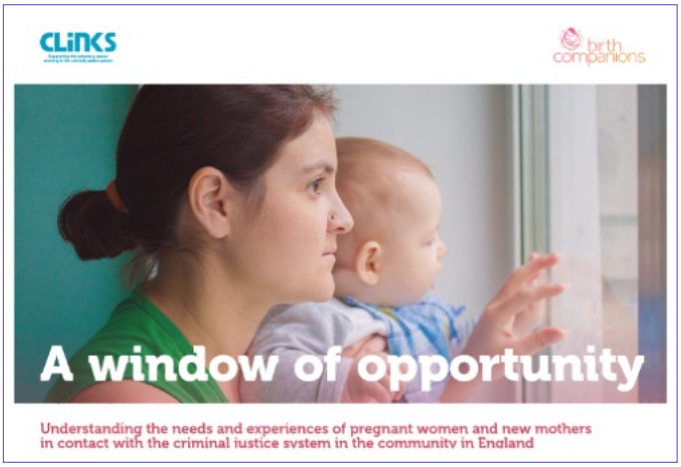
The majority of female defendants dealt with for indictable offences in 2021 were aged 18-39[22].

An evaluation of the NHS Liaison and Diversion (L&D) service from April 2018 to March 2019 found that 4% of adult women identified by the service across all regions were pregnant or had given birth in the last 26 weeks. In two regions this was as high as 8%. It was also noted that women who were pregnant or had recently given birth had a higher rate of engagement with the L&D service (76% compared to 70% of women who were not pregnant/ had not recently given birth)[24].

Birth Companions' own research, conducted with the charity Clinks in 2021[25], identified significant issues with a lack of recognition of, and responsiveness to, pregnancy and motherhood in policing, community sentence requirements and probation supervision. Less than half of the voluntary sector organisations that took part in our Window of Opportunity research said they felt that probation services in the community take sufficient account of the needs and circumstances of pregnant women and new mothers. This means information about these needs is not informing sentencing decisions (e.g. through pre-sentence reports) or the setting of compliance expectations, for example. The majority of the midwives who took part in the research said they felt that involvement in the CJS had a significant impact on women's antenatal and postnatal care needs, partly due to the extra concerns and stresses they experienced as a result.



Women's transition back into the community after prison also poses a particular risk to the continuity of their healthcare and other crucial forms of support. For example, pregnant women have to build relationships with new midwifery teams in the community, often at a late stage in their pregnancy, and women experiencing or at risk of perinatal mental health issues may not be appropriately referred to community provision when released[26].

Context: Children's social care involvement in pregnancy and early motherhood

Tens of thousands of women have contact with the children's social care system during pregnancy and early motherhood each year in England. Some have an initial assessment and get early help from social workers. Some move into processes such as pre-proceedings or court proceedings.

The number of babies and infants subject to care proceedings is growing[27,28], and thousands of mothers have their baby removed from their care by the family courts: 5,410 infants under the age of one began being 'looked after' by the State in 2022[29].

The needs of these mothers are acute and complex, and their experience of care and support can be poor. Mental health conditions, domestic abuse and substance use are highly prevalent among women who have involvement from children's social care[30] and there are well-established links between deprivation and care proceedings[31]. Many experience contact with the criminal justice and immigration systems, and housing problems including homelessness are common.

A high proportion of mothers whose newborn babies are subject to care proceedings have faced traumatic adverse experiences in childhood, such as violence, abuse and neglect[32]. As the experiences shared by women in a Birth Companions insight report show, the direct impact of children's social care processes on women's health and wellbeing can be significant[33].

Despite the evidence of need, most general and specialist services are not designed with these mothers in mind. Professionals across the health, social care and voluntary sectors are doing admirable work to support women in these circumstances, and their dedication can change lives. However, this good

5,410

infants under the age of one began being 'looked after' by the State in 2022

21%

of women who died had had social services involvement

Even temporary separation from a mother during the 1001 critical days can disrupt the attachment relationship and pose significant risk to the mother's mental health.

practice is not consistent or widespread, and services are under-resourced and overstretched[34]. There is no national policy that identifies the specific needs or governs the care of women involved with children's social care. They are missing from key health and social care policy strategies and documents, even those focusing on inequalities. These include the Maternity Transformation Programme; the NHS Long Term Plan; the NHS Core20PLUS5 approach; perinatal mental health services; NHS Equity and Equality Guidance for local maternity systems; NICE CG110 guidance on complex needs; and the Independent Review of Children's Social Care. These mothers are also missing from much relevant research and data.

As a result, some of those in the most vulnerable positions in our society are falling through gaps between services and are overlooked in commissioning.

Systems appear to struggle to cope with women facing complex issues requiring multi-agency responses. Research shows that years of funding cuts have left children's social care services trapped in a 'doom loop', with prevention services slashed in favour of crisis interventions[35]. The Independent Review of Children's Social Care also highlighted the intersections between poverty, deprivation and child protection proceedings, and the extent to which high staff turnover and system pressures can impact on social workers' ability to form meaningful, sustained relationships with families[36].

Mothers who do go on to be separated from their babies are often left to cope with their grief alone, with no support to address the trauma of separation and the issues that may have contributed[37]. This can initiate a pattern of repeat removals or the escalation of mental health issues, substance use, domestic abuse and criminalisation[38]. It can also lead to women dying. Recent analysis has shown that a growing number of women who died during pregnancy or childbirth or in the year after birth had had contact with social services. In MBRRACE-UK's latest maternal mortality report[39], 21% of the women who died had had social services involvement (up from 12% in 2012-14, 17% in 2017-19 and 20% 2020-21). The links between maternal deaths through suicide and substance misuse and child protection proceedings have been emphasised by the MBRRACE authors, and recognised in the Government's new Suicide Prevention Strategy[40].

The first 1001 days of a child's life, from conception to their second birthday, are crucial in laying the foundations for their long-term outcomes[41]. Furthermore, attachment theory highlights the importance of the development of a child's emotional bond with their primary caregivers, particularly during pregnancy, the period just after birth and the early years[42]. Maternal stress, anxiety, and mental health issues in this period can impact on a baby's intellectual, emotional, social and psychological development[43]. Even temporary separation from a mother during the 1001 critical days can disrupt the attachment relationship and pose significant risk to the mother's mental health.

Supporting the emotional and physical health of pregnant women and mothers is central to supporting the health and wellbeing of their babies, and to breaking intergenerational cycles of disadvantage. Avoiding separations wherever possible and protecting the mental and physical health of the mother where a separation does occur will reduce the likelihood of that mother re-entering care proceedings for future children[44], and support the prospects of family contact and reunification.

Understanding dual contact: Criminal justice and children's social care

There has been some increase in recognition of the particular risks and needs associated with maternal separation in prison, with the publication of national standards by His Majesty's Prison and Probation Service and the Ministry of Justice, developed in close partnership with Birth Companions[45].

This was reinforced by an NHS Health & Justice service specification on maternity care in detained settings[46]. Yet despite this clear policy and guidance, significant shortfalls in care and support persist.

A comprehensive case review of MBU applications[47], carried out by the Chief Social Worker for England, highlighted fundamental concerns about social workers' understanding of these units; the accuracy and nature of social worker assessments; the governance and consistency of MBU board hearings; and about the significant differences between this system and the family courts. The recommendations of the review are far-reaching and include a call for government to explore the need for women to have legal representation in the MBU process.

The geographical spread of women's prisons in England means that women are in custody an average of 60 miles from their home area, yet it is their home local authority that has responsibility for their children's social care. This creates significant challenges in terms of open and regular communication with social care and other professionals, fair and detailed assessment in partnership with women, and maintaining contact with babies and older children. Women and those working with them in prison often talk of being 'out of sight, out of mind' or 'overlooked' by social workers[48].

While Scotland has a specific criminal justice branch of social work, in England many aspects of social work have been transferred to probation services since the 1990s. This has resulted in a lack of criminal justice expertise across social care teams, creating barriers to understanding and multi-agency working. It means, for example, social workers dealing with cases where a mother is in prison have often never entered a prison themselves, and have little knowledge of relevant issues or processes[49].

Embedding social workers in prisons

In his 2019 report, The Importance of Strengthening Female Offenders' Family and Other Relationships to Prevent Reoffending and Reduce Intergenerational Crime[50], Lord Farmer emphasised the need for social workers to be embedded in every women's prison. In 2021, the Prison Advice and Care Trust (Pact) began a three-year pilot, funded by the Sylvia Adams Foundation, to place social workers in HMP Send and HMP Eastwood Park. The Together a Chance pilot has been evaluated[51] and found to have improved mothers' ability to engage in social care proceedings, as well as supporting contact with their children. It was also shown to be effective in building bridges between those working in the prison and social work teams in the community. The scheme is being continued, and there is hope it will be extended to more sites within the women's estate.

Supporting women with dual contact

Birth Companions provides specialist, trauma-informed support for perinatal women in the community and in prisons. This involves emotional, practical and informational support during pregnancy, baby loss, birth, early parenting and with separation from a baby.

Current services in HMP Bronzefield and HMP Foston Hall include advocacy, peer support from serving prisoners, and pregnancy and wellbeing groups. In HMP Drake Hall, we recently delivered peer support training and developed perinatal resources. We also support perinatal women on probation and affected by the Criminal Justice System in the community through the Advance WrapAround service.

Housing is a significant issue for mothers with both CJS and children's social care involvement.

Many women lose their homes when they enter prison and are reliant on being re-housed by their local authority upon release.

Pregnant women and families with children are among those prioritised for housing by law[52]. The Homelessness Code of Guidance[53] also recognises that women in contact with the CJS have multiple and complex needs affecting their access to suitable and sustainable accommodation. The Guidance states that women at risk of homelessness "may return to abusive situations or feel unsafe accessing all-gender services and accommodation. Women are also more likely to be the primary carers in a family and need accommodation for both them and their children. There may also be challenges for women leaving prison regarding the interplay

between gaining the custody of their children and securing accommodation." Yet the Code does not provide any specific guidance on how to address these issues for women in contact with the CJS and ensure that all agencies work effectively to enable them to benefit from the priority support they are legally entitled to.

Data shows less than half (47%) of women leaving prison in the year to March 2022 had settled accommodation, impacting on their access to healthcare, putting them at risk of abuse and exploitation, and preventing them from seeing their children[54].

In the prison context, working to the 26-week timeframe for child protection proceedings is challenging for all concerned. This timeline was designed for working with families in the community, and it can be problematic to apply it in exactly the same way in prison, where getting security clearance for visits, and travelling long distances from the home local authority, can limit contact. Mothers also don't have the same level of access to information and support through the family justice process as they would in the community, or as much chance to participate fully in proceedings.

As demonstrated by the concerns shared by voluntary sector professionals, specialist midwives and women with lived experience in our Window of Opportunity report[56], the stress and trauma associated with CJS contact often increases mistrust towards professionals, particularly in statutory services. This interplays with women's fears of separation from their baby as a result of criminalisation; fears that are even more heightened among women who have themselves experienced the care system as children.

Current research: How women and professionals involved with the CJS experience enforced separation of newborn babies.

Qualitative research has highlighted the deep sense of loss experienced by mothers separated from their babies while in prison[55], yet there has been very little research examining experiences of the process of enforced separation within amidst CJS contact. The Lost Mothers project is the first study to link the professions of social work, health visiting, midwifery and criminal justice staff with the experiences of women who have been in prison. Led by Dr Laura Abbott and a team of leading specialists, including a Lived Experience advisory group, the project will focus on providing evidence to strengthen understanding of this process and its impact on women, and to drive improvement.

Mental health provision for perinatal women in prison

The Central and North West London NHS (CNWL) specialist prison-based Perinatal Mental Health Service is commissioned to provide care to women across the perinatal period while in prison. This includes mothers who are subject to care proceedings who may or may not go on to have custody of their baby. The service adopts a trauma-informed, mentalization-based approach to advocate for both mother and baby's emotional needs and share psychological-based formulations of maternal mental health difficulties and risks with the network of professionals working around mother and child.

Comprised of a multidisciplinary team, including a Consultant Perinatal Psychiatrist, Perinatal Mental Health Nurse, Perinatal Clinical Psychologists and Occupational Therapists, the team offers specialist assessment to all women in prison during their pregnancy and during the first year after birth.

Mothers are offered interventions to address their perinatal mental health difficulties, including the parent-infant relationship. All interventions aim to prevent the development of new perinatal mental health difficulties, treat existing mental health conditions, and break the cycle of transgenerational trauma.

Mothers who are separated at birth whilst under the care of the team are offered weekly follow-ups in the immediate post-partum period and frequent reviews in the long term, to ensure continuity of care during a time where there is significant risk of re-traumatisation and mental health decline.

The clinical pathway sits within a wider multi-agency network and pathway of professionals. The service provides training, supervision, case consolation and formulation meetings, and reflective practice for clinical and non-clinical staff working with mothers in the perinatal period in prison.

Policy responses

In 2016 Birth Companions published The Birth Charter for women in prison, setting out principles of care for pregnant women and mothers of infants incarcerated in England. That Birth Charter helped deliver the first mandatory standards of care for these women and their babies.

Now, in 2023, we have published The Birth Charter for women with involvement from children's social care, drawing on our 27 years' experience providing support and advocacy for women at risk of, or dealing with, separation from their baby. Both Birth Charters are of value to professionals working across prisons, probation, maternity, primary care, mental health, social care, domestic abuse, substance misuse, housing and beyond.

The Birth Charter

The *Birth Charter Toolkit* provides further guidance on implementing these recommendations - available online HERE

Hard copies are available on request via info@birthcompanions.org.uk

Pregnant women in prison should:

1. have access to the same standard of antenatal care as women in the community
2. be able to attend antenatal classes and prepare for their baby's birth
3. be housed, fed and moved in a way that ensures the well-being of mother and baby
4. be told whether they have a place on a Mother and Baby Unit as soon as possible after arriving in prison
5. have appropriate support if electing for termination of pregnancy.

During childbirth, women should:

6. have access to a birth supporter of their choice
7. be accompanied by officers who have had appropriate training and clear guidance
8. be provided with essential items for labour and the early postnatal period
9. receive appropriate care during transfer between prison and hospital.

Women with babies in prison should:

10. be encouraged and supported in their chosen method of infant feeding
11. be supported to express, store and transport their breast milk safely, if they are separated from their baby
12. be given the same opportunities and support to nurture and bond with their babies as women in the community
13. be entitled to additional family visits.

All pregnant women and new mothers should:

14. be able to access counselling when needed
15. receive appropriate resettlement services after release from prison.

Birth Companions
Birth Charter for women in prisons in England and Wales
3

The principles

Pregnant women and mothers of children under the age of two with involvement from children's social care should

Receive support that is

1 Specialist and continuous during pregnancy, birth and early motherhood
2 Woman-centred, holistic and culturally appropriate
3 Trauma-informed and trauma-responsive
4 Equitable
5 Responsive to their specific needs before, during and after separation from their baby.

Be helped to give their babies the best start in life through

6 Support from all services as early as possible
7 Appropriate mental health support
8 Having their birth preferences respected
9 Appropriate support in hospital before, during and after birth
10 Opportunities to bond with their baby
11 Retaining or regaining care of their baby where possible.

Have their rights upheld through

12 Help to understand and engage with every aspect of their involvement with children's social care and the family justice system
13 Access to independent advocacy support
14 Clear ways to express concerns, challenge inaccuracies and make complaints about unfair or poor practice.

Our recommendations for improving women's experience of dual contact with the CJS and children's social care

- The imprisonment of pregnant women and mothers of infants should be ended in all but the most exceptional of circumstances. This means an end to custodial sentences, and also the use of remand and recall.

- Lord Farmer's recommendation[57] for mandatory written pre-sentence reports for women should be implemented, and pregnancy and early motherhood recognised as significant mitigating factors in sentencing guidelines, based on the rights of the child as well as the mother. This will ensure no pregnant women or mother of a child in the critical first 1001 days of life is imprisoned without full account being taken of the impact on her pregnancy and infant, and that decisions on community licence conditions, for example, reflect the needs associated with this period.

- The Ministry of Justice, HMPPS and private contract holders should embed independent social workers in all women's prisons, as recommended by Lord Farmer[58] and piloted successfully by Pact[59]. These professionals have an integral role to play where custody has not been avoided. The Pact model should be rolled out across the women's prison estate as soon as possible.

- DHSC and the Department for Education should work with specialist agencies to develop a national joint health and social care pathway for all pregnant women and mothers of infants up to the age of two with involvement from children's social care. This should include specific recognition of the needs of women who come into contact with the CJS during this period, and be embedded in the work of Integrated Care Boards.

- Government should act on the recommendations of the Chief Social Worker's review of decision-making in Mother and Baby Unit applications, including proper consideration of the need for legal representation for mothers, improved governance and scrutiny of decision-making, and stronger powers to require input from all relevant professionals.

- A radical shift in the level of understanding across CJS and children's social care is needed. Those working with women in the CJS, across policing, the courts, prisons and probation (including prison healthcare) should have specific training on issues relating to pregnancy and early motherhood, and those working in children's social care should be supported to understand the intersections with criminal justice involvement in this period.

- The housing needs of pregnant women and mothers of infants should be prioritised well in advance of the earliest possible date of release from custody. To support this, there should be a dedicated Single Point of Contact (SPoC) in HMPPS Women's Directorate and/ or the Ministry of Justice, and a detailed protocol for managing housing and support in ways that reflect the complexities of pregnancy and mothering, including where women are separated from their babies but working towards reunification or maintaining contact. The protocol should include mechanisms for all agencies, including police, probation, children's services and housing team, to coordinate and cooperate urgently and effectively in these cases.

- A detailed protocol should also be created to ensure all pregnant women and mothers of infants up to the age of two on bail, licence, community order or suspended sentence are prioritised for appropriate housing support through their local authority, and with multi-agency input from criminal justice agencies, health authorities, children's social care, and voluntary sector organisations, as specified in the Homelessness Code of Guidance[60].

- Government should prioritise services that address the root causes of offending: poverty, trauma, abuse, homelessness, unmet mental health need, and the loss of children to care. In order to narrow persistent inequalities in outcomes for women and their children it will be essential to focus on policy and provision that tackles these structural and societal causes.

- All stakeholders should work together to improve support for girls and women in or leaving local authority care, to break intergenerational cycles of disadvantage.

- All stakeholders should take a life-course approach to addressing health inequalities for women and girls across all systems. This means investing in early intervention to prevent poor health, housing and poverty leading to criminalisation and/ or the removal of children into care through multi-agency, gender-specific and early help services, of the kind envisioned in the Government's new strategy for children's social care, and the development of Integrated Care Systems.

A prison Mother and Baby Unit experience

By a member of the Birth Companions Lived Experience Team

"When I was remanded to prison I was six months pregnant. I didn't have any idea about Mother and Baby Units (MBUs) and only found out about them through other women in the prison. I quickly approached staff to get the ball rolling myself, as it was certain I would be having my child whilst still in custody. But the information I received was minimal. It was a constant chase to find out what was happening.

Once I had applied, I had to sit an MBU board to see if I would be accepted. The board was held via video link with another prison. I wasn't told which prison it would be, but had been informed that I could be sent to any prison in the country. So I was very anxious about how far me and my child could be from our family. There were officers from the Mother and Baby Unit on the video link and the governor of the prison I was in sat next to me. There was no social worker present, and I was never informed that I could have support or legal advice.

Thankfully, I got a place on the MBU at the prison closest to my home, and was told I would be taken there straight from the hospital after having my baby. Once my son was born, I struggled a lot with my mental health and with taking him into a prison environment, so I decided to apply for bail. This was thankfully granted, and I went home with my son for three months to await sentencing.

I was very persistent, but it felt like I wasn't being taken seriously, like no one understood the impact of being separated from my son.

After I was sentenced, I was sent back to prison, this time without my son. As soon as I entered reception, I began asking to speak to someone from the MBU so that I could re-apply for a place and have my son with me. I asked every day, every officer. I was very persistent, but it felt like I wasn't being taken seriously, like no one understood the impact of being separated from my son.

My mental health started declining again. My mum would bring my son for visits. But when they left, I would go back to my cell and cry myself to sleep. I had no idea if I would be able to have him with me again, as I wasn't hearing anything back. I took the painful decision to stop my son coming on visits during this time, as it was affecting me badly every time he left. We already had a very strong bond, so he would also get very upset every time I handed him back to my mum.

I broke down into tears and explained that I needed my son with me, that it was killing me being apart from him.

I eventually got a visit from a woman from the MBU, who told me they were arranging for me to sit another board. The day of the board came and I was very nervous. I walked into a room with eight people sitting round a table and had no idea who most of them were. One of them introduced herself as a social worker and questioned me about my non-violent offence and why I thought I should go onto the MBU. I broke down into tears and explained that I needed my son with me, that it was killing me being apart from him. They talked about me amongst themselves and I sat silently, waiting for their decision. Eventually, they agreed to give me the place.

It was another week before I could go over to the MBU and make arrangements for my son to come back to me, and the whole process took five weeks. I believe that is too slow. I was lucky that the decision went in my favour, but I should never have been separated from my son for so long. I had strangers sitting round a table making a decision for me and my child without ever meeting me before. They literally had my life in their hands. "

Problems securing housing on release from prison

"I went into prison when I was six months pregnant. Giving birth in prison was scary and the worry that I might not be able to keep my baby was extremely stressful – I cannot even find the words to explain how stressful it was. I was allowed to keep my baby with me in the end but the stress did not stop there.

My sentence meant I was entitled to early release on tag. That was stressful because if I got my early release then, due to my baby's age, we could be certain of staying together. But as she would reach the MBU age limit of 18 months between my early release date and my automatic release date, there was a risk we would be separated if I didn't get it.

Although I was entitled to housing as a priority, because of my baby, any address I was going to move to when I was released from prison had to be approved by probation, and that was dependent on checks and assessments done by the police and children's social care. It proved impossible for these checks to be done in time for each address that the housing department identified for me. The housing team wouldn't hold the properties for long enough for those checks to happen, so places just kept falling through. I assume that's because there's a shortage of housing, but it meant my baby and I ended up staying in the prison for much longer than we should have, just because they couldn't all work together to find a home for us. The same issues applied to properties offered by an HMPPS-linked housing scheme.

The housing team wouldn't hold the properties for long enough for those checks to happen, so places just kept falling through.

In the end, my solicitor got in touch with a charity she knew called Birth Companions, and they were able to suggest another voluntary-sector provider who ran specialist housing for women in my position. Thank goodness for them. If they didn't exist, and if Birth Companions hadn't joined up the dots, I might still be in prison. I might even have been separated from my baby, because of the age limit on the MBU.
I can't understand why no one in the housing departments or the prison or probation teams knew about this place I'm in now. It's just what I needed, to get myself settled and to start planning the next part of our lives. I don't know why there isn't someone whose job it is to make sure women and their babies can get into safe, supported housing when they leave prison. It seems so obvious but it fell to my solicitor and a charity to make that happen."

A letter to my son

By a member of the Birth Companions Lived Experience Team

"Dear Son,

I am sorry I had to leave you. I never wanted you to be apart from me. You was the only thing that kept my heart beating and woke me up every morning.

I had to say goodbye to you three times because they kept adjourning my sentencing. The hardest goodbye I have ever experienced and I had to do it over and over, not knowing when I would see you again.

I know you had no idea what was going on, why everyone was crying or why emotions were so high. You had no idea I was holding you and crying myself to sleep because I didn't know how long I had left with you.

All you knew was that when that day came, mummy didn't come home and you went to sleep without me. You woke up and I wasn't there. You had a bottle and it wasn't me you was looking up at.

I was fighting for you though.

A part of me was outside of them prison walls, and I fought every single day to have you back with me. I promised myself and you that I would never be apart from you again.

I am sorry you had to endure the worst parts of my life with me, but you saved my life. You are my inspiration and motivation.

I love you.

Mummy x"

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