

The Rose Project: Best for Babies

Determining and supporting the best interests and wellbeing of babies of imprisoned mothers in Scotland

March 2016



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Acknowledgements

The Rose Project: Best for Babies is a collaborative research project between The University of Stirling and Aberlour. It is possible thanks to the generous legacy of Dr Elizabeth Rose, additional funding from the Barrow Cadbury Trust and resources from Aberlour.

Dr Elizabeth Rose

Dr Elizabeth Rose was a highly respected obstetrician and gynaecologist. After graduating in Medicine from Edinburgh University, Dr Rose moved to the old Radcliffe Hospital in Oxford. After the war she moved back to Scotland and became a consultant at the Stirling Royal Infirmary and Airthrey Castle Maternity Hospital. Dedicated to improving women's health nationwide, Dr Rose was instrumental in setting up the Brook Advisory Centre in Scotland (now Caledonia Youth) in the 1960s, at a time when giving contraceptive advice to unmarried women was still controversial. Her passions outside of work included the creative arts and she took great interest in the development of the MacRobert Centre at the University. Elizabeth Rose passed away in 2011, 3 days before her 95th birthday. *The Rose Project: Best for Babies* is named in her honour.

Contributors to the Rose Project

The Rose Project team would like to extend many thanks to the professionals and mothers who gave their time and expertise to this project, and to the Scottish Prison Service for coordinating research access to staff and prisoners at HMP Cornton Vale.

The Rose Project Team

Adelle Gardiner, Independent Researcher
Professor Brigid Daniel, The University of Stirling
Cheryl Burgess, The University of Stirling
Liz Nolan, Aberlour

Contents

Executive Summary	5
Introduction	7
Section 1 Context	9
1.1 Women’s custodial practices in Scotland	10
<i>a. Sentencing women offenders</i>	10
<i>b. A profile of mothers in prison</i>	10
<i>c. New plans for women in custody</i>	10
1.2 Supporting children’s wellbeing in Scotland	12
1.3 The impact of maternal imprisonment on babies: what we [don’t] know	13
<i>a. The scale of the impact</i>	13
<i>b. The impact of having a mother in prison</i>	13
<i>c. The impact of the prison environment</i>	14
Section 2 Determining Best Interests	16
2.1 Prison and the alternatives: the current options for babies of imprisoned mothers	17
<i>a. Prison</i>	17
<i>b. Community</i>	18
<i>c. Shared care</i>	19
2.2 The assessment process.....	21
<i>a. Who is involved?</i>	21
<i>b. The assessment</i>	21
<i>c. The decision</i>	23
<i>d. Monitoring and review</i>	24
2.3 Factors considered in the decision.....	26
<i>a. Child protection</i>	26
<i>b. The mother</i>	26
<i>c. Prison location</i>	30
<i>d. Prison environment</i>	31
Section 3 Supporting Best Interests	33
3.1 Professional support	34
<i>a. Multi-agency support</i>	34
<i>b. Access to support professionals</i>	38
<i>c. Engagement with support professionals</i>	39
<i>d. Professional skills and knowledge</i>	41
<i>e. Multi-agency working</i>	43
<i>f. Consistency of support</i>	45

3.2	Procedural and environmental support.....	47
	<i>a. Day-to-day practical needs</i>	47
	<i>b. Supporting safety</i>	49
	<i>c. Supporting health</i>	50
	<i>d. Supporting development</i>	53
	<i>e. Supporting family contact</i>	53
3.3	Support for parents and carers.....	55
	<i>a. Safety, stress and pregnancy in prison</i>	55
	<i>b. Isolation and the mother and unit</i>	56
	<i>c. Separation and maternal wellbeing</i>	59
	<i>e. Skills for parents</i>	61
	Section 4 Future Considerations	63
	Bibliography	66
	Appendix 1 Methodology	68
	Appendix 2 Boronia Pre-Release Centre	69

Executive Summary

Introduction

The Rose Project: Best for Babies was a qualitative research project that explored the issue of babies in prison, and in particular, how they are supported to stay with their imprisoned mothers where this is in their best interests. Our interviews with professionals and with mothers provided valuable insights into the practical and emotional realities of supporting a baby in a prison environment and of determining whether or not a baby should be in prison in the first place.

We conclude that Scotland's custodial estate could better support babies to stay with their mothers: through improved environments, staff support, and custodial alternatives more babies may have the opportunity to stay in their mothers care. To this end we offer some broad considerations for future practice.

“In Scotland and the UK it is a great place to bring up kids if you get a chance...right now I would say there's a lot of women not getting that chance, in Scotland especially.”

— Mother

Methods

Our primary research involved interviews with imprisoned mothers and professionals involved in the support of mothers and babies.

The mothers we spoke with had a range of experiences including being pregnant in prison, living in prison with their baby, and being separated from their baby for the duration of their prison sentence.

Professional interviewees included prison-based and community-based professionals from a range of disciplines including social work, health, prison operations and child development.

Full details of our methodology are included in Appendix 1.

Findings

“It's not a bad environment but it could be a lot better.”

— Community-based professional

Previous research in this field suggests that the prison environment does not have a substantial or lasting impact on a baby's development and that environmental deficiencies may be mitigated by the skills and knowledge of the parents and staff.

We also know that many women in prison have led chaotic lifestyles and may have complex needs related to a history of victimisation, substance misuse or poor mental health – factors that present challenges to successful parenting.

Our research finds that the current arrangements in Scotland do not adequately account for the often-complex needs of imprisoned mothers. Participants spoke in detail about the environment and available support for mothers and babies in prison.

Key findings include:

- Supervision in the Mother and Baby Unit (MBU) is very limited. Participants suggested that more mother and baby pairs may be permitted to stay in the MBU if supervision was improved.
- Mothers in the MBU are often very isolated. Low numbers of admissions to the unit mean there is rarely more than

one mother and baby pair in the unit. Rules intended to protect the baby mean mothers have very limited interactions with other prisoners. Participants felt this was potentially dangerous considering the vulnerable profile of many mothers in prison.

- A system of shared care – whereby a baby will live part-time in the prison and part-time in the community – was considered good practice with potential benefits for the baby, mother and alternative carer. Participants would like shared care arrangements to be more frequently considered.
- Participants identified a need to increase the mother and baby's access to skilled professionals. This included suggestions for improving timely access to community-based professionals, and ensuring that relevant prison-based professionals are appropriately trained to support mothers and babies.
- The Child Development Worker was the only professional with a dedicated remit to support mothers and babies in prison. Participants considered this professional role to be essential in the support of mothers and babies.

- Clear explanation of the decision-making process and outcome is provided to parents and all professionals involved.

We hope that the stories and experiences contained in this report will ensure proper consideration is given in how the future women's custodial estate can best support the best interests of the babies of imprisoned mothers.

Future considerations

The women's custodial estate in Scotland is changing. Drawing on our research findings we offer several points for consideration, including that:

- Environments for mothers involved with the criminal justice system and their children should have consideration for the emotional and psychological demands of parenting and the added complexity of involvement with the criminal justice system;
- All staff involved directly or indirectly in the support of imprisoned mothers and their babies should be appropriately trained;

Introduction

“The baby hasn’t done anything wrong. At the end of the day it’s the mother who is in prison, it’s the mother who’s broke the law. That baby is nothing but an innocent life in all of that.”

— Mother

The Rose Project: Best for Babies considers the intersect between a baby’s best interests and the custodial options for women in Scotland.

When a pregnant women or mother of an infant is given a custodial sentence, in what ways does the women’s custodial estate support the best interests and wellbeing of her baby? How are babies supported to remain in their mothers’ care, where this is in their best interests? And how do the existing custodial options support a baby’s best interests when they do stay with their mother or are likely to return to their mother’s care?

Through interviews with imprisoned mothers and relevant professionals, *The Rose Project* gathered information about the current situation for the babies of imprisoned mothers. The interviews yielded rich data and a broad range of emerging themes. Examples of current good practice were identified as well as areas for improvement and topics for further research.

Today, the women’s custodial estate in Scotland is on the cusp of potentially significant change. In line with recommendations from the Angiolini Commission¹ there are plans for an enhanced focus on community based custodial options that will, in part, be designed for ‘building family contact’ and rebuilding links between families.² It is hoped that the following report will support decisions about Scotland’s future women’s custodial estate and the development of more

supportive environments, policies and practices for imprisoned mothers and their babies.

Scope of the project

The Rose Project focused on mothers and their babies. It considered pregnant women in prison, babies living in prison with their mothers, and babies separated from their mothers for the duration of their prison sentence. The project was interested in the wellbeing and best interests of babies from early pregnancy to age three in recognition of the importance of pregnancy and these early years as the period of a child’s development that most significantly shapes future outcomes.³

It is recognised that fathers, grandparents, corporate parents and other family members are of fundamental importance to the wellbeing of babies whose mothers are involved with the criminal justice system. However, it was not within the scope of this project to explore the impact of these relationships and their role in promoting the wellbeing of babies whose mothers offend. Future research studies should consider addressing this gap in evidence.

Methodology

This was a qualitative project. Primary data was collected through one-to-one interviews and small focus groups with professionals, mothers in prison and mothers living in a residential support service.

Professional participants included community-based and prison-based professionals who were involved in various capacities with supporting imprisoned mothers and their babies. They spanned a range of disciplines including health, child development, children and families social work, criminal justice social work and prison operational staff.

¹ Commission on Women Offenders (2012)

² Robertson, A. (2016)

³ Scottish Government (2008)

One-to-one interviews were conducted with imprisoned mothers of babies. Participating women represented a range of experiences including pregnancy in prison, delivering a baby while in custody, being separated from their baby while in custody, and living with their baby in prison.

In order to explore possible alternatives for mothers and babies in the criminal justice system, a focus group was conducted with mothers living at the Aberlour Family Support Service (now closed), a residential service for women with substance misuse issues and their children.

Site visits were made to see first-hand the facilities for mothers and babies. Project researchers visited HMP Cornton Vale and its Mother and Baby Unit, the Aberlour Family Support Service in Glasgow, and Boronia Pre-release Centre in Western Australia.

The literature and policy relevant to early childhood development, child wellbeing and protection, and women in the criminal justice system was reviewed in order to provide contextual information and to identify key theoretical issues.

Full details of the methodology can be found in Appendix 1.

Reading this report

All research participants requested anonymity. Details of individual cases discussed by participants have been altered to protect the identity of the people involved, for example changes have been made to the location, names, ages or gender of the people involved.

Verbatim quotes are included throughout the report. Quotes are attributed to the relevant

category of the participant: 'prison-based professional', 'community-based professional', or 'mother'.

Throughout the report the people who took part in the interviews or focus groups are referred to collectively as 'participants'.

Section 2 and Section 3 of the report present findings from the interviews and focus groups. Unless otherwise specified, the information about prison processes and the prison environment reported in these sections has been drawn from participant interviews.

Any reference to 'the prison' is referring to HMP Cornton Vale.

The report is in four sections.

Section 1 | Context: Provides a brief overview of women in prison in Scotland, key policies and knowledge relevant to the support of babies of imprisoned mothers in Scotland.

Section 2 | Determining best interests: Presents findings from interviews about the processes involved in determining whether or not it is in the best interests of a baby to stay with their mother in prison.

Section 3 | Supporting best interests: Presents findings from interviews about the key ways that people, processes and the environment support the best interests and wellbeing of babies.

Section 4 | Future considerations: Reflects on the interview data and draws together considerations for future practice as suggested directly by participants or from themes identified throughout the interviews and wider research and policy literature.

1

Context

The following section highlights key aspects of the practice, policy and knowledge environment within which decision makers will determine and support the best interests of babies of imprisoned mothers. It provides an overview of current custodial practice for women offenders in Scotland, policy guiding the support of children's wellbeing in Scotland, and findings from international literature about the impact of maternal imprisonment on babies.

1.1 Women's custodial practices in Scotland

Around two-thirds of women in prison in Scotland are parents of dependent children. How we treat these women — the custodial options available to them, their experience within prison, and the support they are offered — is likely to have an impact on their dependents.

a. Sentencing women offenders

Over the last decade, Scotland has become increasingly reliant on prison for the remand and punishment of women offenders. Although there has been no corresponding increase in the criminal activity of women, and despite Government support for mentoring programmes and other schemes designed to divert women from prison, the female prison population has increased at a sharper rate than the male population.⁴ A greater proportion of female offenders than male are given sentences less than six months long, an approach that has proven ineffective in addressing recidivism,⁵ and a greater proportion of women offenders are given a remand sentence, despite only 30% of women on remand going on to receive a custodial sentence.⁶

b. A profile of mothers in prison

Women in prison are more likely than men to be a lower risk to public safety, and to have been convicted of a lower level crime.⁷ However, many are also reoffenders who have led chaotic lifestyles and many have extremely complex needs.⁸

- Many women in prison have histories of victimisation⁹ including physical and sexual abuse.¹⁰
- Substance misuse is an issue for many women in prison. In 2011, 71% of prisoners in Cornton Vale reported using drugs in the 12 months prior to coming into prison, and 60%

⁴ Commission on Women Offenders (2012) p.18

⁵ Commission on Women Offenders (2012) p.21

⁶ Commission on Women Offenders (2012) p.18

⁷ Commission on Women Offenders (2012) p.18

⁸ Commission on Women Offenders (2012) p.18

⁹ Cassidy et al. (2010)

¹⁰ Commission on Women Offenders (2012) p.20

said they had been under the influence of drugs at the time of their offence.¹¹

- Poor mental health is a significant issue for the female prison population. It has been reported that as many as 80 per cent of women in Cornton Vale have mental health problems,¹² and depressive symptomology is very common among pregnant women in prison.¹³
- Female prisoners are less likely than the general population to be skilled or have recent employment histories. In the UK, 71% of women prisoners have no qualifications compared to 15% of the population.¹⁴ When they leave prison, many face debt, lack of employment and homelessness.¹⁵
- In another study, most pregnant women in prison recalled their primary caregiver as having been cold, rejecting, intrusive and over-controlling.¹⁶ In Scotland, over one third of female prisoners reported they had been in care as a child.¹⁷
- Two-thirds of women in prison in Scotland report having children¹⁸ and many will have to cope with single parenting. Several studies of pregnant women in prison reveal that at least 80% are single, separated or divorced.¹⁹

These factors, often related to poverty and educational attainment, can make successful parenting difficult for many imprisoned mothers.²⁰

c. New plans for women in custody

In 2011, an Independent Commission on Women Offenders (the Angiolini Commission) called for a distinct approach to women

¹¹ Carnie and Broderick (2011)

¹² Commission on Women Offenders (2012) p.20 HMIP finding

¹³ Cassidy et al. (2010)

¹⁴ Commission on Women Offenders (2012)

¹⁵ Catan (1992)

¹⁶ Cassidy et al. (2010) p.334

¹⁷ Carnie and Broderick (2012)

¹⁸ Broderick et al. (2013)

¹⁹ Cassidy et al. (2010)

²⁰ See 1.3b, below

offenders that recognises their distinct and complex profile and works towards improving outcomes for women in the criminal justice system in Scotland.²¹

In early 2015, and in line with many of the recommendations of the Angiolini Commission, the Cabinet Secretary for Justice initiated a significant rethinking of Scotland's approach to women in the criminal justice system with his announcement that plans for a prison for women in Inverclyde would no longer go ahead: 'It does not fit with my vision of how a modern and progressive country should be addressing female offending. We need to be bolder and take a more radical and ambitious approach in Scotland.'²²

In June 2015, following a period of consultation with local and international criminal justice professionals, academics and stakeholders,

²¹ Commission on Women Offenders (2012)

²² Robinson (2015)

plans for a new approach to women in custody in Scotland were announced.

The new plans focus on enhanced community-based justice: where custody is deemed necessary, women will be accommodated closer to their families, with the introduction of five small, regional custodial units across Scotland, each with capacity for up to 20 women; there is commitment to reducing the use of short-term prison sentences by increasing the use of community-based alternatives such as electronic monitoring; and, 'robust and effective alternatives to custody' will be supported by additional funding for community based services. In addition, a small national prison with 80 places will be built to accommodate women who pose a high-risk to the community or themselves.²³ There will also be facilities for mothers and children to enable visits and overnight stays, and to promote rebuilding links with families.²⁴

²³ Robinson (2015) p.3

²⁴ Robertson, A. (2016)

1.2 Supporting children's wellbeing in Scotland

Scotland has a strong policy focus on promoting wellbeing and long-term positive outcomes for children.

Underpinning all policy and practice in the support of children and young people is the national framework, *Getting it Right for Every Child (GIRFEC)*. GIRFEC sets out the core values, principles and approach that everyone working with children, young people and their families should adopt in pursuit of the national outcome that all children and young people in Scotland be fully supported to 'develop into successful learners, confident individuals, effective contributors and responsible citizens'.²⁵ The GIRFEC approach is hinged on a shared understanding of wellbeing and identifies eight core indicators of wellbeing that all children need to develop and reach their full potential. These indicators are that children are safe, healthy, achieving, nurtured, active, respected, responsible and included. GIRFEC also emphasises that the wellbeing of children is the responsibility of every professional working with children whether directly or indirectly: professionals working in adult services supporting adults who look after children should also be adopting the values and practices set out in the framework.²⁶

The focus on the early years, from pregnancy to age 3, is evident throughout children's policy in Scotland. *The Early Years Framework*²⁷ emphasises the importance of preventative intervention in these first years of life versus crisis support in later life both in terms of effectiveness in generating positive life outcomes, and long term cost savings.

²⁵ Scottish Government (2012a)

²⁶ Scottish Government (2012a)

²⁷ Scottish Government (2008)

Scottish policy also formally recognises the importance of parents in ensuring children and young people have the best start in life. The *National Parenting Strategy*²⁸ outlines commitments to value, equip, and support parents and caregivers 'to be the best that they can be so that they, in turn, can give children and young people of Scotland the best start in life'.

These policies are intended to improve the support and life outcomes of *all* children and young people in Scotland. While there is little direct reference in Scottish policy to the additional support needs of children of imprisoned parents, attention is drawn to addressing the particular needs of 'vulnerable children'²⁹ and 'children, young people and families at risk'.

There have been recent efforts to clarify the particular needs of the children of imprisoned parents in Scottish policy. Mary Fee MSP has proposed, and consulted on, the *Support of Children (Impact of Parental Imprisonment) (Scotland) Bill*. This Bill proposes measures to improve the visibility of the needs of this group of vulnerable young people including: a statutory duty on the courts to order Child and Family Impact Assessment following sentencing; and, amendments to existing education legislation to specifically recognise children of imprisoned parents as a group likely to have additional educational support needs.³⁰

²⁸ Scottish Government (2012b)

²⁹ Scottish Government (2012b)

³⁰ Support for Children (Impact of Parental Imprisonment) (Scotland) Bill Consultation. Mary Fee MSP (2015)

1.3 The impact of maternal imprisonment on babies: what we [don't] know

Decisions to support the best interests of a baby should ideally be based in evidence about which options generate the best outcomes.

Unfortunately there is very little conclusive empirical evidence to guide these decisions. We know little about exactly how many babies are affected by maternal imprisonment or the long-term developmental outcomes of babies born to women in prison³¹ or who have spent their early years in prison with their mother.

a. The scale of the impact

It is difficult to know exactly how many babies experience maternal imprisonment in Scotland. Details about the existence and needs of prisoners' dependents are not systematically collected and, owing to the distrust felt by many prisoners and their families towards services and institutions it may be difficult to ensure any information provided is accurate and complete.³²

Given the high rate of female imprisonment the figure is likely to be significant. It has been estimated that around 27,000 babies and children are affected by the imprisonment of their mother or father every year in Scotland.³³ For the period 2013-2014, there were 2,835³⁴ receptions to the women's custodial estate. Of these 64% (n=1,805) were remand receptions. There were 948 direct sentenced receptions for this same period. Of these, 45% were sentences less than 6 months, and a further 46% were sentences between 6 months and less than 2 years.³⁵

Within the last five years (2010-2015), 107 pregnant prisoners have been admitted to Cornton Vale.³⁶ *The Rose Project* participants reported that there are consistently several

³¹ Cassidy et al. (2010)

³² Robinson (2015) p.42

³³ Scottish Government Justice Analytical Service (2012) 'Freedom of Information request' from Dr Chris Holligan, 26 January 2012 found in Roberts, S (2012)

³⁴ Prison receptions do not equate to number of persons received. Some people may have been counted more than once. See Scottish Government (2015) for further details.

³⁵ Scottish Government (2015)

³⁶ Email from HMP Cornton Vale staff member

pregnant women in Cornton Vale at any one time.

I've been in nearly two year now and it's been the most pregnant lassies I've seen in the last two year. Every second person that comes through is pregnant now.

– Mother

It varies greatly, but probably no more than about ten pregnant women at the one time.

– Community-based professional

Unfortunately we've always got quite a few [pregnant women] on the list. I don't think I can remember us not having any.

– Prison-based professional

Within that same five-year period, 40 babies have been born in custody, and 11 of these have stayed in the Mother and Baby Unit.³⁷ The total number of mother and baby pairs who have stayed in the unit over this period will also include babies who had been born prior to their mother's imprisonment. This total figure is unclear, however estimates made by participants in the *Rose Project* suggest it is likely to be quite low.

In the [four] years since I've been here, I've had maybe 10 to 15 mothers in there with their babies.

– Prison-based professional

b. The impact of having a mother in prison

Several studies have looked at the short and long-term impact of parental imprisonment on children. In the short term, children may experience parental imprisonment akin to a bereavement³⁸ or parental divorce.³⁹ In the long

³⁷ Email from HMP Cornton Vale staff member

³⁸ Loucks (2012), in Support for Children (Impact of Parental Imprisonment) (Scotland) Bill Consultation. Mary Fee MSP (2015)

³⁹ Richards (1992)

term, some have reported that children with imprisoned parents are at a higher risk of developing physical and mental health problems and are also more likely to end up in prison.⁴⁰

Very few studies have focused specifically on the outcomes for babies of imprisoned mothers.

It is known that women in prison will often experience many of the risk factors linked to poor future life outcomes in infants.

Factors such as excessive maternal stress,⁴¹ mental ill health⁴², lower maternal income, low maternal education, more time as a single parent, childhood experiences of abusive or harsh parenting, and drug dependency⁴³ have been identified as risk factors for insensitive parenting and maltreatment⁴⁴ and poor early childhood development⁴⁵.

Parenting that is chaotic, unresponsive and unstable can place children at risk of insecure or disorganised attachment styles – that is, where they do not have an organised set of strategies to gain and maintain the attention of the caregiver to get their needs met.⁴⁶ Separation from the primary caregiver for extended periods during infancy has also been shown as a risk factor for future maladaptive outcomes.⁴⁷ Insecure attachment in infancy has been linked to more negative affect, anger and aggression in preschool, problems showing empathy and less successful peer relationships.⁴⁸

However, studies have also shown that such negative outcomes are not inevitable. Inequalities in child development begin in pregnancy and the first few years of life and it is at this early stage that interventions to reduce inequalities will be more effective.⁴⁹

Interventions that enhance mother and child interactions and support age-appropriate, developmentally facilitative activities can benefit a child's cognitive development.⁵⁰ Others have

speculated that early identification of women who are depressed, and programmes to reduce maternal depressive symptoms and risks for depression are likely to benefit early child development.⁵¹

Improving maternal education can also help to promote early child development. More maternal education is associated with less maternal depression, better child nutrition, and improved quality of the child-rearing environment. For such interventions to be appropriate however it is important that they are appropriate for women with little education.⁵²

c. The impact of the prison environment

There is very limited evidence regarding the development and future life outcomes for children who have spent the first years of their lives in a prison.

As far as the impact that prison may have on a child's development, studies tend to suggest that their developmental progress is normal and very similar to that of children living in everyday circumstances.⁵³ In her seminal study of babies in prison in England and Wales, Catan found some evidence that the longer a baby stayed in prison the greater the risk of their development being impaired compared to babies in the community. Crucially however, her findings also suggest that this developmental decline is temporary. On returning to the community, the developmental scores of the babies who had stayed in a prison mother and baby unit became comparable to the babies who had not been in prison.⁵⁴ Similarly, Jimenez et al found that development of children in prison was similar to those children in the general population.⁵⁵

Where slight developmental differences do exist, these have been linked to the restrictive nature of the prison environment and limited access to toys and developmental opportunities. Catan suggested the developmental differences she observed may have been related to the absence in prison of educational toys, messy exploratory

⁴⁰ Commission on Women Offenders (2012) p.21

⁴¹ Walker et al. (2011)

⁴² Birmingham et al. (2006)

⁴³ Cassidy et al. (2010)

⁴⁴ Cassidy et al. (2010)

⁴⁵ Walker et al. (2011)

⁴⁶ Dallaire (2007)

⁴⁷ Dallaire (2007)

⁴⁸ Cassidy et al. (2010)

⁴⁹ Walker et al. (2011)

⁵⁰ Walker et al. (2011)

⁵¹ Walker et al. (2011)

⁵² Walker et al. (2011)

⁵³ Jimenez and Palacios (2003)

⁵⁴ Catan (1992)

⁵⁵ Jimenez and Palacios (2003)

and structured play, and skilled child-care workers.⁵⁶ Jimenez et al also suggested that children's limited opportunities to use objects and play with toys within prison might explain the lower than average hand-eye coordination scores of children in prison.

The mother or staff in a prison may mitigate shortfalls in a prison environment as a place for a child's development. Jimenez et al found that the mother's level of education is one of the main determinants of the quality of stimulation received by the child and concluded that even inside prison, where experiences tend to be very limited and uniform children can still achieve a significant degree of stimulation from their mothers.⁵⁷ Catan also suggested that potentially negative effects of a prison environment on a baby's development may be mitigated by skilled parents or staff: 'Other studies have found that when babies in even comparatively bleak institutions were looked after by their mothers or by another stable caretaker they developed normally, because the caretakers created an immediate environment with more variety and stimulation than was available in the institution itself.'⁵⁸

More recent studies from both the United States of America and the United Kingdom have suggested that, given the right circumstances, staying in prison with their mother can be beneficial to a baby's attachment processes. The very existence of mother and baby units is due primarily to recognition of early secure attachment as an important protective factor for the current and future wellbeing of a child.⁵⁹ It is understood that strong attachment relationships can be a protective factor and may mitigate the risk of future negative life outcomes.⁶⁰ Prison mother and baby units prevent separation for some and allow a space for these relationships to develop.

⁵⁶ Catan (1992)

⁵⁷ Jimenez and Palacios (2003)

⁵⁸ Catan (1992) p.16

⁵⁹ 11 Million (2008)

⁶⁰ 11 Million (2008)

Byrne and colleagues found that babies who stayed for longer periods in a prison nursery with their mother were more likely to develop secure attachment than babies who stayed for shorter periods. This was perhaps due to some of the protective factors of prison: camaraderie shared among some women; the presence of staff with developmental and counselling skills; and the relative absence of drugs and alcohol. Early return to the community may expose the mother to social and environmental stresses and risks that could potentially disrupt attachment, such as stresses of finding income, remaining sober, or changing previous relationships.⁶¹

Sleed reported similar findings, suggesting that, for some, prison may mitigate some of the external threats on the early parent-infant relationship. It can be a less chaotic environment than they would have otherwise experienced. There may be a period in the first year after having a baby when a mother's attachment and caregiving systems are reorganised and are particularly open to change. Brief interventions with high-risk mother and baby pairs can capitalise on this window of opportunity.⁶²

In their evaluation of a jail diversion programme for non-violent pregnant offenders with substance abuse issues, Cassidy et al suggested that the residential aspect of the programme may have been crucial. Their findings suggested it was possible that simply keeping mothers and infants together, rather than sending infants to live in the community with non-maternal caregivers may alone have been intervention enough to reduce the risk of insecure attachment. On completion of this programme, 70% of infants were classified as securely attached to their mothers.⁶³

⁶¹ Byrne et al. (2010)

⁶² Sleed et al. (2013)

⁶³ Cassidy et al (2010)

2

Determining Best Interests

There are no concrete rules to determine whether or not a baby should stay in prison with its mother. Each mother's circumstances, history and needs are considered alongside the needs of her baby and the practical, environmental and personnel support that the prison can provide.

Currently, for most, the balance of these factors results in a decision *not* to have a baby stay with its mother in prison.

The following section provides an overview of this decision-making process as described by our participants. It covers the possible outcomes of the decision at the time of interview, how information is collected and what factors are considered.

2.1 Prison and the alternatives: the current options for babies of imprisoned mothers

A decision about which care arrangement is in the best interests of a baby is constrained by the possible options available to decision makers at the time. In Scotland today there are broadly three possible outcomes of this decision. The baby may: live with their mother in prison; live in the community with an alternative caregiver; or, combine living in prison and in the community in a shared care arrangement.

a. Prison

In Scotland, babies up to the age of 18 months may be eligible to stay with their mother in prison, with the flexibility to stretch this age limit to pre-school age if the mother is on a licence.⁶⁴

Mother and Baby Unit

A baby up to the age of 18 months old may be eligible to stay with their mother in HMP Cornton Vale's Mother and Baby Unit (MBU). This unit has capacity for seven mother and baby pairs. It is one of four units in a block, with the neighbouring three units housing national top end prisoners.⁶⁵

The MBU is a repurposed unit. Modifications have been made to make it suitable for the needs of mothers and babies. For example kitchen and laundry facilities have been added so that mothers can prepare food for their baby and wash their baby's clothes.

It's different obviously in the mother and baby unit as opposed to normal cells and that because you do have your own kitchen you do have your own fridge-freezer your own microwave, kettle, stuff like that. You've got

⁶⁴ A licence is the legal document that allows offenders to return to the community on completion of part of their prison sentence. For example, prisoners serving four years or less may be granted early release on Home Detention Curfew (HDC), or a Supervised Release Order. Those serving a sentence longer than four years may be released on a Parole Licence having served half of their sentence in prison.

⁶⁵ National top end prisoners are prisoners who are approaching the end of a sentence of four years or more. They will generally be on license.

your own washing machine and your tumble drier for the baby.

– Mother

It is an independent unit. That is, no prison officers are stationed within the MBU, although there are always officers nearby within the block.

There are no formal child-care arrangements in place within the prison. Women in the MBU have sole responsibility for their baby 24 hours of every day.

Very few mother and baby pairs are given a place in the MBU.

It is very hard for them to get in here. It is very hard, very hard. Nine times out of ten a lot of babies don't stay in the jail.

– Prison-based professional

As a result, there is rarely more than one mother and baby staying in the unit at any one time.

It's never happened in the four year that I've been working there.

– Community-based professional

I think the mother and baby unit could take seven or eight mums and the whole time she was in it there was only ever one [other] mum.

– Community-based professional

I think the maximum was two babies at once. Two babies, two mothers.

– Prison-based professional

However, it is also rarely empty. One participant estimated that over a period of three years the unit was empty for a cumulative total of three months.⁶⁶

The Independent Living Units

If the woman is on a licence, a mother and baby may stay in one of the Independent Living Unit's

⁶⁶ For some of this time there was a mother and baby living in the Independent Living Units.

(ILU) situated just outside the prison gate. A mother and her baby may move from the MBU to an ILU as the woman progresses through her sentence. It is possible to have a child up to pre-school age stay with their mother in an ILU.

Over a period of approximately three years participants estimated that three mother and baby pairs have stayed in ILU.

Participant views on babies in prison

Participants expressed mixed views about whether or not a baby should ever stay in prison. Although some highlighted the potential benefits of keeping a mother and baby together there was also a general unease about keeping a baby in a prison environment.

I have to say, it's a bit strange wandering around a prison estate and there's somebody pushing a pram. That was one of the first things I saw and I thought, 'that's weird. That's really weird'.

—Community based professional

I've seen it from the point of view where you know the plus side of keeping that mother-baby bond has been so vital and you really wouldn't want to separate that but by the same token it's just something about a baby in prison just doesn't sit right either. It's a very difficult balance.

— Prison-based professional

In an ideal world we wouldn't have babies in custody but I think for some of the girls... it's a really important thing to keep that bond and that attachment...I think from that respect it is good that we have got that option there.

— Prison based professional

When considering the impact that staying in prison may have on a baby, several participants reported that in their experience babies in the MBU were happy and healthy.

Honestly, if I think, I can't remember over the four years I've been here a baby's not been smiley.

— Prison-based professional

Every single baby that I've had the pleasure of actually having in the unit have always been

fantastic babies. And I think it's because they do get that undivided attention and they do get their needs met that they just don't cry they're just not crying babies. And I know there was some research done, is it to do with the African babies who are always attached, and I think there is an element of that down there [in the unit], that they've always got their baby beside them. So babies are so calm, so relaxed, and so happy and that's been every single one of them.

— Prison-based professional

She [the baby] really managed very, very well. We just had a meeting with her this morning and she's giggling and laughing and smiling, she's coming on great, the health visitor was there, there's no concern with her development and she's a very happy, healthy wee girl.

— Community-based professional

Some were doubtful that there would be any long-term negative impact on a baby who spent some of their infancy in prison.

I would say that does nae affect any baby. As years go by, you would probably forget all about it. It's not like a prison, I mean you've got bars on the window but you could be anywhere, ken it's quite open and it's quite nice and it should nae affect hopefully the kids when they get older, it should nae but you never can tell eh. Somebody told me when they go in [to prison], they go 'oh, it's because I was in jail when [I was] a baby'. Oh? I think it's excuses been made.

— Prison-based professional

b. Community

In the majority of cases it is determined in the best interests of the baby to stay in the community with an alternative caregiver, whether this be a family member or foster carer.

By far, the majority of pregnant women in Cornton Vale do not keep their babies.

— Community-based professional

This decision to separate a mother and baby is never taken lightly and can be understandably

distressing for both the mother and the professionals involved.

If the baby is delivered in custody separation may happen a few hours to several days after birth depending on the health of the mother, the health of the baby and the factors that have warranted separation.

If a mother has not to get her baby because of her chaotic lifestyle, or there's domestic abuse, but there's no drugs or substance misuse issues, she'll get less time in the hospital with her baby than a baby who is of a drug or an alcohol taking mother. They get 72 hours because they have 72 hours to check over the baby to show any signs of foetal alcohol or neo-natal abstinence.

— Prison-based professional

She'll no keep the baby. That will be like an hour, two hours baby will be taken off her. Or one or two days baby taken off her. Very, very sad. That's the sad side of it.

— Prison-based professional

Because [the mother] was quite unwell, I think she had [the baby] on the Thursday and didn't actually get discharged until the Monday. So it was quite nice, she actually had quite a few days in the hospital with [the baby]. So she was saying that 'I'm not really feeling very good but I'm glad it's given me time to bond with my child'. Very upsetting for her when [her family] had to take the child away.

—Community-based professional

Parallel planning

When a mother and her baby have been separated, decision makers will also monitor whether or not it will be in the best interests of a baby to be rehabilitated into its mother's care when she leaves prison. Parallel planning will generally be initiated in all cases of separation. This allows for preparations to be made for two scenarios: one in which the mother becomes a primary carer for the baby when she leaves prison; and one in which the mother and baby are permanently separated.

They're basically, they're not just saying that 'oh we're going to adopt baby and never mind mum, we're no going to bother there with her',

or even just saying 'well, we'll try and rehabilitate baby home' and at the same time no doing the adoption papers. Because it could go wrong, you know. There could be something that does muck up and the baby, for some reason, can't get home to mum. So then they've got that option of putting baby up for adoption, but because they've already started the paperwork it means that the baby's no kind of waiting in limbo, it's no in between stages. So they're basically doing two things at the one time that's why it's called parallel planning. It's a good idea that they do that.

—Mother

There was indication from some participants that parallel planning was not an option in all local authority areas.

Unfortunately a lot of people don't get that rehabilitation plan. They don't like to parallel plan. Some areas, not all. The majority of them do to be fair, but some areas don't.

— Prison-based professional

Some commented that the two strands of a parallel plan were not always given equal attention, with greater focus placed on adoption planning than on encouraging attachment between the mother and baby.

The last meeting I was at [the social worker] said 'we're going to start cutting your visits because it will put the adoptive parents off, the wean coming to prison', and I was like you're talking about her as if she's just nothing. I said 'what do you mean? She's not an advert'. I just thought it was a bit horrible to say we're going to start cutting your visits because that will put them off.

— Mother

The wean's seven month old now. They're going for permanency. I get fortnightly contact for an hour. One hour every fortnight I get to see her. It just goes so quick.

— Mother

c. Shared care

In recent years, a system of shared care has been more frequently considered a valid third option for decision makers. In this arrangement a

baby lives part time in the prison with its mother, and part time in the community with an alternative caregiver. The number of days spent with each carer and division of these days through the week is decided on a case-by-case basis. Participants were generally very positive about this option.

It worked up to [the baby] being dropped off on a Tuesday and being picked up on a Friday. And that was working really well. On the Friday [the baby] would go back to the care of [her family in the community] for the weekends.

— Community based professional

So the now I have him four nights, I have him Monday to Friday, my mum takes him through to Monday and brings him back. It's really, really good.

— Mother

The shared care process that we have here I think is an absolute must.

— Prison-based professional

I think, for me, [the shared care arrangement] needs to become more the normality.

— Community-based professional

Participants identified several positives to shared care. It can provide the baby with an opportunity to develop strong attachments to more than one carer; it allows both the mother and carer to have a break from the baby; and it frees up time for the mother to engage in programmes, education and socialising.

I do shared care with my mum because the social work advised they did nae want to break that bond with my mum and the baby.

— Mother

I think as much as it was hard for [the mother] that she didn't have [the baby] all the time she recognised that the days she didn't have [the baby] she caught up on her sleep and

recharged her batteries. And the same for [the alternative carer]. She's like 'you know, my weekend comes on a Tuesday when [the baby] went to prison'. She felt that that was her weekend, as much as she was kind of working through the week, she got a full night's sleep.

— Community-based professional

It's good if we have the shared care because then baby could go home at the weekends or whatever it may be and that allows mum the opportunity to also engage in programmes and education, which is really important.

— Prison-based professional

However, shared care can require significant time and effort from the alternative carer, particularly with regard to travel to and from the prison. As a result, shared care may not be a realistic option for, for example, those whose family live significant distances from Cornton Vale or who have limited time to travel due to other responsibilities.

My partner's dad he brings [my mum and the baby] up and down because my mum does nae drive. Otherwise it's the baby's dad will bring him down if he's off work or whatever. I've got a lot of help there I must say, compared to some folk.

— Mother

Where there is no suitable alternative carer within a family, a baby will be placed with a foster carer. Participants were doubtful that shared care could be an option for these babies.

It wouldn't work as well with foster carers unfortunately. That's the trouble, because there's a lot of demand then put on the family to bring the child up and down.

— Prison-based professional

Once [the baby is] in foster care they probably wouldn't bring them back in into shared care.

— Prison-based professional

2.2 The assessment process

To determine which is the most appropriate care option for a baby, decision makers from the community and from the prison will collect, share and assess relevant information. This assessment process is undertaken pre-birth for all pregnant women who are likely to deliver their baby in custody, and for existing children where a mother has applied to have her baby join her in prison.

The decision is primarily about the long-term care of the child. Decision makers will be assessing the whether or not a woman is likely to be able to provide a child with a safe and stable home once they have completed their prison sentence.

Decision makers will aim to identify a suitable primary caregiver, whether this is the mother or an alternative carer, as swiftly as possible in order to minimise disruption to the baby's development of attachment relationships.

a. Who is involved?

The prison governor makes the final decision about who can stay in the MBU. Their decision is informed by contributions from various prison-based and community-based professionals. Health professionals, child-development workers, Criminal Justice Social Workers, Children and Families Social Workers and prison officers will contribute information about the mother and baby or pregnant woman from their particular professional perspective.

Overall, understandably it's the Governor because the Governor's going to take responsibility for a child within their prison.

– Community-based professional

However, it is the Children and Families Social Work team from the mother's local authority that lead the assessment process. It is their recommendations that carry the most weight in the governor's final decision.

[The process is] multi-disciplinary but it's really social work driven.

– Prison-based professional

How the process works is the prison have the overall say of whether or not the baby can go into the mother and baby unit but they look for a recommendation first from social work in the community.

– Community-based professional

If social work identifies child protection concerns, the Governor won't go against it.

– Community-based professional

The mother will also be involved in the assessment process and is encouraged to contribute to plans for her baby. She may decide that her baby should not stay with her in prison, withdrawing her application or deciding not to apply to have her baby join her. A pregnant woman may herself make the decision that her baby should stay with an alternative carer.

Certainly the conversations have been had where the female prisoners or mums know that we have a mother and baby unit but have just decided 'no, I'm happy with the family visits that I get. That's enough for me.'

– Prison-based professional

Child protection procedures were initiated but a child protection order wasn't required. [The mother] voluntarily gave the baby in to foster care. I think she knew herself.

– Community based professional

b. The assessment

Initiating the assessment

The process to determine whether a baby should stay in prison is initiated when a woman applies to have her baby join her in prison, or when a pregnant woman, who is likely to deliver her baby while in custody, is admitted to prison.

I didn't need to apply [to the MBU]. What they do is, once you get to a certain stage they start doing an assessment on you.

– Mother

The Children and Families Social Work team from the woman's local authority area will be notified as soon as possible in all cases, whether or not a woman is likely to deliver her baby while in custody. A social worker from that team will be allocated to the case.

[Prison social work] contact the local authority that she's come in from, find out whether she's known to them, whether they're aware of the current pregnancy, whether there's any previous involvement. More often than not, especially if it's not a first pregnancy then the girls are known to the local authority. They sometimes don't know about the current pregnancy so we advise them about that.

– Prison-based professional

Pre-birth the mother would be allocated to that social worker and then once the baby's born the mother's [case is] closed and then we would reopen the case on the baby.

– Community-based professional

Collecting information

The allocated social worker will collect and review information relevant to the case as part of a child-protection assessment, known as a pre-birth assessment in the case of pregnant women. The findings from this assessment will form the basis of their final recommendations to the prison governor.

The pre-birth assessment is to assess what are the concerns? What are the concerns within the situation? What are the protective factors?

– Community-based professional

In the case of pregnant women, the assessment process will ideally be complete and a decision made by the 28th week of pregnancy. However, this will depend on how far into her pregnancy a woman is when the prison or local authority becomes aware of her case.

For mothers applying to have their baby join them, it may be some time before a decision can be reached.

It was three months after I had the baby that I got sentenced and then it took me roughly eight weeks to get the baby into the mother and baby unit. They had to do background checks, do social work reports, kind of

everything just to make sure I wasn't in for any sort of something that would make the baby in danger, just to make sure I wasn't already involved in social work. Passed fine. That was quite fast apparently, to get him in at 8 weeks. It's usually a lot longer.

– Mother

Case conference

Children and Families Social Work conclude their assessment with a multi-disciplinary case conference at which a final decision about the baby's care will be made and, in the case of pregnant women, a birth plan drawn up.

If mum is pregnant in custody and is having baby in custody then there is always a pre-birth case conference with outside social work and prison based social work so that we can draw up a birth plan as to if or when mum goes in to labour in custody what the plan is. So, who's the birthing partner? What's happening to baby afterwards?

– Prison-based professional

Whenever possible, these case conferences are held in the prison, primarily for the comfort of pregnant women who may find it uncomfortable to travel potentially long distances to their local authority, but also to better ensure that all key professionals are able to attend.

Although there may be slight differences between the processes in different local authorities, the case conference is usually chaired by a manager from the Children and Families Social Work team, and attended by all professionals involved with case, including health professionals from the community and the prison, police, prison-based social workers, addictions officers, prison officers, and other prison staff.

The allocated social worker will provide a summary of their assessment findings, and other professionals in attendance will be invited to share information relevant to the decision from their particular professional viewpoint.

The whole staff [are] there to give a bit of feedback and can give them information about the women's progress in custody but also to be clear with [social work] about what the prison's policies are and make it clear that we go on their assessment.

— Prison-based professional

I think it's important that all these key people are there. The police are there as well they'll give overviews of previous offending as well as intelligence information. [Prisoners'] partners are sometimes there so their backgrounds have been looked at too. So it's quite a lot of people but I think it's important that all that information is on the table.

— Prison based professional

The mother will be given an opportunity to respond to the information provided by each of the professionals and may be asked to contribute to developing a plan for the baby's care in the event they are not permitted to stay in the MBU.

Everybody around the table is given an opportunity to talk. They generally...let each person speak and then [the mother] respond. So they're very much involved in the meetings.

— Prison-based professional

I'll say [to the mother], 'what I need you to think about and you need to tell me, if for any reason - whether you get involved in further offending, whether you're ill in hospital, whether mental health reasons or whatever - that we say...you can't look after your baby, where do we put that baby?' So they have to give us a contingency that we think is viable. But it's no me saying, well *I think* you should...you tell me where you think the baby should go and we'll assess if it's viable or not.

— Community based professional

Several participants spoke about how difficult this meeting could be.

It's actually a very, very negative meeting if I'm being honest. It dredges up lots of past, lots of history.

— Prison-based professional

They are quite big meetings and it's quite daunting, I mean when I first started I found it quite daunting as a worker going in to them never mind women sitting there, pregnant, having all these folk sitting round the table talking about you.

— Prison-based professional

c. The decision

Professionals are not always in agreement about the decision made. Some participants suggested that prison-based professionals do not always understand the final decision reached by social work.

I almost felt battered at that first case conference, I need to be honest I almost felt battered by prison staff who are 'oh she's well behaved' and all the rest of it and they're not quite getting the actual risks around this baby.

— Community-based professional

Some professionals expressed frustration and a belief that their contributions at the case conference made very little difference to the overall decision.

By that time the social work have usually made up their mind. They've done all their checks and all their interviews with whoever and they've spoken to the woman on a one-to-one through the [social worker's] visits. But it has to go to the pre-birth case conference, the child-protection case conference. And it's at that case conference that we all sit around the table but sometimes we do find that the decisions are made before they even come in and it doesn't matter what is said at that meeting that you're not going to change their minds.

— Prison-based professional

Similarly mothers we spoke to did not feel they had contributed to the decision.

It was just dumped on me.

—Mother

Case example 1 | Carol and baby Alice: Progression to shared care⁶⁷

2013, March | While remanded in custody, Carol discovers she is pregnant and due December 2013. The Children and Families Social Work team from her local authority are informed.

2013, May | A social worker from the Children and Families team is allocated to Carol's case and begins the pre-birth assessment.

2013, June | Carol is sentenced to three years in prison. Her earliest release date will be September 2014. On the advice of her social worker Carol contacts a lawyer to make sure she is aware of her legal rights regarding her pregnancy, custody and contact with her child.

2013, June – August | As part of the pre-birth assessment, Carol's social worker meets with her every two weeks.

2013, September | Carol is approximately 28 weeks pregnant. A pre-birth case conference is held in the prison and it is decided that there is not yet enough information about Carol's suitability as a primary carer to allow her baby to stay with her from birth.

2013, September - November | Carol's mother volunteers as an alternative caregiver for the baby, and following an assessment by Carol's social worker, is determined suitable.

2013, November | A plan is proposed in which Carol's mother will be the baby's primary caregiver but a high level of contact between Carol and her baby will be maintained. If this contact is positive, it is suggested that a move to the MBU may be possible at a later date. With the approval of her solicitor, Carol agrees to the plan.

2013, December | Baby Alice is born. After four days together in the hospital, Alice is removed to the care of Carol's mother.

2013, December | Throughout December and January, Alice is brought to the prison three times a week for supervised visits with Carol.

2014, January | Supervised visits had been very positive. On the advice of the social worker, contact progressed to two-hour unsupervised contacts three times a week.

2013, February | A multi-agency meeting was arranged and chaired by the Children and Families Social Work team to review the contact arrangements between Carol and Alice. The positive and unsupervised contact between mother and baby was raised as evidence that Carol was able to meet her child's needs. It is agreed that a referral to the MBU will be submitted to the prison Governor.

2014, March | A mother and baby case conference is held to review possible issues and risks about moving Carol to the MBU. It is decided that Carol can move to the MBU.

2014, April - June | Carol begins with a full day in the MBU with Alice, quickly progressing to Alice having overnight stays in the MBU.

2014, June | A full shared care arrangement is now in place. Alice stays in the prison with her mother Tuesday, Wednesday and Thursday night. She stays with her grandmother in the community the remainder of the week.

⁶⁷ Names, dates and other details of this case have been changed to protect identities of those involved.

d. Monitoring and review

Decisions about mothers and babies are kept under constant review.

It's fluid and things can change and when you have more evidence and more understanding of a situation then decisions can change about future options.

– Community-based professional

Even where they have made decisions and they've done the assessments it seems to be constantly reviewed. Especially if a baby's put on the [child protection] register there's a lot of meetings go on, a lot of reviewing of those decisions. Although obviously it's always erred on the side of caution that will continue to be monitored and reviewed and if circumstances

change positively or negatively then that's taken into account and things will change. So I suppose it's about making the best decision you can with the information you're given at the time.

– Prison-based professional

A recent case highlighted an increased willingness by some local authorities to adjust an original decision in favour of increasing contact between a mother and baby (see Case Example 1, above). This was seen as a positive and welcome change.

Normally it's they either have a child in or they don't. That's a decision made at the pre-birth case conference and that's it stuck. Whereas they've not done that. They've actually moved with the child's needs and they can see that there's a real bond there between mum and

baby, and they've actually went with that. And that's actually been a, that's been a pleasure.

— Prison-based professional

Any change to a decision, particularly a change in favour of increased contact between a mother and baby, must be based on sound evidence. Decision makers will often be looking for further evidence about a woman's behaviour and parenting ability.

That social work department did say they don't want baby coming in because we don't think, we think you've got a lot to prove before you get baby on your own unsupervised.

— Prison-based professional

Such evidence can be difficult to gather within the prison environment (see 2.3b, Behaviour in prison).

2.3 Factors considered in the decision

There are no strict criteria to guide decisions about admission to the MBU. Decision makers must consider multiple factors relating to the personal circumstances, history and needs of each mother and baby.

It's really on every individual basis. There is no carte blanche of you absolutely have to meet this criteria or this criteria. There's obviously some criteria that are non-negotiable: child protection orders, child protection register, risks like that. But for everything else it's absolutely on an individual basis.

— Prison-based professional

Our criteria always goes from the community, what their overall assessment was of somebody and they will take all of that into account, they will look at offending, lifestyle, relations, peers, you know, they look at the whole thing.

— Prison based professional

a. Child protection

The identification by social work of any child protection concerns is the only factor that will preclude a mother and baby from staying in the MBU. Many of the other factors discussed below will contribute to a social worker's decision about a baby's child protection status.

We just need to make sure that there is no risk to the baby, because [prison staff] don't look after the baby. They're not responsible for baby's welfare. It is mum's [responsibility] so therefore social work have to be absolutely satisfied that their parenting capacity is not brought into question whatsoever.

— Prison-based professional

I don't think [the MBU is] a service that's utilised a lot because generally if the mums are in prison there's child protection concerns of a level that it would be too risky for the mum to have care of the child.

— Community based professional

The child protection system and decision to place a child on the child protection register was confusing for some. Some participants expressed frustration at this blanket restriction on admission to the MBU.

It's a bit mad. And this is the bit that I always find a bit frustrating because I think there are so many children on a child protection register with the people that the issue's with, in the outside. I'm not saying that's right but I'm just saying that is what happens. But in this situation, because of prison, it's like, well, you don't get that chance.

— Prison-based professional

It just seems if there are child protection concerns they don't get to go in, but you just wonder if there could be something, that it would work towards a more shared care.

— Community-based professional

b. The mother

Many aspects of the mother's history and behaviour will be considered.

Sentence and critical dates

The dates when a woman is likely to be released from prison and how these correspond to the baby's age is a key factor in the decision.

Decision makers are reluctant to place a baby with their mother in prison if the woman's earliest release date is significantly beyond the maximum age the baby may stay in prison. Consequently, women serving longer sentences are unlikely to have their baby stay in prison.

Another thing that we look for...is their sentence and...their critical dates. Because if we have a mum who has just been given a five year sentence and they're pregnant and they're giving birth in custody and their first point of release, which is maybe a parole date, is 2 and a half years later the decision would then be taken, should we have baby in till 18 months, take baby away? Or is it beneficial where baby's not in custody but there are daily visits, regular visits with baby to still ensure

that bond between mum and baby? So this is something that is looked at whenever we assess somebody for coming into custody, what are their dates? What is their liberation dates? What is going to be beneficial to mum and to baby?

– Prison-based professional

There is some degree of flexibility regarding critical dates and the age of the baby.

If we did have somebody in who, well, they were getting liberated when baby was 19 months right, well we're not going to take baby off for four weeks.

– Prison-based professional

Offending behaviour

The nature of the offence for which the mother is in prison, her offending history and her history of substance misuse factor heavily in the decision.

It's the balance between the rights of the child and the needs of the child for life long care, balanced on historical pattern of whatever's caused us to be at that position.

– Community-based professional

Where you've got quite high levels of aggression and you're talking about severe injury and permanent disfigurement, which is attempted murder basically, when you're talking about that high level of offending, a pattern of assaults coupled with chronic alcohol, chronic substance misuse, what is in the baby's best interests?

– Community-based professional

Technically if you look at [the mother's] offence I mean it was quite violent, but just because of what she did doesn't mean that she's a risk to somebody. I mean obviously if somebody was a schedule one offender you'd have immediate concerns.

– Prison based professional

Several participants found the focus on the past to be misplaced.

See the historical part of it? It's in the title itself. It's historical. It's old news. It's been and done and it's happened. That will never change. That is as it is, that's going to be that

way forever. They can't possibly make a new decision on something that's going to stay the same so they need to be able to look at how things are now...it just makes no sense to judge somebody on their past. You need to see where that person is there and then in order to make a good decision for the future.

– Mother

Parenting capacity

Any evidence of a woman's parenting skills and capacity to meet their child's needs both in the short and longer-term will also be considered.

The other positive, huge positive, was there was no concerns about her basic care of her child that had been removed, her first child. She is a very able mother who's able to meet her child's physical, emotional needs, very warm.

– Community-based professional

In sobriety the first mum wasn't as tested in terms of care, giving care, physical care and emotional care, whereas this second woman there was good evidence that when she wasn't drinking she could provide [for her children]

– Community-based professional

My lawyer says my past is going to go against me. My oldest and my middle boy they're with their dad, but because I've been in and out of their life with getting to jail all the time, that's what's going against me.

– Mother

A history of previous children being removed from the mother's care may cause decision makers concern.

I think a lot of women that go to prison are so far into the cycle of having children and having them removed...people who have had 3, 4, 5 kids taken away before...that would be the difficulty I think because if they've not managed the three kids before that, you can see why social work would be thinking, well, the best thing for the baby would be to take the baby now and have the baby adopted...in order to increase the baby's life chances and opportunities.

– Community based professional

[Mothers are] saying do you think I would be harming my child? And we say well, not intentionally. We don't think you would intentionally harm your child but you have not kept another child safe you've had in your care in the past and that has led to him being adopted so what we're saying is whilst there are positives, we want to reassess.

– Community-based professional

Current evidence of a mother's parenting capabilities may also be considered. Such evidence may be collected for example through observation of visits.

[Supervised visits] gave us the evidence that we could say we've all this evidence that [the mother's] managing well and meeting [the baby's] needs and there's been unsupervised contact as well, we would be happy for [the baby] to be in the mother and baby unit. Because rightly so there was people saying I'm not recommending [the mother] can be on her own in a mother and baby unit straight from birth when we have not assessed this for several years. Because if something happened people would then be saying why haven't you assessed this.

– Community based professional

The mothers we spoke to were all keen to undertake whatever learning the professionals thought was necessary to demonstrate that they could look after their children. They indicated they would like more guidance on how they could achieve this.

I have asked the social workers what can I do, what can I do in order to prove to you that I am willing to do anything, that I am willing to do absolutely anything I will jump through any hoops you put in front of me, I will do it. And I'm still waiting on a black and white answer. I'm still waiting on something that's concrete for me to do because they've never been able to say to me no you need to do this or you need to do that. They tell me the things that I have done wrong but they don't tell me where to improve.

– Mother

Acknowledgment of responsibility

Decision makers will be looking for change in the way that the woman reflects on her own previous behaviours.

If you don't have that acceptance of responsibility you're never going to affect change, because denial is a barrier.

– Community-based professional

One of the concerns that I have in terms of decision making was the fact that...she wasn't acknowledging responsibility for that crime and how that would impact on her baby had her baby been born and been here in the community.

– Community-based professional

Behaviour in prison

A woman's behaviour while she is in custody — her engagement with professionals, abstinence from substance use, and positive visits with family — may have some influence on the decision.

It was a positive that [the mother] was engaging with community social work, she was engaging with social work within the prison, she was engaging with programmes and there was no concerns about her behaviour and there was a protective factor in that there was no concerns about alcohol use because she was in a prison environment.

– Community-based professional

However, participants reported that decision makers place limited weight on a woman's positive behaviour in prison because this may not be representative of how a woman will behave when they are in the community. Prison is a protected environment where the mother is removed from many of the factors that may contribute to a chaotic lifestyle.

A lot of women will say 'but for the last year or eighteen months I've been doing x, y or z, doing really well', you know or 'as soon as I realised I was pregnant I moved places, I've disassociated myself with x, y and z'. But that doesn't really count because then they're back in prison and this is deemed as a false environment.

– Prison-based professional

What we generally find is that people are more settled when they're in. I think sometimes for the girls as well it can be quite disheartening especially see if they've maybe come in when they've been earlier on in their pregnancy they've done really well while they've been in custody, they've focused and got their substance misuse under control and they think they're making really good progress but obviously community [social work] are ultimately looking at the welfare of that baby, and if the girl's never demonstrated that stability outside it's about risk and you can't take risks with a baby.

– Prison based professional

One of the projects were saying quite clearly 'oh well but she's doing well in here' and again, not getting the understanding from them that yes, but she's in a controlled environment right and yes, she's doing well and that's really good but it's about the lifelong needs of the child and this baby needs stability, security and needs to have consistent care in an environment that's healthy.

– Community-based professional

Some professionals and mothers felt that positive behaviour demonstrated while in prison should be given greater weight in decisions about whether or not a baby should stay in prison.

I thought because I'm in a controlled environment that I would have been able to get [the baby] in. I've been handing clear MDT, that's drug tests, every week from the day I came into the jail. I've not been doing anything that I shouldn't have been doing, but yet it's still holding me back from getting her into the prison.

– Mother

Alternatively, some participants suggested that there should be greater opportunities for more women to demonstrate behaviour change or parenting capacity in a community setting.

If they're in the community they would maybe be getting more chance to say look! Demonstrating doing what they're doing. Although they're doing that in custody the weight that's put on that progress in custody is less than if they were evidencing that in the community.

– Community-based professional

She may get outside conditions and then what happens then is she'll be allowed home leaves, and working towards that to test her in the community with her baby prior to her actual release is going to be so important.

– Prison-based professional

[Behaviour in prison] doesn't really count because then they're back in prison and this is deemed as a false environment so again it's about offering them a rehabilitation plan to actually prove themselves in the community.

– Prison-based professional

Finally, to stay in the mother and baby unit mothers must agree to sign a compact agreeing to a list of behavioural expectations.

There's a compact that we have the mums sign to say these are the behavioural expectations, this is what we expect of you. So that covers the behaviours as well as drug tests, all the conditions of whilst they're in there what they need to adhere to.

– Prison-based professional

When mothers go in [the MBU] they've got to abide by the rules. There's no drugs here, nae smoking and you really got to look after the baby...keep the place tidy, make sure the baby's clean and tidy, make sure you're clean and tidy, make sure baby gets fed, make sure the dishes get done...

– Prison-based professional

Family and relationships

Positive and supportive family relationships were considered a protective factor. Conversely, some

participants felt that women who did not have a supportive family may be at a disadvantage, for example this appeared to make shared care a less likely option.

The huge protective factor was that [she] had a very good family.

– Community-based professional

I think if [the aunt] wasn't on the scene, I don't think [the mum] would have had care of her baby in the prison.

– Community-based professional

The wean's in temporary foster care just now because I've no got any family to take the wean. So because I never had any family I feel that the wean's being punished.

– Mother

Relationships considered a negative influence would also be assessed as part of the decision making process.

You've also got the partner, what was she going to do about him? Because there was quite significant concerns around him 'cause he was with her. She got charged, he didn't.

– Community-based professional

A lot of the decisions are based on ... the fact of what their families even, their history. It's not even necessarily on the woman's own actions.

– Prison-based professional

c. Prison location

In cases where a baby is not staying in the prison but contact is being maintained, for example through parallel planning or a shared care arrangement, the impact on the baby of travelling to and from the prison is a concern and something that decision makers reported that they will monitor.

From here to the prison is about 50 minutes so it's a lot of travelling for [the baby]. And the mother was saying 'could it be everyday'? And we were saying I know this is very difficult for you but the contact firstly has to meet the child's needs, not the parent's and we have to balance up [the baby] being in a routine and

too much time out of her day and also a lot of travelling for her and the risk for her travelling up and down in a car too.

– Community-based professional

That baby [living on an island] given the weather just now you're talking about a ferry and travelling, is that really in the best interests of the baby to be doing all that travelling that often?

– Prison-based professional

My understanding is they can access foster carers from anywhere in the country, I mean I think they try and keep it close but if there wasn't one, distance has to be taken into account as well.

– Prison-based professional

If decision makers felt the travel was too unsettling for a baby then contact arrangements may be reviewed and possibly reduced.

We worried about [the baby] being overwhelmed with a lot of travelling and a lot of change between the two carers. We were very clear with the mother and extended family [that] we would see how the baby manages this and if we're feeling that this is too unsettling for her we'll need to review and possibly change it.

– Community-based professional

We were initially talking about even just one overnight and that's really, could be unsettling for the baby so we have to think about what her needs are and play it by ear.

– Prison-based professional

I went to court and the Sherriff said, 'right is there a reason, any negative reasons why these visits should be cut [to once a month]?' and the social worker said 'because of the distance' and she's went into it [about how] the baby's sleeping all the time, she's sleeping a lot longer when she gets back to foster carers and maybe she's missing a feed and her kind of pattern mucks up for like the next 24 hours.

– Mother

Some interviewees felt that the impact of travel was less important than other factors.

Six hours [travelling], aye right it's a bit dramatic but it's no something horrific. And if it's to go and bond with her mum is that no the best way?

– Mother

cases where you're quite clear that there's no risk to the child from the mother, and a lot of times there are those risks, and that can't happen.

– Community-based professional

d. Prison environment

The perceived suitability of certain prison processes and aspects of the environment in supporting a baby's needs will also influence the decision.⁶⁸

Prison and the safety of the baby

Of primary concern to decision makers is a baby's safety. Participants suggested that limited supervision within the MBU combined with the profile of many imprisoned mothers meant decision makers often concluded that a baby's safety could not be guaranteed and therefore recommended against a baby staying in prison.

The MBU is an independent unit: prison staff cannot provide 24-hour supervision of the women who stay there. Participants suggested that this places a heightened importance on decision makers having no concerns about a mother's parenting capabilities.

[The prison] need to have absolute satisfaction that the mum has no issues with parenting capacity of that child because it is an independent unit. The residential staff who are there are discipline staff. They're not there to make sure that the mum can look after the baby.

– Prison-based professional

The limited supervision in the unit was understood to be one of the main reasons it was not used more.

We had a look around the mother and baby unit and I thought it was an excellent resource. It's just a shame it's not used as much but I understand the reasons why, because there are not staff there to monitor.

– Community-based professional

There are not staff there to supervise all the time. So [mothers and babies can stay] only in

⁶⁸ See section 3.2 for further discussion of procedural and environmental support of a baby's best interests.

If they really want [social work] to make the decision to leave the baby with them in the prison then they need to be giving a guarantee that they've got the responsibility for ensuring the [baby's] safety and wellbeing.

– Community-based professional

Prison and the baby's developmental needs

Another consideration for decision makers is how well the developmental needs of the baby can be met within the prison environment.

In general, participants were fairly positive about the MBU as an environment for babies. For very young babies the impact on development was not considered to be a significant issue.. However, for older babies the prison environment was considered less suitable. It was understood by some that this was the reason for the 18-month age cap.

I think that that 18-months has come from the child development profession to say right, ok, at what point does baby perhaps need more stimulation, or shouldn't be within custody? Because at that age they're obviously up, they're running around, they can't run around in a garden as they would if they were outside so obviously that age has come from those qualified to have an opinion on that.

– Prison-based professional

For older babies, particularly those who had been living in the community for some months, the prison environment was considered by some participants to be limiting to their development. As a result women with older babies may be discouraged from applying to stay in the MBU.

If you have a mum who comes into custody and she's got say like a 12-month old or a 14-month old child, if she wants her child in with her I'd be saying, 'what does your child currently have? What is the situation where your little one is?' And we did have a mum like that. We sat down with her and she says 'oh well he's with my mum and dad and he goes

to jumping beans and he goes swimming and he goes to the library and he had really good stuff going on'. And I said 'well I'm going to take you down and show you the unit and I want you to make up your own mind. You have to bear in mind you've just told me all the things that your little one does'. And we went down and she looked and she went 'oh, no, I couldn't bring him in here'. And I said 'if I was being honest with you, my professional opinion would be to say no. It wouldn't be good for his development. It would be a hindrance, because he's getting so much out there already'.

– Prison-based professional

had her privacy in her room with her baby but there was also a communal area where they could get daily input from a specialist in whatever their needs were at the time. That you would have some sort of nursery stroke childcare facility so the mum could get some kind of a break to replace the care that she would have from family members and that there would be ongoing opportunities really for the mums to learn and grow and really have good strong attachments with their babies and so that they were going out of prison with their babies in a much better place than they would have been had they never been in there in the first place.

– Community based professional

If her only option would have been foster care then and she's a good mum, then ok maybe it would be better for baby to be with her, but it would have been very, very difficult if he'd been used to that type of going here, going there and exploring because then you are actually stunting that development.

– Prison-based professional

Some participants wondered whether changes to the physical set-up for mothers and babies could mean more babies have the opportunity to stay with their mothers. Several participants shared their vision for their ideal mother and baby unit.

Scotland and the UK is a great place to bring up kids - if you get a chance. Because right now I would say there's a lot of women not getting that chance, in Scotland especially.

– Mother

My vision would be a complete purpose built unit that actually links to the outside so that we could have people coming in from the outside to take baby out. So you'd have volunteers or family member you know. Because at the end of the day the baby's not a prisoner and that would take away that, they get that experience of outside noise, play, interaction.

– Prison-based professional

It would be to have a specific, separate unit that wasn't attached to another one, that was just for mums and babes and it wouldn't be just one mum and one babe and that you would have everything designed so that mum

3

Supporting Best Interests

Once a decision has been made, the focus must then shift to how to support the best interests of the baby whether they are living with their mother in prison, or visiting. The following section considers the personnel, environment and policy support that is in place and how we can learn from this to maximise the best aspects of support in the new provisioning.

3.1 Professional support

a. Multi-agency support

Participants identified a number of different professionals involved in the support of mothers and babies in prison, including prison-based and community-based professionals.

Prison-based professionals

Key prison-based professionals identified by participants include social workers, prison officers and the child development worker.

Criminal Justice Social Work

Within the prison's Criminal Justice Social Work team, one social worker is designated the Mother and Baby Worker and undertakes duties associated with this role alongside their regular caseload and responsibilities as a Criminal Justice Social Worker.

Much of Criminal Justice Social Work's involvement with mothers and babies happens during the assessment process to determine whether or not a baby will stay in prison. The Mother and Baby Worker will liaise with the relevant community social work team and other professionals to initiate the assessment process and coordinate support for the mother and baby. The Criminal Justice Social Work manager will often chair the prison's fortnightly mother and baby meeting at which all current pregnant women and mother and baby cases are discussed.⁶⁹

The Mother and Baby Worker is primarily involved with pregnant women who will deliver their babies in custody. Pre-birth, the worker keeps women informed about the assessment process, and is available pre- and post- birth to support women with any concerns they have relating to this process. Particular concerns that women raise with the Mother and Baby Worker include anxieties about the pre-birth case conference, and issues relating to contact with their baby.

⁶⁹ See Section 3.1e. for further information about the mother and baby meeting

Pregnant women who will not deliver their baby in custody are not necessarily allocated to the Mother and Baby Worker's caseload.⁷⁰ However, all women in prison are entitled to request support from the social work team.

Bar from the fact that they're pregnant they wouldn't really have anything to do with our team unless they put a duty referral in. If they require to see a social worker they can put a referral form in and ask to see us and one of the duty workers would see them and establish whether it's something that's appropriate for us to help them with or signpost them to other people. So everybody's entitled to that.

– Prison-based professional

The girls that are pregnant they don't automatically go on my caseload if they're not doing a longer sentence, but because I'm the Mother and Baby Worker if they did need a bit of support then I would try and provide that. But by and large most of them are ok. It tends to be more the ones that are delivering in custody [that need support].

– Prison-based professional

Prison officers and prison managers

Officers and managers working in the block containing the MBU are primarily responsible for managing the security, discipline and operational regimes within the entire block.

Two officers in the block are designated Mother and Baby Officers. They have responsibility, alongside their general duties, for supporting the needs and welfare of mothers and babies where possible.

The residential staff who are there are discipline staff. They're not there to make sure that the mum can look after the baby or to assess whether it be interaction or feeding or anything like that. Obviously, if there's anything that they see which they're concerned about then they would raise it.

– Prison-based professional

⁷⁰ Women are allocated a criminal justice social worker if their sentence includes any form of license.

I'm not here to babysit for you. But I will help you as much as possible and try my best to look after you, but it's your baby, and you've got to look after her, ken.

– Prison-based professional

Participants were generally positive about the efforts of prison officers to support mothers and babies. Staff appeared to be particularly conscious of the isolation that mothers in the unit can feel.

Staff are very good at watching for these little signs that mum's that wee bit more under pressure than she was and actually taking steps to try and alleviate that.

– Prison-based professional

My baby's been quite a good baby, which has made it easier I've not really needed help for anything, but they're always there if you want to ask anything like that, they're always there for you.

– Mother

It's quite hard sometimes too if you go down and the baby's crying, mum's getting really quite distressed or whatever. I'll take the babies, 'Listen, why don't you give me the bairn for 10-15 minutes and I'll sit with the baby and try and give you a wee break'.

– Prison-based professional

I always say 'listen this can be lonely'. It's great at first because it's a nice wee unit. I try to get a DVD for them I try and get Wii games for them and try and get things for them to do.

– Prison-based professional

However, there are limits to the extent that prison staff can support the mother. Prison officers are not officially allowed to handle the baby.

Officially, we are no meant to pick up the baby. They say officers dinnae need get involved, ken because if I pick the baby up and I drop it, I'll be held responsible for it so you're no really meant to do it.

– Prison-based professional

[The child development officer] can handle the baby and take baby and do stuff whether that

be to bath the baby or even just to give baby a bottle while mum's having a shower. But normal prison staff can't do that. It's in the contract...I know some staff do it, because they are only human, and it's a little baby.

– Prison-based professional

Also, as prison officers in the block have other duties they are not always available to support the mother and baby.

I'm not there 24/7 so I might be there for an hour chit chatting with them alright, go away do something else, come back and go talk to them again. [On good weather days] usually try and take them for a walk for half an hour, a bit of fresh air with the baby, try every day, but I must be with them, so it's got to be me, baby, mummy and we go walk around the jail. So I try to do that on a regular basis.

– Prison-based professional

I think the big thing is that a lot of the mum's will say 'it's a beautiful day, I just wish I could take the pram out for a walk', that kind of thing. And if a staff member is not available to go with them then it doesn't happen.

– Prison-based professional

They don't generally go walking. They could walk up to the family centre, where there's again nice bright colours, nice toys, they could make a cup of coffee there, but they generally don't in my experience. Although I think the previous child development worker did sometimes take the mums up and say come on up. Because I think it's about confidence, a lot of the mums are lacking in confidence. They feel safe and secure in their little room and I suppose it must be difficult if you've always got to ask permission to do things. So that's encouraged, that we would encourage the mums to go for a walk every day but in reality it doesn't really happen, again maybe if there was two women going for a walk they maybe would.

– Community based professional

Child development worker

The Child Development Worker's sole remit is to support pregnant women, mothers and babies. Their role includes supporting or delivering parenting programmes within the prison, advocating for women with childcare issues, and providing general support to mothers and babies staying in the prison.

The Child Development Worker works very closely with mums and babies in custody as well as pregnant females as well as females who are mums. So she goes down to see the mum every single day, she will do things whether it be baby massage or interactive play. They're involved in assessing to see if there's any support that can be given.

– Prison-based professional

At the time of interviews, this post had been vacant for a few months.⁷¹ Participants spoke highly of the previous worker and of the importance of this role in general.

I think the Child Development Worker is a fundamental role within here, absolutely, because the residential staff obviously have other duties that they do, one of which is the mother and baby unit, whereas the child development worker, that is her focus.

– Prison-based professional

I think the work that the child development worker did in terms of parenting and in terms of play and teaching the mums about positive interaction with the baby that was all very, very good and there was a huge gap when she left.

– Community-based professional

She was very good with the mums and babies. If you look at that unit before, it was nice, but she did a lot of work in it. She did a lot of the artwork and things, she put a lot of the picture frames up and the pictures on the wall, she designed it. Through the back we've got a little exercise yard. It's quite rubbish now, but she was talking about actually getting in bits to grow, like grow carrots, grow food for them so they could then use that as learning thing. I think it would be good if it came about.

– Prison-based professional

Her knowledge and relationships she had with the girls in here was excellent. She didn't only work with the mums and babies but she would work with pregnant females, she would do parenting classes that weren't just for pregnant mums but were for prisoners who are mums you know so she had a really good working relationship with them, and I think that that daily access whether it be just once a day or twice a day for that mum I think is vital because there's questions that mum might not know that she would feel comfortable asking a professional about you know instead of perhaps just asking the discipline staff. So again it's having that reassurance that the services that they're accessing are credible.

– Prison-based professional

Health professionals

Health professionals in the prison work together with community-based health professionals to meet the health care needs of mothers and babies. A nurse from the prison health team is the designated mother and baby nurse. They work closely with the Mother and Baby Worker in the prison and liaise with key health professionals in the community.

A GP is based part time at Cornton Vale and works closely with the community health visitor to meet the health needs of mothers and babies.

[The health visitor] will liaise with [the GP] about any sort of skin problems, any feeding issues, any prescription being needed for the baby or basically any postnatal problems with the mum because especially in the first few weeks after having a baby it's all the questions about the mum's health as well as the baby's health.

– Community-based professional

Prison based mental health nurses also provide support as needed.

There are mental health trained nurses there so if I have any concerns about mood then I just immediately refer to them and they deal with that aspect of it.

– Community-based professional

⁷¹ A new Child Development Worker is now in post.

Community-based professionals

Children and Families Social Work

A Children and Families Social Worker from the woman's local authority is allocated to every pregnant woman admitted to prison, and any baby subject to the assessment process outlined in Section 2.

This allocated worker is responsible for conducting the pre-birth child-protection assessment. A Children and Families Social Work manager from the same local authority team often chairs the pre-birth case conference⁷² and is responsible for making the final recommendation that will generally determine whether or not a baby will stay in the MBU.

Advocating for, and supporting the best interests of the baby is a pivotal aspect of the Children and Families Social Worker role.

You have to support the family as a whole, but I'm mainly [the baby's] social worker.

– Community-based professional

The allocated worker will support a baby in prison and in the community for as long as is considered necessary.

It was myself [the allocated social worker] that would be doing the visits to [the baby] within the prison and when she's out in the community. Now that she's on the child protection register I see her every week. I think it's likely she'll be taken off the register next year if things continue to be settled but I'll continue to be her worker I think for a while after that.

– Community-based professional

Participants spoke about the fear and negativity often directed at Children and Families Social Work. There was some suggestion that this was associated with a misunderstanding about their role.

A lot of people are very worried when I say somebody's coming out to do a pre-birth assessment and I'm a social worker. They view that we're there to remove children. It's a really small part of my job when I have to remove

⁷² There may be some variation in practice across different local authorities.

children...only in emergency situations where it has to happen or you've evidenced it over a long period of chronic neglect or there's chronic emotional abuse, or there's something long term.

– Community-based professional

[Social workers will] look at the negatives rather than the positives and I always thought, when I was younger I thought they were supposed to look at the positives, you know, and look for a better outcome. Whereas it seems to me the last few years certainly...they've just not even bothered trying with me. My second youngest daughter, I nearly got her back home with me but what happened was her father got murdered and I went downhill. I was offered no support, absolutely no support. And they were already involved, so my question is, well, where were they when I really needed them?

– Mother

Really, my job is to try and keep the child with the family. The best place for any child is within the family. Not always with the parents but sometimes with the extended family...and a child grows up having an understanding about identity and where they've come from. Sometimes people just need support to keep a child there.

–Community-based professional

Midwives and health visitors

Midwives and health visitors from the local community area provide a similar level of support to women in prison as that offered to women in the community.

A midwife generally visits the prison one afternoon a week to meet with pregnant women. They will provide antenatal classes to the pregnant women who are likely to be keeping their baby.

If there's mums in [prison] that are likely to keep their babies [the midwife and health visitor] generally would do a kind of joint antenatal education 'round about things like labour, delivery and feeding your baby, very straightforward...it's very informal, it's generally a chat with some pictorial images

about delivery and just to see if there are any concerns.

– Community-based professional

Post-birth, mothers and babies will be visited by midwives and health visitors just as they would in the community: Between birth and day ten, a midwife will visit daily if needed; following discharge from the midwifery service a health visitor will visit at least weekly until the baby is two months old, and fortnightly thereafter, making additional visits if the mother requests them.

[Health visitors] would offer a very similar service to the women in Cornton Vale as in the community. In term of visits and developmental review and giving the health promotion stuff that we give out, Bookbugs, toothbrush sets and all the kind of 'Play at Home' stuff. So just all the stuff that we would give out generically as health visitors I take into the prison.

– Community-based professional

The health visitor, she comes in once a fortnight. Just comes in, weighs the baby and stuff like that, make sure everything's fine. It really is as normal as it is outside. You've still got all that which is really good.

– Mother

If a baby is in a shared care arrangement then the health visitor from the carer's local authority area will also be involved.

Community health professionals are not routinely in contact with pregnant women who will not be keeping their babies in prison.

They would maybe attend an antenatal class that [the health visitor] and the midwife have done. So, [the health visitor] might meet those mums because they still have to go through labour even if they're not keeping their babies... sometimes, but not as a matter of routine.

– Community-based professional

You know how you do all your breathing and all that? Antenatal classes. We never got anything like that. I never got nothing like that. This is my third [child] but still, regardless of

how many weans you've got you should be getting [classes] because you still get them outside.

– Mother

Food development officer

As a baby in prison approaches six months, a Food Development Officer from the Forth Valley Health Service visits to take the mother through a short programme on weaning.

Where kids get to the age where they going to eat solid food we bring in somebody from outside and they teach them how to they can peel carrots, peel potatoes, do that whole thing, it's a nurse from the NHS, they come in show them how to do those things.

– Prison-based professional

b. Access to support professionals

There were mixed opinions about the level of access that mothers and babies had to various support professionals.

Participants appeared to be satisfied with access to prison-based social work.

I get to see them quite a lot. I speak to the on the phone quite a lot as well. You can phone and just get straight through to them.

– Mother

However, there were mixed opinions about whether the access mothers and babies have to prison officers was adequate or not. Prison officers are not based in the MBU, but are just outside the door. Officers will visit women in the ILU every few hours.

The staff...they're always there, they are right next to the unit so the mum and baby always have access to staff when they need to.

– Prison-based professional

Ideally, I think you could do an officer all the time [in the MBU], supporting the lassie. We don't have that. No got the staffing for that. I think the lassie, or the mother could get better support.

– Prison-based professional

Our role is to support them as much as possible but we're also here to look after other prisoners is what I worry.

– Prison-based professional

Other participants questioned whether the access that mothers and babies have to health care professionals was sufficient.

That's an absolute key issue and one of my main concerns that women do not have direct access to midwifery and health visiting services. I think it's potentially a huge area of risk for mother and baby, and very unsatisfactory.

– Community-based professional

Pharmacist would be another common access to health care in the community that these women and these babies don't have. If a baby needs a prescription for something it can often take 24-hours before the baby actually gets it because they're not routine medicines that are ordered in by the health centres. The baby that's in at the minute he's just come in recently to join the mum and he was prescribed an inhaler in the community so that was fine I got that arranged and the baby had got it but it was 24 hours later and fortunately the mum already had one from when the baby was staying before. So things like that there's a huge time element and again it's a potential risk isn't it.

– Community-based professional

Aspects of the prison culture and communication process were cited as potential reasons for difficulties and delays in women accessing health services.

If [a mother] wants to see the GP or the nurse she's got to fill in some form and request it from the officer and the officer's got to send that to the health centre within the prison and then maybe the next day the nurse will go and see the mum. So they're not having direct access to even phone and get advice. Women in the community would have access to NHS 24.

– Community-based professional

There's a bit of a kind of culture because prisoners often try and manipulate officers and

they feign this and lie about that and there's been a bit of a feeling sometimes for me of well how come that mum didn't get to see a nurse or see the GP sooner?

– Community-based professional

I'm not really sure how they would access healthcare in the middle of the night actually. I mean obviously the prison can dial 999 and get an ambulance to the prison, but again there can be delays in that but that's just because of logistics. There was a pregnant woman who was very seriously unwell but it took several minutes from the other prisoners ringing the emergency buzzer because there was no officer in the unit so by the time the officers walked up, saw the woman and did what ever they did, dialled 999 and then the ambulance actually to get inside the prison and then to get the woman to [the hospital], she was extremely poorly. She survived, and the baby survived fortunately.

– Community-based professional

c. Engagement with support professionals

The quality of relationship or level of trust a woman has in support professionals may influence how she engages with those professionals and consequently impact on the quality of support that she and her baby will receive.

Several participants spoke about tense relationships between women and community-based Children and Families Social Workers. Some believed this was linked to anxieties about the potential removal of children from their care. Others spoke about feeling judged.

I would say the biggest let down is the social work on the outside, the people from my area are very, very quick to take kids from their parents, and not quick enough to offer the support that they need.

– Mother

My problems were outside social work. I never ever had social work involvement [before prison]. I didn't know that the process of bringing baby in had to involve social work which made that quite hard for me because

obviously again you've got people judging, overpowering, telling you what to do, what not to do.

— Mother

Several spoke about the negative impact this had on women's engagement with Children and Families Social Workers.

Outside [social work] I try to avoid them at all costs I must say.

— Mother

A lot of [women] don't have good relationships with the community workers. So sometimes even that can be a barrier to [the women] actually getting the information they're looking for because their emotions are too high if they're meeting with the community social workers.

— Prison-based professional

This could also impact on women's engagement with Criminal Justice Social Work, although generally participants reported that women felt more positively towards the prison-based social workers.

If it's not their first pregnancy their experience of outside social work kind of taints their view of social work in general so some of them are a wee bit reluctant to engage or don't want to, not wanting anything from you. I have to say the majority of them when we meet them though and explain what our role is within the prison they tend to be a bit softer towards us.

— Prison-based professional

They don't see [Criminal Justice Social Work] as social workers. [They see us as] probation officers. The first thing they'll say is 'I hate social workers, no offence, but you're not a real social worker'. Because we're not taking their children from them we are the good guys, perhaps.

— Community based professional

I was really, really surprised. Inside social work are really, really good. Inside social worker if I wanted to ask something I would happily go and ask. Inside social work never, ever judge. They know you've done something wrong and that's it.

— Mother

Criminal Justice Social Workers may be able to capitalise on their relationship with women to encourage and support engagement with Children and Families Social Workers.

A big part of what we do is to try and liaise with Children and Families to try and get [women] to work with that, and they will do sometimes, but it's quite a lot of work.

— Community-based professional

In general, participants were positive about the relationship between mothers and prison-based professionals.

They're very supportive in here, very supportive. They do try their hardest for you in here.

— Mother

The staff ...do get stuck in amongst being involved with the mum and baby because obviously it's really good for them to build that rapport, because if mum does have any concerns we need to put that reassurance in to them that if they have concern, maybe about how to bath their baby if they're a first time mum that they can ask and it's ok to ask and it's not a sign of weakness to ask... since I've been here there's not been any concerns with any of the mums that they feel like there isn't anybody that they can't talk to.

— Prison-based professional

The staff ...have quite a good relationship with [the women] so they can see themselves if there's any stresses or tensions or anything else so that's quite good.

— Prison-based professional

The child development worker has a great working relationship with the mum's because they meet the mums if they're pregnant in custody so by the time that baby comes along there's that relationship there that's built.

– Prison-based professional

d. Professional skills and knowledge

Participants spoke about the skills and knowledge of key professionals and how this can impact on the support a mother and baby will receive.

Prison-based professionals

Some participants raised concerns about whether prison-based professionals were sufficiently trained to support mothers and babies. Prison officers and managers working with the mothers and babies have received child protection training but are not otherwise specially trained.

I think it was maybe children protection training or whatever, I went to that training, but I've no been trained in handling babies or whatever.

– Prison-based professional

Some felt that specialist skills are not necessary for the tasks that prison officers are responsible for, and that any anxieties about working with mothers and babies are generally eased with time and experience.

I think there isn't so much any kind of training that you can give to anybody... to be that person supervising somebody who is a mum. For me I think it's interpersonal skills and it's about talking to people, because by this point we're not assessing mum's parenting capacity - that's already been done by the social workers. So for us it's not about teaching mum, it's just about offering that support so I think in order to get an insight into what kind of support that they need is them kind of telling you and being able to feel that they can trust you and tell you.

– Prison-based professional

I think that for officers or even managers who don't work in that area there is definitely a sense of anxiety, are we doing this right? Are we doing this wrong? Are we allowed to do this or are we not? And I think that it's just through experience from working that you then become more relaxed.

– Prison-based professionals

It's more a learning curve. You've got to learn as you go along. I don't think you could train an officer for that, because it's just learning on the job.

– Prison-based professional

Some felt being a parent helped when it came to supporting the mothers and babies in the unit.

I'm a parent myself, so I know what it was like when I had my bairns, changing nappies, and feeding and how hard it was when the bairn was winding and things like that so you know that anyway and try and pass that on to them.

– Prison-based professional

However, other participants suggested that not having specially trained officers was a potential risk.

Prison officers [have] absolutely, as far as I'm aware, no training whatsoever in the health care needs of antenatal women or postnatal women or women with new babies. And to me that is a potential risk factor.

– Community-based professional

They should have things for the staff as well in here so that they know how to look after pregnant women because obviously they're only doing like what they can personally how they know to deal with situations, they're not given the actual tools to deal with things.

– Mother

The skills of prison-based health professionals was also a concern for some. Participants understood that none of the prison-based health professionals were specially trained in the health needs of mothers and babies.

You would think being the only prison for women they would have a lot more for the

lassies you know. Especially when they are pregnant.

– Mother

They're not trained [to work with mothers and babies] at all. They're adult nursing, general nurses or they're mental health nurses. There is a sort of link nurse who has got an interest in mother and baby. As far as I'm aware she's not specially trained in anything related to mums and babies. Obviously she's built up a bank of experience working with mums and babies in the prison. But again she's one person and she's not always on duty and even then she's not had any specialist training.

– Community-based professional

Community-based professionals

Participants suggested that community-based professionals do not always have an accurate understanding of the support available to mothers and babies in prison.

I think maybe they've not got an understanding of it...I suppose it's quite hard to visualise.

– Prison-based professional

On one hand, some participants suggested that community based professionals can hold particularly negative views of prison as a place for babies.

[The social worker] kept being dead negative – 'the wean should nae be coming to a prison, that's no right' and I'm like if you come to a prison you'll know it's no even like a prison, it's like a wee village. So she came in and as soon as she walked in here she was like 'oh this is really nice' and I said well I told you, it's nothing like what you had in your head. She's like 'it does nae even look like a jail' I says well I told you that. I says there's nae even any bars in these windows so the wean does nae really even know.

– Mother

I watched the programme on Cornton Vale, I watched how they get drugs into Cornton Vale, watched how they had alcohol, watched the violence on that, now would you really want a baby caught up in that?

– Community-based professional

On the other hand they may believe there is more support for women and babies than actually exists.

I think there's probably a lack of understanding from the midwifery staff in the hospital of what the mum and baby are going back to in the prison. ...There's maybe not a full awareness of what the prison environment's like and therefore actually how isolated the mum will be.

– Community-based professional

I think there's a lot of ignorance around here. I think that you hear all these media stories about they've got their colour TVs and their en-suites and they're in luxury, and it's certainly anything but luxury.

– Prison-based professional

Participants spoke of examples in the past where misinformation about the prison environment has led to potentially risky practices.

One mum about a year or so ago that was discharged [from hospital] at sort of 8pm in the evening and I think I'm right in saying there's no nursing staff [in the prison] past 7 o'clock in the evening. So [the mother] went back to the block and, again, first time mum, on her own in this block with no knowledge and experience and the baby's only 24 hours old.

– Community-based professional

I sometimes think that these people don't realise what these women are actually living in. The conditions even. Like when you've had a mum maybe who's been really seriously unwell. We had a placenta abruption last year and the mother nearly died. The mother had lines and all sorts in, was in ICU, high dependency. Then got out of that and was put back here. And you're like, do you realise what they're coming back to? You know, that's quite sad.

– Prison-based professional

Finally, the profile of women in prison can mean that professionals need a different approach or different skills to those required for their work in the community.

There can be quite a lot of work done in terms of relationships building for me to feel the prisoner trusts me and also that kind of working that you do with parents that seems to come more easily with people that aren't vulnerable, that will kind of engage with you on that level. So I think skills in communication or just trying to engage with women [so] that they'll understand and take on board that 'ok, well that's maybe not the best for my baby'.

– Community-based professional

e. Multi-agency working

Clear processes to support effective multi-agency working are particularly important given the number and range of professionals involved in the support of mothers and babies.

Participants spoke specifically about the 'mother and baby meeting' and the importance of having a lead professional.

The Mother and baby meeting

The key professionals involved in the support of mothers and babies, often referred to as the Mother and Baby Team, meet fortnightly at a Mother and Baby Meeting to discuss all pregnant women and any mothers and babies currently in the prison. Attendees at this meeting generally include prison social workers, prison health staff, prison officers working with the women involved, the child development officer, and the community health visitor. Participants were generally positive about this meeting as a forum for sharing information across agencies.

That multidisciplinary role is really, really good because where one area can maybe miss something, the other area's picking up on. So whether it be like behaviours for example, there could be behaviours that one area doesn't see that other do, so it's good to have a multidisciplinary approach on that.

– Prison-based professional

At that meeting [we] bring to the table any concerns but also...share information. My role would be to attend that meeting once a fortnight to keep up to date with what's happening so I know in advance of the women that are likely to keep their babies in prison.

– Community-based professional

I'd say I worked very well with the social work team within the prison and they worked very well with me, and they were very accommodating and were really good at sharing information and that worked very well, as did health within the prison and out in the community.

– Community-based professional

Ensuring all relevant professionals were at this meeting was considered important to effective multi-agency working. Participants identified times where having the right people around the table has contributed to positive changes in practice for mothers and babies.

[The community midwifery manager] who's over additional support needs, usually she tries to come about once a month. And it has improved communication between the prison, I would say and the hospital. I think it has improved a lot just since the manager's been coming... there's some good relationships formed...there has been improvements...one thing has been changed as a result of the manager coming that no longer women are discharged in the evening. So that's a positive thing because then there are nursing staff around in the prison should they be required.

– Community-based professional

I think now, from the mother and baby meeting the people around that table in terms of social workers, in terms of the nursing staff they would now know where I'm coming from in terms of the health messages, so they've learnt a lot I think by me coming to the meetings.

– Community-based professional

Conversely, it is felt that some key professionals are missing from these meetings and that their contribution would be beneficial.

The only thing I would love to see happen would be if the community midwife that's actually out on community at that time would be able to attend that and input into that, I think that would improve the care for the women. Quite often at the mother and baby meetings there's questions like 'oh when is she due a scan?' or 'has she had a scan?' and this sort of thing where as the midwife has all that information at her fingertips. But they don't

have the capacity to attend the meetings so it's a bit of a resource issue.

– Community-based professional

Lead professional

There appeared to be some lack of clarity amongst professionals about who had key responsibility for coordinating the support for mothers and babies. The Children and Families Social Worker assigned to the case was identified as the lead professional during the assessment process. The prison-based Mother and Baby Worker was identified as the lead professional within the Mother and Baby Team. Some considered the Child Development Worker to be a key liaison within the team.

I think probably things were a lot better when there was the child development worker

because she was that person employed, knew all the pregnant mums, knew all the post-natal mums she did lots of work with the mums and babes and she was working in the prison, so she was liaising with the health care staff and stuff like that.

– Community-based professional

However, some professionals felt it was unclear who should be the first point of contact.

It just feels that there's a lot of people involved that have a say to this mum and baby that there's not one sort of specialist person or a little team or whatever it is that the officers can directly go to.

– Community-based professional

Case example 2 | Katie and baby Finn: best interests – a matter of opinion?⁷³

Katie, a mother resident in the MBU, had been called up to attend court outside of the Stirling area. Katie was exclusively breastfeeding her three month old son, Finn. It was possible that she would be away from Compton Vale for up to eight hours. A decision had to be reached about what would happen to her son for this time.

Some staff argued that it would be in Finn's best interest to remain in the prison. There were concerns about transporting a baby over such distances and about the quality of accommodation in the courthouse. In the past, a child minder had been employed to look after the baby in the prison while the mother was away.

Others disagreed that mother and baby should be separated.

"It wasn't in the best interests of the baby to be

separated from the mum and also it wasn't in the best interests of the baby not to have access to the mum's breast milk"

"There was a few arguments thrown up like 'oh well you know the cell where the mother will be in [the court] isn't clean so I was like, well it should be clean, and 'we can't take a baby into court – it's not a good environment'. I don't think the baby will be too aware of that."

On the advice of community health professionals, Finn did travel with his mother to court.

"They got a car seat and they employed a nurse just to hold the baby for the five minutes that the mum had to stand in the dock and do whatever she had to do. So she was with her baby all the time. It was really, really good."

⁷³ Names and some details of this case have been changed to protect identities of those involved.

f. Consistency of support

There was some indication from participants that a lack of clarity in the values, priorities and processes to do with the support of mothers and babies has at times impacted on the quality or efficiency of the support that mothers and babies receive.

Some participants believed that judgement about women in prison, particularly from professionals in the community, could affect support.

Some people just have a thing about people in prison and that's just the way they think and nobody will change it. A very judgemental attitude.

– Prison-based professional

Different professionals may have different professional priorities. Some participants felt that the best interests of the baby were not always the first and foremost consideration of all professionals.

There was a bit of frustration at times to do with different responsibilities and priorities. The programmes team within the prison...they're very set in their mind what [the mother] has to adhere to, she has to adhere to all these programmes so she's eligible for early release [and] at times they were asking her to go to programmes when we had organised contacts [with her baby]...so that was a difficulty. But we did work around it.

– Community-based professional

I was on 70ml of methadone when I was pregnant right and then my drug worker said to me 'your social worker wants you to start reducing your methadone because you're pregnant [but] I'm just leaving you where you are, because I think you're stable enough.' See every panel I go to now they dig me because I didnae reduce while I was pregnant. And I'm like, but that was the advice I got from an addictions nurse. So if I have an addictions nurse telling me that I'm stable and she didnae want to touch me and you're telling me that youse are digging me now because I didnae reduce. How do I weigh that out?

– Mother

At the moment there are two [mother and baby pairs]. They're both first time mums but they're not together. And they're not together because of the prison processes. But they're both first time mums' and to me the support that they could give each other would be great.

– Community-based professional

Professionals often have limited experience in dealing with particular situations owing to the limited use of the MBU, and there are not always clear processes outlining how best to support a mother and baby in those situations.

Quite often it's been the first time they've had to deal with things. It's not like there's always five babies in of different ages and this happens all the time so it almost feels like when something...it always feel like the first time its happened. And maybe it is.

–Community-based professional

Participants indicated that the quality of support provided to mothers and babies in prison was enhanced by a stable staff team, and by having processes in place to cover gaps.

The mother and baby team is [stable] as well. I mean the block mangers and that all kind of maybe change, but core social work and health staff are kind of pretty much stable, got good working relationships which makes life a lot easier.

– Prison-based professional

There was a suggestion from interviewees that several aspects of the support for mothers and babies relied on key individuals, and that in the absence of those individuals the availability or quality of support may be compromised.

What you find is systems break down when that person's not there and that can lead to inconsistencies and that's what we've been trying to iron out. You just seem to be getting somewhere and then that baby moves on and the next baby comes in at a different stage and you don't need that at that point and you think 'oh goodness!' and at the time you need it again it's back to square one sometimes.

– Prison-based professional

The mother could get better support. If I'm on I try my best. If I'm not on, she might not get that support. But I do think we try our best.

– Prison-based professional

We have a really good connection with the lead midwife and she understands fully but then she's not always there when these women are being admitted and that kind of thing, it's like it's not filtering down.

– Prison-based professional

If I'm off sick there will be [someone else] that will go and see the mums and babies but I'm the only one that understands the way the prison works, and even then I don't have a good understanding of it.

– Community-based professional

Finally, participants reported that there are some differences between local authority approaches to imprisoned mothers and their babies. These differences ranged from the use of different names for certain processes, to reports of variable willingness to apply parallel planning (see 2.1b 'Parallel planning').

The different localities deal with things so differently. Some areas it's children and families teams that you'll phone. Some areas it's a team that's based in a hospital. Some areas have these multiagency hub things.

– Prison-based professional

3.2 Procedural and environmental support

Participants spoke about how and how well the prison environment and prison processes support the best interests of babies. This included the provision of day-to-day needs, safety, health, development and family contact.

a. Day-to-day practical needs

The prison provides, and in many cases pays for, a lot of the core items that a mother will need to keep her baby warm, clean, fed and comfortable from their first day in hospital and while they are living in the prison.

A bag is prepared for pregnant women to take with them to the hospital containing everything a baby will need in its first few days as well as items the mother will need for her hospital stay.

Before they have the baby they get all this stuff. It's called a hospital bag. So we give them 9 body suits for the baby, 9 sleep suits, you get scratch-mitts, hats, cardigans, fleece, baby blankets and nappies, but the mother also gets maternity pads, maternity briefs, breast pads, tissues, shower gels, toothpaste, towels... Also try to get five pound cash, their own money if they have it, if they've not, I'll try and get it from somewhere else to put in their bag so they've got five pounds to spend in hospital like on a sweetie or whatever.

– Prison-based professional

The prison also supplies the mother and baby with the core items they will need for the duration of their stay in the MBU.

They provide everything for the baby, food, clothes etcetera. I didn't buy nothing at all. They've got your cot and stuff like that, your mattresses, bed and stuff like that from scratch. I was quite surprised. I was amazed at how good it was.

– Mother

We give them the pram, the cot, the bath, changing mat, we give them all this to look after the baby in here and we give them more clothes as well...all the food [for the baby] we supply, we supply all the nappies and if they're

here for a year, two years or whatever and they wanted stuff for the baby like clothes or whatever, I would try and support them, 'listen can you buy it yourself, can your husband buy it for you?' If they say no, we'll buy it for them. Nae problem, we've got a budget to buy them. A lot of mothers have nae got anything so we'll give it.

– Prison-based professional

When a mother and baby are leaving the prison they are allowed to take many of the items the prison has given them during their stay.

If after they've finished here and they're going to go out, we would take the pram off them, we're no giving the pram to take with them but we'll give them everything else, I wasn't going to give a £400 pram, but what we do is we'd go and get a buggy for £50, and say there's a buggy take that with them, or there's a car seat. So we are quite nice, quite generous.

– Prison-based professional

The mother and baby unit

The MBU itself is a repurposed unit, now fitted with the core facilities and resources a mother will need to support the needs of her baby. Many participants felt that the MBU was an adequate environment for a baby.

[The MBU] had a lovely living room with all the kind of things you need. Very homely, great facilities within the kitchen and garden and the rooms were lovely. Just had all the right resources...had the washing machine and tumble dryer to encourage mums to be doing washing and stuff. There was the kitchen where she could start making up the baby's feeds herself...and when she was weaning...making up things fresh. And the garden was lovely and I think they did get some time in the summer out there, which was nice. When you were in it and even when you were out in the garden, although it had high fences it didn't feel as much of a prison as other parts of the prison where there wouldn't

be children so I would say it was very child friendly and I think a lovely environment for a baby.

– Community-based professional

I think that the facilities that we have here, the mother and baby unit that we have is really good. There are some tweaks that we would make, however the house block that we have is in a really good setting, having the exercise outside where it's only mum's and baby's that can use that, that's really good because it can give access to open air really at any time.

– Prison-based professional

I was going to say [the MBU] was quite nice, but it is ok. And I have to say some of the unit, the lounge area was better than some homes I've been in. So maybe for some of them their circumstances might be better in prison than they have outside, because sometimes you go into their homes and they've got absolutely nothing or it's just horrific.

– Community based professional

Obviously it's been adapted and worked into the current building. I think from the resources we have it's a good unit. The kind of recreational area, the living room, the toys, the things we've got access to are as good as we can get.

– Prison-based professional

On a positive note the actual sitting area for the babies is quite good, it's quite airy and spacious and light with lots of colour and has got nice toys and stuff for the babies so that's very good.

– Community-based professional

If there hadn't been a big fence around it, it would have been quite pleasant.

– Community based professional

There were several suggestions for practical and aesthetic changes that could make the MBU more child-friendly.

Participants felt that bedrooms in the MBU were quite small and could be better equipped to meet the needs of babies, for example with a larger bed, changing area and space for the baby to sit.

I think the rooms where the mum's sleep with the babies in their cots are not great. They're very, very small. The mum's in a very narrow bed, whereas if she was breastfeeding in bed, you couldn't do it. Not that the prison staff would encourage that anyway, because in case the baby fell out of bed, but again if you're thinking about what the mums would do in the community, you wouldn't encourage mums to breastfeed like on a lying down on a narrow couch for example but you would if they had a double bed and they were in the middle of the bed and they were on top of the bed and stuff like that. So the room's too small, the bed's too narrow.

Community based professional

It's a single bed. Your TV's absolutely tiny. I couldnae believe it. I think just a bit more decoration, maybe a normal bed, stuff like that would make it a bit more easier, somewhere for baby to sit if you're wanting to sit in your room.

– Mother

Your bedroom would be a lot better if they could just make it a bit more like a proper nursery.

– Mother

There's a wee sink in the room but really the only place for her to change the baby is on the floor.

– Community-based professional

Some suggested that greater consideration could be given to how the physical environment complements the rules within the MBU. For example, babies are not allowed in the MBU's kitchen, however there is no line of sight to the neighbouring living room.

Something simple like having a glass window between the kitchen and the sitting room so that the mums could actually leave the babies in the sitting room and come and prepare food and not feel like they're leaving their babies.

– Community based professional

Similarly, the unit could better reflect the restricted movement of mothers and babies with an improved outdoor area, and compensate for

the limited staff supervision with better security measures.

Perhaps a bigger exercise yard or a better exercise yard. One that we could have [that] mum could have access to where there wouldn't be any security issues, you know, with cameras or monitors or supervision. Because [currently] the staff are there and will open the door [to the exercise yard] to let the girls out however there needs to be regular supervision. So just ensuring that if there's anything going on within the hall that designated area for mums wouldn't be affected because staff are away doing something else.

– Prison-based professional

It was suggested that the location of the MBU meant it could be quite noisy and disruptive for babies.

It's about as relaxed as it's going to get I suppose. It's really noisy. Really, really noisy, obviously because you've got prisoners upstairs as well and everything's a lot louder than a normal house so things echo and just like maybe when [the baby] was going to sleep or whatever, a lot of banging and he'd wake up and there's too much stuff going on, [the baby] just really couldn't settle.

– Mother

Further, although other prisoners cannot enter the MBU, the location of the unit made some participants uneasy.

Some worries for me was because you are next door to people who are, I wouldn't say bad people but they are lifers and stuff like that so they're in for serious reasons. So for me it was kind of really iffy and having people like that around about your baby. You dinnae want that.

– Mother

The independent living unit

One of the Independent Living Units just outside the prison gate is available for mothers and babies if the mother is on a licence.

We've got one house out there and it's good. It's a three-bedroom house; it's quite a good-sized house

– Prison-based professional

According to participants, the difference between the environment of the MBU and the ILU is stark.

Coming out to the houses was again another big shock at the fact of how good it was. I was really surprised at how normal it felt. Kind of just felt like being at home, obviously but just not having the family and stuff there. Definitely a surprise especially because [in the MBU] we were living on a gym mat practically then going out the normal house with a single bed and stuff like that, it's a big difference. Must say, it's really good. It's really comfortable, it makes you feel at home.

– Mother

Now we're out in the ILUs it's a lot, lot easier. [My baby is] a lot more settled. It makes such a difference. It just makes it a lot easier I think as well because I have him in his own room, kinda getting into that routine you know.

– Mother

b. Supporting safety

The safety of any resident baby is of paramount concern. Many of the prison's rules and processes relating to mothers and babies are intended to minimise risk to the safety of the baby.

In particular, other prisoners are considered a potential risk to a baby's safety.

In the mainstream part of the prison you have got violent prisoners, you have got people who ...just don't care. Why should they care anyway? It's no their baby. It's no their responsibility.

– Mother

Consequently, interaction between residents of the MBU and the mainstream prison population are very limited. The MBU itself is always locked. Apart from the resident mother and a very select few who have been vetted, no prisoners are allowed to enter the unit, and mothers and

babies require a staff escort to leave the unit. If a mother and baby wish to access other areas of the prison such as the gym or education facilities, they must do so at times when no other prisoners are using these facilities.

It's very strict understandably who can come in and out of the mother and baby unit.

— Community based professional

If mum's out with the pram and she meets another prisoner she can't stop and speak because there's to be no contact with baby. But everybody wants to speak to the baby. Everybody wants to have a look. But they've just got to keep walking and not allowed because that's the rules. And that's about us protecting baby.

— Prison-based professional

[The mother] can still access all the activities but what we just need to make sure is that there is no other mainstream prisoners within there because obviously that can increase the risk

— Prison based professional

Within the MBU there are a number of rules in place for health and safety. For example, the mother must have her baby with her at all times; the baby is not allowed in the kitchen; and, the baby is not allowed to sleep with the mother in her bed.

There are restrictions that we put on like baby can't be in the kitchen, there's obviously health and safety in there. But then how many mums take their babies into kitchens when they're outside in their own house? Of course they do. Things like having baby in bed, we absolutely say no to baby being in bed and I know that that's something that's echoed outwith as well. So, this is a conversation that we have with the mums, right from the start we say there may be some things that you don't agree with that you maybe do at home but these are the reasons why we're doing it. We still are in a prison setting. We do still have responsibility for your care, for baby's care so we need to adhere to these.

— Prison based professional

One participant was concerned that heating in the MBU was a risk to the safety and health of babies.

It's often way too hot. Way too hot. Now, the mum can open the window but there's a massive big radiator in the room, which is way too big for the room and the mum hasn't got control. This is an issue in terms of potential risks to the baby getting over heated. So that is something that I always talk to mums about with a new baby particularly you know to reduce the risk of cot death for the first six months.

— Community-based professional

c. Supporting health

During pregnancy

To support the growing baby, pregnant women in prison are provided with extra nutrients in the form of extra milk and fruit.

You get a pint of milk a day in here if you're pregnant as well because that's obviously for the health of the baby.

— Mother

When you're pregnant you're supposed to get a bit of fruit everyday. That does nae happen. It's only if the cookhouse send it over.

— Mother

Pregnant women are now also provided with vitamins free of charge.

There was another bit of good practice a couple of years ago. It was when the midwifery service was giving out free vitamins to the women for the first two months and then women had to buy their own and of course that wasn't possible in Cornton Vale. So [the health visitor] liaised with the public health practitioners and the midwives and the GP and got the health centre to provide the vitamins free for the women.

— Community-based professional

Breastfeeding

Participants reported that health professionals encourage women from Cornton Vale to breastfeed or provide breast milk, especially if their baby is in neonatal unit and even if the baby will not be staying with them in prison.

One of the things the neonatal staff always encourage is for the mums to breastfeed or to express their milk. Up until fairly recently most of the babies had been formula fed. But it's about access to what's the most optimum health for the baby, and if the mum wants to express her milk and give her baby breast milk, particularly a baby in the neonatal unit, then she should be allowed to do that, and there's something about human rights in there for the baby as well.

– Community-based professional

When the mums express their milk and they take it up to the neo-natal unit, that's good practice.

– Community-based professional

There are facilities in the prison for mothers to express and store breast milk.

[The health visitor] worked with the prison to try and ensure that all the equipment was required for the mum and in terms of sterilising stuff and then being able to express the milk and store it properly in a separate fridge so that the mum then, when she's visiting the baby in the neonatal unit can take it up with her.

– Community-based professional

However, continuing access to breast milk for babies who are not staying with their mother is logistically very difficult.

[Women are encouraged to breastfeed] until the baby is accommodated with whoever the baby is going to be accommodated with, because logistically it then becomes very difficult for the mum to get the milk to the baby because it's generally not anywhere local you know...and then it's not like the mum can go out and see the baby... I've not known that to continue for any length of time once the baby's been discharged from hospital. There's some

very practical issues around about expressing milk, storing milk.

– Community-based professional

I wanted to breastfeed my son, because it's so important. It's the best thing that he could possibly get in his first couple of months at least. But I don't know if that will be an option now because he's going to be taken off of me. So it's hard. Apparently it's not feasible for them to transport the baby an hour and a half at a time [to be breastfed]. It's not good for the baby. Well, alright, don't transport the baby back and forward, just get the milk, because I would express it for them. I would do that no bother. I just want what's best for him.

– Mother

Food and weaning

Mothers in the MBU are supported to wean their baby on to solid food from the age of six months. A community-based Food Development Officer delivers a weaning programme to teach mothers about their baby's nutritional needs, and about preparing and storing fresh baby food.

I think when the food development worker's gone in and taught the mum how to make weaning foods and then she's making it and you go in and you see she's giving her baby mashed potato with sweet potato in it or something, that's been really good.

– Community-based professional

Women have the facilities to prepare some food for their baby in the kitchen of the MBU.

There's a little kitchen that's got a microwave and it should have either a steamer or a liquidiser I think as well.

– Community-based professional

The prison kitchen will prepare any 'high-risk' food for the baby such as meats. There have been some positive developments regarding the quality of food that the kitchen prepares for babies. However, some participants were keen for mothers in the MBU to have responsibility for all their own cooking.

We work very closely with the dieticians at Forth Valley and they work very closely with

the kitchen staff. There has been times when it's been felt that there's been a very high spiced menu. So we're promoting that the kitchen staff are just taking something out for baby, like we would promote mums to do. [One person] in the kitchen's been fantastic. She would order specific things for baby so that he was getting proper, like chicken breast and then they would dip them in breadcrumbs to give them like chicken nuggets. So it would be proper chicken, made properly, home made nuggets, things like that.

– Prison-based professional

So the mum's making the veg and things but any high-risk things like meat is to be cooked and prepped by the kitchen and that's to do with food hygiene. Yet when the mum then moves out to the independent living units they've got full responsibility for buying and cooking and storing and all that. And all the women go through a food hygiene course when they first enter the prison so they do all have that certification. It's just the fact that I think the storage is a big thing, and the worry if baby was to contract anything then who's liable and all that stuff.

– Prison-based professional

Participants told us that weaning is a recurring issue for babies staying in prison. It can sometimes be difficult to encourage mothers to adopt recommended practices regarding what to feed their baby and when to introduce solid foods.

I was more worried about mothers in the unit feeding their children off their plates because their food is very high spiced, high seasoning, and we know that that's not any good for babies. We did have an issue with one mum who was feeding her four week old, or trying to feed her four-week old chips and soup.

– Prison-based professional

[One] baby was out with gran and the health visitor in the community told me that gran had started weaning the baby at 14 weeks where as we wouldn't recommended that until they were six months. So the baby comes into prison, already started weaning so the mum carries on with that.

– Community-based professional

A mum with a five-month old baby...was giving the baby a bottle of juice. She told me it was baby juice and we wouldn't recommend anything except milk and water for babies and toddlers for as long as you possibly can for lots of different health reasons. So it's about working at that level when you see something that's not the best for the baby's health but not coming in as the kind of weaning police or whatever.

– Community-based professional

They give you a sheet with all the baby stuff on it that you can order. For me I was ordering his food, Heinz juice for four months plus, but my health visitor said that that wasn't very good for the baby, for his teeth, but it's not like he was drinking it constantly. He was maybe only having an ounce if you're lucky, once a week, twice a week. But it was quite irritating because the health visitor basically told staff to take it off the sheet which meant I physically couldn't get access to it, which quite annoyed me because if I'm outside, if you want to give your baby that you're going to go and buy that anyway, whereas in there you don't have a choice.

– Mother

Obviously there's health guidelines that say baby shouldn't be on solid foods until a certain age, so we had a mum who was looking to put rice within the milk to give to the baby at six weeks old... mum had a very close relationship with her family and her family were saying 'oh you know we give this to our kids', and 'cause this was her first child but she's got lots of nieces and nephews so she was getting quite a lot of influence from outside. The midwife did have to step in to say we cannot let this happen, you cannot give your child this food at this age and these are the reasons why. It's about putting that education in to mum.

– Prison-based professional

A lot of these women if they were out in the community wouldn't be taking on these health messages from the health visitor anyway. You're really dealing with the most vulnerable

women in our society and the women that you really most want to engage with the health promotion stuff. That's a huge challenge.

– Community-based professional

d. Supporting development

Several participants felt that the prison environment and facilities for babies were less able to support a baby's developmental needs the older they got.

We do say all that babies need are mum and their basic needs met and mum's face is the most interesting thing. And they do get that. They do get that in the very early stages.

– Prison-based professional

Unless a baby is in a shared care arrangement or a mother agrees to have the baby attend nursery there may be no opportunities for the baby to interact with the community until the mother is on outside licences.

We do link with local authority nursery and we do have placements given but it's actually very difficult to get some mum's to actually realise how beneficial that is. They'll say 'no, because if I was at home I wouldn't want my baby going to nursery', and we're saying yes, but your baby's stuck in here and really needs that interaction and that experience of other people and you know, and just a different environment but they don't always get that.

– Prison-based professional

Women on outside licence are able to take the baby out into the community and attend local parenting groups, classes, and other activities.

She's actually under outside licences and things so she can get the baby out and up the town and I've linked her in with the local mother and toddler group. I've linked her with the local nursery because they do a lot of things for families in the area outwith the children being in the nursery so I've linked her with the family worker there. That's worked really well.

– Prison-based professional

When it was agreed [the mother] could move to open conditions she had agreed times she

could go out on her licence in the community and she took every opportunity to go out and do that so that was very nice for [the baby] as well and go swimming and do those things.

– Community-based professional

e. Supporting family contact

A baby living in prison may still have contact with their family or other significant people in their life through prison visits. Participants told us the prison could be flexible with visiting arrangements in some situations, particularly with regard to how often a mother and baby receive visits.

[One] woman...her family were down in England so if they came up for the weekend we would ensure that Friday, Saturday, Sunday she would have visits all weekend and it would be double visits.

– Mother

When a baby is living with an alternative caregiver in the community it is important that the mother and baby have sufficient opportunity to develop and maintain a positive attachment relationship. Participants had mixed opinions about the available visiting arrangements in terms of the frequency of visits and suitability of the visiting environment for babies.

I seen him a couple of times a week for an hour visit. It was quite hard obviously. Normal visits were a lot harder because you're not allowed to stand up so when my baby cried I had to give him back to my mum. The children's visits were a lot easier because it's a lot more laid back, you can play with your child. You can get up and walk about and stuff like that. It makes it a lot easier. So I just had a tendency to have children's visits. They're pretty good if you stay quite close because you can get, like, four, I think it's four a week you can get, whereas your normal visits are four a month so it's quite handy that way.

– Mother

There's not very many, I think they call them bonding visits, but that's a bit of a joke because you can't really bond with the baby if you're only seeing the baby for an hour once or twice a week. But it's better than nothing

and the prisoners are really appreciative of seeing their babies, of course they are.

– Community-based professional

The only thing I was quite disappointed in was there was nae really much things for [the baby] to play with. I would say kind of more older stuff but no for like wee babies. They've got some wee finger puppets, I play with them with her, we usually just roll about the floor, and she likes looking out the window and usually I'll walk around, just walk her around about and she'll just look at everything you know, so it makes for just bonding time with me and the wean.

– Mother

Maintaining contact can be a strain on the outside carer, who may have to travel long distances to bring the baby to visit, or work around other commitments such as work.⁷⁴

[My family are] not that far away. But it's trying to obviously work around work and stuff for the family's hard to kind of sort stuff out.

– Mother

[It] was a huge thing for [the outside carer] to be driving up and down because she was working full time initially. For the first few weeks she took some time off. It was like adoption leave she got from her work. Her work were very supportive. And then they worked it all around as a family all different family members helped out so there was a team of people helping out and making sure there was contact at the weekends as well.

– Community based professional

We were told [the contacts] had to be prioritised. If for some reason a worker

⁷⁴ See also 2.1c 'Shared care'

couldn't do it, it had to be rearranged with another worker. And I don't think any were cancelled. I think once there was an accident on the road out to Stirling so it was cancelled that day by the prison staff because of traffic issues but other than that they all went ahead.

– Community based professional

Maintaining good communication between the mother in prison and the outside carer can be important, particularly in shared care situations.

[The outside carer] and [mother] worked very well together to try and have the same environment, to have the same things within the prison as she did in the community and be doing the same routine [for the baby] so they were able to try to make it seamless for [the baby] as best we could.

– Community-based professional

[The outside carer] couldn't phone [the mother] in prison obviously so [the mother] at times could phone [the outside carer] but at times she had limited funds to do that so we tried to encourage [the outside carer] to write notes back and forth to [the mother] because sometimes [the outside carer] would be burling out the door to work, she'd hand you [the baby], hand you the bag, 'she's been fine, no concerns last night'. Then you go to the prison and [the mother] would say 'when was she last fed?' you were always trying to get the information. How's she been through the night? Has she been bringing up her wind and things like that so to try and make sure there was enough communication between the two. As happens a lot with children in foster care and their having contact with parents we said to [the outside carer] could a book be written in? And they would write back and forth and [the mother] would write back and forth to her.

– Community-based professional

3.3 Support for parents and carers

Participants spoke about how important it is, for the wellbeing and best interests of the baby, to support a mother's mental health and general wellbeing whether they are pregnant in prison, living with their baby in prison, or separated from their baby.

If mum's affected then baby's affected. You know if a mum is stressed or anxious or uptight even just their treatment of baby might not be as gentle as it would be when you're calm because that does have an impact on how you deal with things.

– Prison-based professional

Everything that happens in your pregnancy essentially leads to what's going to happen in labour. So somebody, say they went through being pressurised and that through their pregnancy, that's a risky pregnancy so that birth could go wrong.

– Mother

Participants highlighted the particular vulnerability of mothers in prison.

It's a given that they're all going to be having low moods and anxiety. If you've had your baby taken away you're certainly going to have low mood, or if you're stuck in this artificial environment feeling quite isolated then the chances are you're going to be a bit low as well.

– Community-based professional

We're talking about the most vulnerable women in our society and they're going to have additional needs whether they be physical, mental, emotional whatever. They're going to need more health care in general than other mums.

– Community-based professional

I think especially for a first time mum...it's such a steep learning curve. And without support it's a very, very hard job having a brand new baby.

– Community-based professional

a. Safety, stress and pregnancy in prison

Participants highlighted the importance of supporting pregnant women in prison.

It's still a baby essentially isn't it, until the day it's born it's still a baby. It's a wee life that's growing in there and it needs to be looked after. So the safety of the mother is absolutely essential for that baby.

– Mother

Several participants spoke about a particular vulnerability felt by pregnant women in prison. Some linked this too the absence of supports they would have had in the community, and others reported feeling that they and their baby may be at risk from other prisoners. However, other participants felt that pregnancy could be a protective factor for women in prison.

I couldnae imagine being inside and having the baby inside, because obviously it is stressful enough without being your first baby and starting off in here.

– Mother

It's quite hard so it is. Because obviously you don't have the people round about you that you love and that you want round about you.

– Mother

There's a couple of girls in here I know just now that are pregnant. One of them is very early on and she was bleeding through the stress in here... she was getting bullied in one of the halls and she was just under that much pressure that she could have lost her child.

– Mother

It's a jail full of grown women, aye, but there's a reason they're in here. It's a prison at the end of the day. People are nae in here because they were good girls outside so it's quite, it is quite a daunting thought when you wake up in the morning and you think shit I'm going to be

getting up and out to hundreds of other prisoners and it is scary.

— Mother

By and large if the girls are in and pregnant they're not targeted. If anything people will tend to leave them alone more. People are quite respectful of the fact that they're pregnant and wouldn't...they kind of look after them more if they're pregnant, so it doesn't seem to be any sort of issues from that point of view.

— Prison-based professional

Pregnant women will generally stay in the mainstream prison population.

It's not that we've never had pregnant girls in [the MBU] but you know all the background checks the pre-birth assessments all that would need to be done because the last thing you'd want is to put somebody in the unit who later on a decisions made that they're not fit for care of their baby and then baby's removed.

— Prison-based professional

Some participants would like pregnant women to be able to stay in the MBU or a similar separate unit, citing safety as a main concern.

When you're pregnant you get the extra milk and extra fruit. Other lassies see you getting extra 'how she getting that extra milk?!' So you're targeted on right, so that's why I thought it would be best for them to have a separate wing, then they're no getting targeted on, because you're like, it's only an extra bit of milk, but it's a lot to them.

— Mother

It's a bad idea to have pregnant women in a mainstream part of a prison 'cause...staff can't be everywhere all of the time, so there are going to be times when I'm going to be at risk.

— Mother

I think there should be a wing where they get support, where there's folk giving them advice, [about] what to expect, social work involvement to help you in that respect, if you were on drugs and now they're putting you on methadone because you're pregnant because

that's what usually happens, give you advice on that. But there's nothing.

— Mother

b. Isolation and the mother and unit

Living in the MBU is potentially very lonely for the mother. With the intention of minimising risk to the baby, the interaction between residents of the MBU and the mainstream prison population is extremely limited. Added to this, there is rarely more than one mother and baby pair in the unit at any one time and they may be living there for a few weeks to many months. Many participants raised concerns about how isolated mothers and babies in the unit are.

There is definitely an isolation there that has an impact on both mum and baby.

— Prison-based professional

The fact that the mums are very isolated, I think that's a huge, huge issue.

— Community-based professional

One of the biggest problems in the unit is it's got to be locked down all the time. There cannae be anybody else in there. No prisoners are allowed. It's quite lonely. It's quite depressing.

— Prison-based professional

The potential impact of isolation on parental wellbeing is compounded by the requirement that women in the MBU have sole responsibility for their babies at all times. There are no childcare arrangements within the prison, although informal support from staff and companion prisoners (see below) may allow the mother to have a five-minute break.

I think that there is a lot of pressure, because I think we're asking mums in here to do something that just doesn't happen in the outside world. We don't have full care of our babies 24/7. Nobody does and I think that's unrealistic.

— Prison-based professional

It's even more full on than being in the community. If you think about if you're at home with your baby, whether you had a partner or

not most people would have some kind of family or a neighbour, somebody that would come and help you, give you a break. Somebody 'oh I'll take [the baby] out for a walk around the block let you get a shower'. You would probably very rarely find somebody that was 24/7 with their baby. Nobody else. So it's quite a big ask for the girls.

— Prison-based professional

We've had babies in there where there's been no shared care arrangements been possible and there's nobody else in the prison that the mum can have even an hour to leave the baby with because there's nobody else really responsible really.

— Prison-based professional

Participants highlighted the fact that mothers in the unit are likely to have complex support needs. Although restricting contact between the mother and baby and other prisoners and staff may minimise one form of risk to the baby, these arrangements may bring their own risks.

These are women that maybe don't have a lot of coping strategies in the best of circumstances so it's a potential risk.

— Community-based professional

Several participants referred to an incident within the last few years where a mother in the unit took an overdose, and linked this to the isolation of the unit.

There was a mum that took an overdose a few years back. She was ok, fortunately she was fine and baby was fine but I'm sure the isolation had a great deal to do with it, because you're cut off from that social support that we know is so important for mum's wellbeing.

— Community-based professional

I remember, I think it was about two years ago, where a mother...a first offender...she overdosed in there...and she was saying [it was] because...coming in was quite depressing, it was 'all the walls are coming in'.

It is very, very difficult for a lot of them, ken.

— Prison-based professional

I think one of the key things is lack of support for the mums in terms of you know the people that [they] would normally have around them in the community: friends, family.

— Community-based professional

In comparison, being on licence in the ILU meant the mothers could be a lot busier and time could go faster.

It passes a lot quicker being out in the houses because you're busy. You're doing stuff, you're getting out of the house and it passes quicker than being stuck in a cell all days counting the hours and stuff.

— Mother

Companion prisoners for mothers and babies

When there is only one mother and baby pair living in the MBU, or when a mother and baby are in the Independent Living Units, the prison will identify another suitable prisoner to volunteer to live alongside them.

These are peer support or companion prisoners. They are carefully selected by prison staff and vetted by the prison social work team. The companion prisoner will be a convicted prisoner, rather than someone on remand, who may leave the prison at any time.

All aspects of the sentence, history and behaviour of the proposed companion prisoner will be thoroughly reviewed to ensure they pose no risk to the safety of the baby. This will include consideration of the nature of their offence, the circumstances surrounding their offence, their critical dates or expected date of release, their behaviour in prison, their associates and their own family situation. They will also ideally be non-smokers.

If we have somebody who within the last few years has went through a rough time where they've had their child taken off them and put into care, then that's not somebody that we would put forward for ethical reasons.

— Prison-based professional

We'll basically look at all those aspects of that prisoner and if we feel that they would be a good companion, a good support, a good influence if you like.

– Prison-based professional

The role of the companion prisoner is to help combat the isolation that mothers can experience living in the MBU, and many participants were very positive about this system.

I think if it's the right person it's a really good idea because you do need the company, because it is very, very boring. Having the company is good. I mean, if you've got somebody to talk to, just silly things like going for a shower or stuff, they're there.

– Mother

Unfortunately, mothers in the unit are still likely to spend much of their days alone in the unit as companion prisoners will often have other commitments to attend to in the mainstream prison, such as work, education or programmes.

She has a companion in the evening and overnight. She's out at her work all day. So this mum is stuck in this, albeit nice, sort of accommodation with her baby.

– Community-based professional

There's only me and another prisoner who was there to help me and that's it constant basically. Obviously during the day she would go to work and do her normal routine so, like, you didnae have any company until five o'clock at night. So you are quite confined.

– Mother

A companion prisoner can run some of a mother's errands so that she doesn't need to leave her baby, or contact staff if the mother needs them.

At the moment we have problems with the mums getting their food because they have to go through to a different unit to get their food so they'd have to leave baby, so that's why we have peer supports in there so they can do all that ferrying and running for them.

– Prison-based professional

[To contact staff I would] need to go through top end, which again kind of made me uncomfortable. If the other prisoner is nae there to help me when she is at work I would have to go and see staff myself [with my baby].

– Mother

Peer support are under no formal obligation to provide any support to the mother or help with the care of her baby.

There is by no means any responsibility put on that companion or other prisoner that you must help, you must look after the child. Absolutely not. Mum has 100% responsibility of looking after their child.

– Prison-based professional

We try to put somebody in the unit with them to keep them company...however the expectation and that's what we have to make very clear to community [social work] is that [the mother] has absolute responsibility for that wee one.

– Prison-based professional

However, many companion prisoners will offer some level of support to the mother and baby and comments from several participants suggested that there was an informal expectation that this will happen.

Although there's no expectation that the person that's in the unit with them has to do anything you know I think most folk would say 'oh I'll watch the wee one while you're going for a shower'.

– Prison-based professional

We always try to have two people in there, to have [the mother], her baby and somebody to help the baby.

– Prison-based professional

You'll obviously find through spending time with each other in the unit a friendship will build and what not so there obviously is that kind of help and support within there.

– Prison-based professional

Several participants spoke about the companion prisoner being able to look after the baby while

the mother took a short break or completed errands.

Just silly things like going for a shower or stuff, they're there. Because obviously I panic too much, worried about the baby. I don't like leaving him lying in the cot while you go for a shower, whereas in your own house you would be safe to do that.

– Mother

I think when you're not allowed to leave your child at any time on your own there's got to be another person there. [The mother] goes in to the shower she had to leave her baby with the other person, if [the mother] used the iron there's a separate laundry room. The babies aren't allowed in the laundry room understandably so you can accept that somebody else would take responsibility for a short period while she had a shower or you did that.

– Community-based professional

Peer support can get up with the baby in the night and support the baby and that's helping.

– Prison-based professional

Living in such close proximity with only one other person can cause tensions between the mother and the companion prisoner. Staff are careful to keep an eye on this.

If that's the only other person that you're seeing it can cause friction or you know, stress in a friendship, because in a sense it's kind of a forced friendship if you like. So we have had times where we have had three people in there, we've had one mum and two companions.

– Prison-based professional

A particular source of tension can be the companion prisoner questioning aspects of the mother's parenting or offering unsolicited advice.

[The companion prisoner] maybe'll say 'listen I'd feed the baby like that', or 'I would do that with the baby' and she's come back and saying 'she's doing that with the baby', and I'll say 'but listen, it's her baby' and you then get bickering and arguing.

– Prison-based professional

However, participants also mentioned that having a companion prisoner who shows concern for the baby's welfare has in the past been beneficial to the baby's wellbeing and is appreciated by the professionals.

The [companion prisoner] who did eventually come to us had said to the mum, because she was then trying to feed the baby noodles, and did say 'do you realise that your baby's not up to that yet, that they could choke'. And they were met by it with abuse about interference and what have you, so then she brought it to our attention and saying that 'I can't sleep, I have a duty of care to the baby', which was fantastic because it's not very often you get that, especially in this type of setting.

– Prison-based professional

There was not necessarily a peer support person in the unit ILU. Mothers sometimes expressed preference for not having a peer support person.

They did have [somebody] but she's moved so it's just me, myself. But for me that's good. I like that. I like the peace and quiet.

– Mother

c. Separation and maternal wellbeing

Separation of a mother and baby can be a traumatic experience for the mother whether that separation is permanent as in the case of adoption, temporary for the duration of the prison sentence, or occasionally in the case of shared care arrangements.

It's horrendous. I would never wish it on my worst enemy. To hold your baby a few hours after they're born and be told that that baby's getting taken from you is one of the most heart breaking feelings in the world.

– Mother

I don't have any of my kids. I was a really good mother and I love my kids like, pfft, there's no words can describe how much I love my kids and see the guilt that I carry every day because I cannae show them that and I'm unable to reach out and touch my kids, I'm unable to do anything with them, it's horrible and to know that I might go through that again

is nae, its no even worth thinking about because it's so hard.

— Mother

[One mother] her baby was taken into care, and she has pictures on her wall of her baby, and it's quite sad, I think it's quite sad ken, you go and I'll say 'how's the baby' 'oh the baby's fine, everything's alright' but having a baby and still being in jail, it's quite difficult for most of them, ken. But you've got to understand too, they did their crime eh. I mean, what do we do?

— Prison-based professional

Several participants spoke about the importance to wellbeing of helping a woman to maintain her maternal identity in cases of separation. Being able to breastfeed was identified as one way that women who are to be separated from their baby can feel they have done something positive for their baby.

It's the one thing that the mums in Cornton Vale can do for their babies. I can't imagine how traumatic it would be to have your baby taken away from you after you've carried it for nine months but the one thing you can do at least for a few days or a few weeks is express your milk and then you feel as a mum that you're actually doing something rather than just being bereft because you're not with your baby. So it's a really important thing.

— Community-based professional

Participants also felt that mothers need support to feel they are still an important person in their baby's life, particularly if there is any possibility that the mother and baby are to be reunited.

For her own mental health and wellbeing, just to know that her baby knows who she is and that she is the mum. Because so many women in here have not got that and that really has a massive impact on their mental health, that someone else is caring for their baby. Even in families. A lot of the girls will say 'they call my mum 'mum'' and they struggle with that.

— Prison-based professional

That was the worry, [the mother] was 'she's going to identify more with her great aunt than me' but no she very, very quickly took to her mum and recognised it was her mum. I would

say there were no times where I felt [the baby] was strange with mum or [the mother] felt [the baby] wasn't recognising her or not kind of looking to her for reassurance or guidance and support. So that was nice and contacts were going very well.

— Community based professional

I've made teddies for her, I've knit clothes for her, I've done cross-stitch for her with her name, her weight, her birthdate, all these wee keepsakes, so I've no wanting her thinking that I've no fought for her and I did no care for her. I want her to look back in her notes and see well, my mum tried.

— Mother

If she wasn't going to be able to come out and be rehabilitated with her child there was photographs of her and her child that would go with her and her child, there was presents given that she'd picked and bought. So regardless of what happens, if you do have to give your child up for adoption then at least there's part of you going with that child.

— Community-based professional

Providing the mother with updates about their baby's milestones and development was also identified as an important way of supporting a mother's wellbeing when separated from her baby.

I asked for a day-to-day run down. Whether she was sleeping all day, crying all day, I just wanted to know. So every fortnight [the foster carer] writes a letter to me, she posts it to me with photos letting me know if she's been for her jags, she was just at the swimming pool then that was her first time so she took me photos, her Halloween costume she took me photos of that, when her teeth come through she was telling me about that, first time she had solids she took a photo of that. So I keep saying to her I'm wanting all these photos and just a wee bit of insight into what she's been doing. So she's been doing that every fortnight and I write a letter back saying thanks for the photos and I'm glad that [my daughter's] getting all this for being with you.

— Mother

The impact of separation must also be considered for shared care arrangements where

a mother may be separated from her baby for several days every week. Participants indicated that the prison was very conscious of this and took steps to support these women in the days they were without their baby.

There was a discussion with [the mother], if you agree to move to the mother and baby unit you're going to have to accept that there will be times that might be quite emotionally difficult for you, not got your baby...What the prison did was make sure she was as busy as she could be within the prison so that's why she re-engaged back with her work. The prison were very good at that, I felt. They didn't just leave her to get on with it. They were very mindful that this might be emotionally difficult for her so we'll need to help her out as best we can.

— Community-based professional

We do need to take cognisance of the reaction she's going to have to handing baby back and not seeing him for a few days. So whenever there was any kind of case conferences where we are discussing shared care, the staff who are going to be working with the mums are always involved in that because they need to know the circumstances so they can then offer the appropriate support.

— Prison-based professional

e. Skills for parents

The parenting and life skills of mothers in prison can often be quite poor. Many women in prison have been poorly parented themselves. Their chaotic lifestyles may have led to previous children being removed from their care.

This is my fifth [baby]. I've got four girls already, and every single one of those are actually in the care system. My three eldest have been adopted and my youngest one hasn't been adopted yet, she's been kind of getting moved about from foster family to foster family as they do.

— Mother

Generally when women get to the point where they're getting sentenced to custody, they've already lost their children...the point that's taken them to get a custodial sentence has

meant that they don't have their children anyway, and they've already gone to kinship care or to foster care, and social work have been involved.

— Community based professional

Many may lack skills that could support family life such as cooking, basic housework, and budgeting.

Some of the younger girls can't look after themselves. I mean we did have one girl in the unit with the wee one and there was no concerns about her with the wee one but even her own life skills - she couldn't iron, you know just things, I'm not saying that makes you a bad mum, but they've never been taught how to do just even do housework and things like that, so they're kind of developing their own skills and quite a lot of them are quite needy.

— Prison-based professional

Parenting skills

The prison has offered some parenting classes. Interviewees were very positive about these. A recent 'Mellow Bumps' class introduced participants to healthy eating, the baby's in-utero development, budgeting and how to support a baby's development and learning at different ages.

It was more about your health while you were pregnant and baby's health so I thought that was quite good.

— Mother

Another thing was picking toys out that, aye, the wean would like but she was learning at the same time and that was quite good and all because that was kind of teaching you aye this is toys out here, but she's playing with them and they're learning their colours, their numbers, shapes, so I thought that was quite good. So I took a lot away from that class, I did enjoy it, aye.

— Mother

They kind of came along with that kind of 'erm not sure this is for me' and they absolutely loved it. In fact I met one just the other day saying 'you got anymore courses coming up?'

— Prison-based professional

However interviewees suggested there were not enough of these classes, not enough support to get started on these classes or that these classes appeared to be occasional one offs.

I wanted to access parenting classes in here but I'm not doing long enough. Surely there would be like a class that only lasts a few weeks? I will do anything.

— Mother

We've got naebody to facilitate [more classes] because the woman who done the parenting class she's away now, so there's nobody else in her place to do them.

— Mother

Women are not always receptive to the parenting messages brought to them by professionals.⁷⁵

We had an individual who had her own ways of which she thought she should bring up her child and you know it's interference versus intervention.

— Prison-based professional

For some women, aspects of the prison environment may lead them to alter their parenting from their preferred approach.

It's very, very stressful as well. Silly things like the baby crying, because we've got people upstairs and next door and you're worried in case they think, 'oh, you're doing something wrong', especially in the environment that you're in, you know. Like they kind of tell you to, like, let them cry for a bit and then go in and check and let them cry for a bit but I would nae have done that in [the MBU], I could nae have done that in there.

— Mother

Life skills and learning for the long term

Programmes addressing offending behaviour were considered positively by mothers and professionals.

I was willing to do that because I wanted to address how I got myself into that situation that specific night. It's really, really helped. It's made me want to choose my friends more carefully. If I was ever in that position again I

would never let myself do something like that. Obviously having a baby's made that totally different anyway but I just kind of wanted to make sure I never end up in that position again.

— Mother

They need to go through that mental process every bit as much as we need to go through the processes of child protection and it's about giving them every opportunity to do that and I think some of the programmes they have been offering over the last couple of years they are starting to make a difference.

— Community-based professional

Some felt that there should be greater focus on promoting life skills such as budgeting, giving women a greater level of responsibility and preparing them for life after prison.

Even when they go to the houses they get everything ordered for them. They can go up the town and buy a few odds and ends and some food, but really, on the whole, everything comes from within, through stores, and again that's not promoting budgeting in the real world. So I think it's something we could work better on.

— Prison-based professional

[The officers] make sure that the mum's have got everything that they need. I mean, right down to the washing powder. But...when mum gets out it's not like she just goes to a cupboard and there magically appears a box of soap powder. I think we should be allowing them to budget...and to order off their budget. That way it gives them an idea of what they do when they get out. We're not doing that. We're kind of just giving them everything they want so when they get out they think that 'well, I've always been used to having that and I still want to use that' and they could steal it. So we could be pushing them down the road, do you know what I mean? Because they've been used to something and all of a sudden they can't have it so are we setting them up to fail?

— Prison-based professional

⁷⁵ See also 3.2c 'food and weaning'

4

Future Considerations

A key aim of *the Rose Project* was to identify existing and new ways that Scotland's custodial estate can support the babies of imprisoned mothers to have the best possible start in life. It is hoped that decision makers will be able to draw from the findings set out in this report to inform future practice with mothers involved in Scotland's criminal justice system and their babies.

In the following section we reflect on our research and on previous research to highlight key findings and emerging themes for consideration by decision makers and future researchers. These are broad points, some of which may in part be reflected in current practice.

The Rose Project believes that mothers and babies should be given the opportunity to stay together whenever possible and if in the best interests of the baby. We believe this is an opportunity that may be made available to greater numbers of mothers and babies and to that end offer the following points for consideration in the improvement of the current situation and in the provision of new developments for the babies of imprisoned mothers.

1 | A supportive environment for parenting

- Consideration should be given to how the physical environment, processes and professional support interact. Aspects of each may enhance or undermine the capacity of the others to support the best interests and wellbeing of the babies of imprisoned mothers.
- Environments for mothers involved with the criminal justice system and their children should have consideration for the emotional and psychological demands of parenting and the added complexity of involvement with the criminal justice system.
- Babies should have maximum opportunity to play and explore at and beyond their developmental age. They should have access to age appropriate toys and experiences as advised by a child development professional. Mothers should be supported to learn how to engage and play with their child in a way that will support development, particularly if access to toys or the community is limited.
- Access to the community and experiences in the community should be supported where possible.

2 | Skilled professional support

- All staff involved directly or indirectly in the support of imprisoned mothers and their babies should be appropriately trained. Training topics could include some aspects of child development, best interests of the child, child health, antenatal and postnatal health care. Training should be supported by clear multi-agency policy and guidance.
- There should be clear pathways of support for mothers and babies. This should include a lead professional who is known to all multi-agency professionals involved and who is routinely accessible to mothers.
- For many women, the birth of a child presents an unprecedented opportunity and motivation to make changes for the better in their lives. Therefore, staff with the appropriate training are in an ideal position to capitalise on this window of opportunity by providing crucial support and access to education.
- Additional specialist services to mitigate the trauma and grief experienced by both mothers and children when primary attachment relationships are broken would be beneficial.

3 | Transparent decision making

- There needs to be clear communication with parents about decision-making. Professionals should take further steps to ensure parents understand the reasoning behind decisions about whether a mother and her baby should remain together in prison. These should be communicated with consideration for the emotive context and particular needs of the mother.
- There should be also be further clarity in explanation of the decision-making process and outcome to all professionals involved. In particular the way in which child protection mechanisms influence placement decisions could be more clearly explained to all professionals contributing to the assessment process. All professionals involved should be made aware of how their contributions have informed the assessment and decision-making process.
- Considerable variation of practice across Local Authorities was apparent which indicates the need for the development of nationally agreed approaches. This process could perhaps be facilitated by Social Work Scotland.

4 | Alternatives to custody

- *The Rose Project* welcomes proposed plans for an increased focus on local community-based accommodation for women offenders allowing more women to be accommodated closer to their families.
- Alternatives to prison for remand and sentence should be available for women of low risk to public safety. These should take account of the needs and best interests of a woman's children and the potential impact of the sentencing arrangement on them. Support should be in place to minimise potentially negative impact.

5 | Broader considerations and future research

- Further research is needed to explore the impact that a stay in prison or alternative custodial environment may have on pregnant women and their unborn babies. There was some suggestion in this research that greater consideration should be given to minimising the stress felt by pregnant women in prison through changes to environment or processes.
- Further research is needed to explore the role and the support needs of fathers, grandparents, corporate parents and other caregivers in ensuring the best interests and wellbeing of babies of imprisoned mothers.

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Appendix 1 | Methodology

Methods

Literature and policy review

A review of the literature, and relevant current and planned policy was conducted to provide contextual information and to help identify key theoretical issues.

The literature review included national and international research relevant to early childhood development and wellbeing, mothers in prison, the impact of parental imprisonment, and babies living in prison.

Current and planned Scottish policy and practice guidance was reviewed including that related to women offenders, women prisoners, early childhood development and wellbeing, and child protection.

Recent key statistics about women offenders and prisoners in Scotland were also considered.

Interviews and focus groups

The Rose Project: Best for Babies was a qualitative project. Data was collected via semi-structured one-to-one interviews and two focus groups.

Interviews and focus groups were between 45 minutes to one hour 15 minutes long. Audio recordings were made of all except one interview with a professional. Verbatim transcripts were made of the recordings.

One interview was conducted in May 2014. The remaining interviews and focus groups took place between November 2014 and March 2015.

Site Visits

Site visits were made to HMP Cornton Vale with a particular focus on the Mother and Baby Unit.

The Rose Project researchers visited the facilities at the Aberlour Family Support Service in Glasgow (now closed). This was a residential service for women with substance misuse issues

and their children. *The Rose Project* looked at this service as a possible alternative model for women in the criminal justice system and their children.

In addition, *The Rose Project* visited Boronia Pre-release Centre in Western Australia. See Appendix 2 for details of this visit.

Participants

Research participants included professionals involved directly or indirectly with the babies of imprisoned mothers, and women in prison who were pregnant or the mother of a baby.

Twelve professionals took part in the research. Four participated in a focus group and the remaining eight were interviewed individually. Professional participants included seven community-based professionals and five prison-based. They spanned a ranged of disciplines including health, child development, children and families social work, criminal justice social work and prison operational staff.

Three imprisoned mothers were interviewed. All three were currently serving a custodial sentence at HMP Cornton Vale. They represented a range of experiences: one woman was pregnant at the time of the interview; one had delivered her baby while in custody and her baby was now living in the community; and, one woman had delivered her baby in the community and now had her baby living with her in prison.

A focus group was also conducted with three mothers living at the Aberlour Family Support Service in Glasgow.

Ethics

Ethics approval was sought and granted by the School of Applied Social Science Ethics Committee at Stirling University and the Scottish Prison Service's Research Access and Ethics Committee.

Appendix 2 | Boronia Pre-Release Centre

In March 2015, *The Rose Project* visited Boronia Pre-release Centre for Women (Boronia) in Western Australia. This facility is regarded as an international benchmark in terms of its design and philosophy. Our visit was an opportunity to see first-hand a different approach to imprisoned mothers and their children, to consider what works as well as the challenges of this approach, and to bring some of this learning back to Scotland.

The visit

Our researcher accompanied the Office of the Inspector of Custodial Services Western Australia (the Inspectorate) for one day of their announced inspection of this facility. The visit involved observation of the physical environment and informal conversations with residents and staff.

This appendix summarises points from our own observations and those reported by the Inspectorate.⁷⁶

The facility

Boronia is a minimum-security pre-release facility for low risk women prisoners (referred to at Boronia as 'residents'). It is situated in suburban Perth, Western Australia and has a design capacity of 71.

Residents at Boronia live in community-standard self-care social houses, each with shared kitchen, bathroom, dining and lounge, laundry and garden facilities. There are 17 houses in total.

Each house is assigned a weekly budget and residents must purchase food and provisions for the week from this budget. Food items in the supermarket are categorised according to their health benefits along a traffic light system. A restricted number of red (unhealthy) items can be purchased each week.

⁷⁶ Office of the Inspector of Custodial Services (2015)

Boronia's guiding philosophy emphasises self-determination and personal, family and community responsibility. Together, the design and philosophy of the facility aim to provide a positive living environment that replicates the 'real world' as far as possible and empowers women to cope with the challenges they will face on release, including as mothers.⁷⁷

In a survey conducted by the inspectorate nearly all residents reported feeling 'mostly safe' (99% of survey respondents) at Boronia and that the officers treated them with respect and dignity, with 93% of survey respondents reporting they had a good relationship with custodial officers.⁷⁸

Boronia for mothers and children

- Three two-bedroom houses at Boronia are designated as nursery houses where up to six children may live with their mothers. Children may stay at Boronia up to the age of four. Each mother and her child share a bedroom in one of the nursery houses. At the time of our visits there were five children living in the houses ranging from the age of 6 months to 3 years.
- Being a resident mother is considered a job and is paid a gratuity. Unfortunately, at the time of our visit this was the lowest paid regular job at Boronia (\$28.63 a week), a fact the Inspectorate considered at odds with the principles of family responsibility.
- There is also provision for children up to the age of 12 years to have regular extended day visits and overnight stays. Boronia can accommodate up to ten children on extended visits or overnight stays at any one time. Residents may have up to two children stay with them at any one time and are entitled to overnight visits once a fortnight.
- Applications for resident children or extended visits are considered by a Child Care Management Committee which include a

⁷⁷ Office of the Inspector of Custodial Services (2015)

⁷⁸ Office of the Inspector of Custodial Services (2015)

cross representation of custodial and non-custodial staff on site at Boronia.

- The Committee draw up a care plan for every child entering the facility. These plans include restrictions for the child on contact with other prisoners, areas of the facility out of bounds to the child, any special needs the child may have, programmes the mother needs to attend, alternate carers in the facility and the community, visiting arrangements with other carers in the community, childcare arrangement required to allow the mother to attend education or programmes. Plans for resident children are reviewed every six months. Plans for children on extended visits are reviewed every three months.
- Resident mothers nominate four alternate carers for their children – two fellow residents at Boronia, and two carers in the community. Internal carers may look after the child for short periods of time for example if the mother needs to attend a medical appointment. External carers are used if the child needs to leave the centre to attend a medical appointment or comply with custody arrangements with other carers.
- Resident mothers may access a community childcare facility up to three times a week, enabling her to do other work.
- Mothers are required to attend a weekly playgroup session facilitated by an external provider. This involves play and activities for the children and activities to encourage interaction between mothers and children. It is compulsory even if their baby can not attend (for example if they are with an external carer that day).
- There is no dedicated child health specialist within Boronia. Children must be signed out to see the nurse or to have their immunisations.
- Standard visits are for two hours, twice a week. Weekend social visits are also available to some residents. These allow residents to receive up to three adult visitors and any number of child visitors ‘within reason’ at any one time. A childcare worker facilitates activities for children during the sessions.

Current challenges at Boronia

- Boronia is currently overcrowded. At the time of our visit there were 95 residents, creating a need for some women to share a room. Unfortunately, this means some women are not eligible for overnight stays with their children, as this requires women to be living in a single occupancy room.
- Current staff numbers and policies have restricted movement out of the facility. Resident mothers and children were previously escorted on community shopping trips four times a year to buy items for their children. This was no longer happening.
- The resident mothers would like more support and information around parenting and their day-to-day needs as parents, including greater support from staff at Boronia, access to more books, or the opportunity to attend community parent groups. They said the parenting advice and support they currently get is from each other. General custodial staff have responsibility to engage with mothers on such issues as part of their daily contact with prisoners, however custodial staff do not have particular expertise in these issues and have other tasks. Management stated that information tend to be provided indirectly to mothers for example through articles in the newsletter.
- Resident mothers said that provision for children could be better. They would like to see a greater range of toys suitable for all age groups. They felt there was very little available for the very youngest children. Similarly they reported that there is not enough for the older children to do. The resident’s playground had been closed for repairs for some weeks. Residents felt that this work should have been prioritised.

The inspection reported that the opportunity for women to have their children reside with them was invaluable however this is not enough. And does not provide any challenge to improve parenting. Recommended ‘improve the personal engagement between the relevant manager(s) and the mothers with resident children at Boronia to ensure this group is adequately supported and informed.