



The Lost Mothers Project

Maternal Separation
in English Prisons

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

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Most importantly, we extend our heartfelt thanks to the women who shared their own stories with courage, honesty, and generosity. Their voices are at the centre of this work, and it is their lived experiences that have shaped this research. We are committed to ensuring their contributions help create a better future for others.

Your collective commitment has been instrumental in making this research possible. Thank you from The Lost Mother's team:

Laura Abbott, Natalie Avlonitis, Kate Chivers, Samantha Harkness, Mary Ikumelo, Kirsty Kitchen, Katherine Miller Brunton, Tuesdae Moncrieffe, Simone Phipps, Shanice Redwood.

Content Warning

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

A note on language

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



Foreword

It has been an honour for Birth Companions to be involved in the groundbreaking Lost Mothers project from its inception.

Despite all the important work done in recent years to draw attention to the needs and experiences of those navigating pregnancy and early motherhood while in contact with the criminal justice system, the focus has mainly been on women who are pregnant and give birth while in custody. Mothers who are separated from their babies and infants through imprisonment have largely been overlooked in research, policy and practice.

The Lost Mothers project changes this. It shines a spotlight on the painful experiences and acute needs of these mothers, their babies, and the many and varied professionals involved in their care while in custody.

Dr Laura Abbott and the Lost Mothers research team have dedicated hours to speaking to mothers inside prison walls who are separated from their babies, and have been meticulous in detailing what they heard, witnessed and felt during the course of this work.

As you will read in this report, and in our accompanying [Spotlight paper](#), maternal separation is a deeply painful and traumatic event, with lifelong impacts. The first 1001 days from conception to a child's second birthday is a crucial period for mothers and infants: we know that what happens during this time lays the foundations for children's long-term physical and mental health

and wellbeing. Separation poses many serious risks to mother and child, significantly impacting bonding and attachment; disrupting breast-feeding; and exacerbating maternal mental health issues. In so many cases this separation is unnecessary and disproportionate, and heaps harm on top of harm for women who are already facing some of the most challenging circumstances imaginable.

It is time for a radically different approach to the first 1001 days across the criminal justice system. The work of the Women's Justice Board and its associated Partnership Delivery Group, along with the Independent Sentencing Review, present real opportunities for change. We have to seize them. I am delighted to sit on the Partnership Delivery Group, and will make every effort to ensure that the needs of women and babies in the first 1001 days are fully accounted for in this work. I invite everyone who has been moved by the findings of the Lost Mothers project to join us in making the first 1001 days a priority for change in the CJS.

Naomi Delap

Director of Birth Companions and member of the Women's Justice Board Partnership Delivery Group

Summary

This report presents the findings of the Lost Mothers Project, which explores the experiences of incarcerated mothers, separated from their babies, and the professionals who support them. The research highlights the complex and multifaceted challenges faced by women in prison, particularly those who are separated from their babies at or around birth. For many women, the physical and emotional craving to care for their children is overwhelming, compounded by trauma, grief, and the invisibility of their mental health needs. These women often internalise their suffering, struggling to maintain their maternal identity while feeling judged and isolated. Despite these challenges, hope persists, and many mothers strive to preserve their identity as caregivers in an environment that often fails to recognise their unique needs. Institutional sensitivity is crucial, yet often lacking, in acknowledging and addressing the emotional and psychological toll of incarceration on new mothers.

Through interviews and observations, the project uncovers the raw and often hidden pain of mothers navigating the prison system, where the emotional toll of separation from their babies is compounded by a lack of resources. The findings reveal inconsistencies in the Mother and Baby Board (MBU) decision-making process, including delays in board meetings, the absence of key professionals, and a lack of comprehensive training for staff on the specific needs of incarcerated mothers experiencing separation from their babies.

Being separated from their babies, sometimes whilst breastfeeding, intensifies the physical, emotional and psychological distress experienced by mothers. Discrimination can contribute to the additional challenges faced by incarcerated women, impacting their experiences and access to support in ways that can deepen feelings of isolation and injustice. The report additionally highlights the support women do receive, the gaps in what they need, and the impact that small acts of kindness can have during their most difficult moments.

This report sheds light on the perspectives and experiences of the professionals working with these women. Different professions bring varying levels of support and understanding, with staff advocating for the women but often facing emotional strain due to the lack of adequate training and resources. The emotional toll on staff can be significant, and the challenge of maintaining boundaries, or occasionally crossing them, highlights the need for more comprehensive, consistent training and support for those working in these settings. Additionally a lack of diversity and representation among staff further compounds these challenges, as the unique needs of incarcerated mothers may not always be fully understood or addressed. Through these findings, this report emphasises the urgent need for systemic changes that better support both women and professionals, fostering an environment that is more compassionate, trauma-informed, and inclusive.

Introduction

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

This pioneering, Economic Social Research Council (ESRC) funded project aimed to shine a light on the needs and experiences of incarcerated women who are separated from their infants, as well as those of the many health and social care professionals and prison officers who hold responsibilities both to care for these mothers and babies, and to make decisions about whether or not they will be separated.

Despite some increased awareness in recent years of the needs and experiences of pregnant and birthing women in prison^{1 2 3 4 5 6 7 8} a significant void in understanding persists around mothers and babies who experience compulsory separation as a result of incarceration, and about the systems and structures in which these often-avoidable separations take place. The Lost Mothers project is the first major research project of this kind to attempt to fill in this void.

The first 1001 days from conception to a child's second birthday is a crucial period for both mother and infant.⁹ Evidence shows that what happens in the first 1001 lays the foundations for their long-term physical and mental health and wellbeing, and separation of mothers and infant during this period can significantly impact bonding and attachment.

In this report, we outline the context in which the Lost Mothers project was developed, share the key findings from our research, and outline our central priorities to ensure all mothers and babies involved with the criminal justice system during the 1001 days are given the necessary care and support to protect both their health and their human rights.

It is clear to us, as researchers, as voluntary sector specialists, and as women with lived experience, that prison is not and can never be a safe or appropriate place for pregnant women, mothers, or infants. As you will see through this report, the harm and distress caused to mothers and babies – both by the prison system and by the experience of separation – are severe and entirely disproportionate. We urgently need an ambitious new approach to pregnancy, birth and early motherhood across the whole criminal justice system, embedding a trauma-informed and compassionate response to pregnancy and early motherhood throughout and beyond this system, in order to avoid unnecessary separations; improve outcomes for mothers and children; and break intergenerational cycles of harm and disadvantage.

As researchers, we have tried to show you what we have seen and heard from the women, the staff working to support them, and from inside the prison. Our aim was to present an accurate and balanced representation without relying on sensationalism, or alarmist language. However, the contents of this report are distressing in places, and our findings emphasise the extreme circumstances in which women are attempting to cope with incredible levels of pain and grief, and the systemic failings on the part of the criminal justice system to support them. Whilst our findings highlight how individual staff are working to support the women in their care, this report adds further evidence to why prison will never be a safe place for pregnant women and stresses the immediate need for community alternatives for pregnant women and new mothers in prison.

Context

Between April 2023 and March 2024, 215 pregnant women spent time in the 12 women’s prisons in England, accounting for approximately 6% of the total female prison population (His Majesty’s Prison and Probation Service).¹⁰ More than one third of these women were held in prisons on remand.¹¹ During the same period, 53 women gave birth to babies while in custody, and 55 women and 50 babies were received into one of six prison-based Mother and Baby Units (MBUs), out of a total of 92 MBU applications that had been made.¹²

Figures such as those outlined above have been produced annually by His Majesty’s Prison and Probation Service (HMPPS) since 2023, at least partially filling data gaps that existed around pregnancy, birth and MBUs in English prisons. Yet a stark data void remains on the subject of mothers who are compulsorily separated from their babies and infants as a result of incarceration. HMPPS do not collect or publish statistics relating to mothers who are separated after birth in prisons, nor on those for whom entering prison means separation from their infant in the community. Similarly, the needs and experiences of this cohort of women remain largely invisible and overlooked in much of the relevant research and policy.

Compulsory separations occur when it is decided by the state that pregnant women or mothers of infants who are incarcerated cannot maintain care of their babies while in prison; where community alternatives to prison are either not considered by the state or are deemed to be unavailable or inappropriate; and where mothers of infants enter prison, necessitating separation from their babies in the community. Some women already have involvement with Children’s Social Care (CSC) before imprisonment, while others face such involvement only after entering custody. Currently, mothers and babies up to 18 months old can remain together in one of six prison-based Mother and Baby Units, but access is limited, bureaucratic processes are complex, and not all applications are approved. When separation occurs, babies may be placed with family members, in foster care, or adopted, with significant implications for both mother and child. Importantly, effective community-based alternatives exist and have been proven to work, yet they remain underutilised.

The first 1001 days from conception to a child’s second birthday is widely acknowledged to be a vital period for both mothers and babies, in terms of bonding and attachment, children’s long-term development, and maternal and infant health and wellbeing.¹³ The need

to safeguard the health and rights of pregnant women, mothers and infants during this critical period is clear. Yet, to date, little attention has been paid to the impact of separation on incarcerated mothers and their babies.

The consequences of separation decisions can be devastating. In 2004, Roseanne Irvine took her own life in prison, following severe mental health deterioration after learning she would be separated from her baby.¹⁴ In 2016 Michelle Barnes, a new mother with complex mental health needs, died by suicide in prison shortly after giving birth.¹⁵ She had been separated from her newborn, and was contesting care proceedings, when she was suddenly told by two prison officers that she would no longer be allowed to see her baby, and was prevented from expressing breast milk to feed her (ibid). The Ombudsman’s report revealed critical failings in her care, citing a lack of coordinated planning and poor communication between prison staff, mental health services, and social services, with no comprehensive postnatal care plan or support in place for her well-being:

Her care was uncoordinated and ad hoc. None of the professionals who had previously been involved checked her and a decision to allow her to visit and feed her baby in hospital was suddenly reversed without proper consideration or explanation. Communication between prison staff and other agencies was poor.

— Prison and Probation Ombudsman (ibid)

The tragic death of baby Aisha Cleary at HMP Bronzefield in 2019 further exposed significant failures within the prison, social care, and healthcare systems in supporting her 18-year-old mother, Rianna. The coroner’s inquest into Aisha’s death acknowledged not only systemic failings but also the severe toll the anticipated removal of her baby had on Rianna’s mental and physical wellbeing.

Our methods

Co-design

The Lost Mothers project was co-designed from the very outset with women who have personal experience of navigating early motherhood and separation in prison. This team of extraordinary women shaped the direction of the project and informed every aspect of the research, from deciding on the project name and designing its logo, to refining interview questions, reviewing data and emerging findings, and co-producing creative outputs – many of which can be seen in this report. The team were incisive in their ability to challenge assumptions, and rigorous when it came to ensuring the findings and analysis felt grounded in and reflective of women’s real lives.

Co-production in this project took place through regular, structured and paid meetings, including research workshops and writing retreats, as well as individual written, analytical and creative work between meetings. Engagement in this project also went beyond traditional research methods, including creating podcasts, media collaborations, and a heartfelt letter written to the women currently in prison who were interviewed for this research. Insights from the group also informed the development of a groundbreaking play, *Scenes from Lost Mothers*, written by Gurpreet Kaur Bhatti and produced in collaboration with Clean Break theatre company.ⁱ

This rigorous approach to collaboration and co-production throughout the life of the Lost Mothers project has ensured that the project reflected the principle of ‘nothing about us without us’, resulting in a truly unique and collaborative initiative. By centring the voices of women with lived experience, the Lost Mothers project has set a new standard for meaningful co-production within academic research.¹⁶

“We gelled quite well because we all see things from a different lens which I think has made our research stronger. Personally, it has made me feel like an integral member of the team and not just an accessory or a tick boxing exercise as often when I am engaging with other projects, it kind of feels like that.”

Research Design

We used interviews and observations to understand the experiences of imprisoned mothers separated from their babies, along with insights from the staff involved in their care. Five prisons were chosen for visits to understand the emotional, social, and professional challenges faced by both mothers and staff. A team of women who had been through similar experiences of imprisonment and separation from their babies helped design and analyse the study, ensuring it stayed closely connected to real-life experiences.

Professionals who provide care to women in prison, especially those mandated to separate from their newborn babies, were invited to share their experiences. These included health and social care professionals such as midwives, social workers, health visitors and family engagement officers as well as prison officers. Within the profession of Prison Officers, there are different roles which have different responsibilities. For example Pregnancy, Mother and Baby Liaison Officers (PMBLOs), a role established in 2021 in response to recommendations from ombudsman reports, focus their work on supporting women in prison who are pregnant or who have given birth in the last 24 months. The goal was to better understand the perspectives and needs of these professionals to gain insight into what it is like to work in this environment.

Participants and Sampling

In total, 74 participants took part in this research. In order to get the most relevant insights, we selected staff participants who were directly involved in mother and baby cases, and women who had experienced or were facing separation from their newborn babies were invited to take part in face-to-face interviews. In addition, we were able to attend and observe the processes at five mother and baby decision boards.

Women who are or had previously been in custody n=29	Mother and Baby board meetings n=5
Social Workers n= 8	Community Health, Care & Support Professionals n=12
Midwives n=13	Prison Officers n=12

ⁱ Clean Break use theatre to transform the lives of women who have experienced the criminal justice system, or who are at risk of entering it due to the challenges they are facing, such as mental ill health or problematic substance use. [Scenes from Lost Mothers – Clean Break](#)

Data Collection

Data collection occurred over a twelve-month period and involved a combination of audio-recorded semi-structured interviews and observations:

- **Interviews:** Individual semi-structured interviews were conducted with each participant. These interviews focused on personal experiences, professional responsibilities, and perceptions of mother-baby separations.
- **Observations:** Observations of mother and baby decision-making boards were conducted to gain insights into the process of deciding whether babies should stay with their incarcerated mothers or be separated.

All interviews were audio-recorded (with consent from the participant and where appropriate from the prisons), transcribed verbatim, and anonymised for analysis.

Analysis

The data were analysed using a step-by-step process called thematic analysis.ⁱⁱ¹⁷ Researchers kept journals to reflect on their own perspectives, aiming to minimise personal bias during the analysis. The data analysis also included iPoems,ⁱⁱⁱ¹⁸ a method that highlights participants' personal voices and experiences. A team of researchers and members with lived experience worked together throughout the analysis to ensure a well-rounded and authentic understanding of the findings.

Ethical Considerations

The study received favourable ethical approval from HMPPS¹⁹ and the University of Hertfordshire,²⁰ and ensured all participants gave informed consent, with the option to withdraw at any time. The research team, trained in trauma-informed interview techniques, maintained participants' anonymity and securely stored data. Emotional support was available due to the sensitive nature of the topic, especially for mothers in prison.

Findings

Our findings reveal the deep, emotional toll, and the profound, visceral pain²¹ brought about by the compulsory separation of mothers and babies in prison.

They also highlight how inadequate systems, inconsistent decision-making, and staff shortages and lack of training exacerbate the trauma of this uniquely traumatic experience, for a cohort of women known to already have significant and complex needs stemming from poverty, abuse, racism, inequality and disadvantage.²²

In what follows, we draw on the in-depth, qualitative data produced through our interviews and observations, to reflect on the needs and experiences of incarcerated mothers facing separation from their newborns, as well as those of the many professionals and staff members who play a part in the processes surrounding those separations. For confidentiality and protection, all participants in this report have been assigned pseudonyms. Women are given fictional names, while prison officers are marked as "Prison Officers," nurses, health visitors, community and family engagement staff are identified as "Community Health, Care & Support Professionals," midwives are marked as "Midwives", and social workers are referred to as "Social Workers." No specific prisons are named.

We structure our findings around five key themes:

- 1 **How women experience separation**
- 2 **Women's fears, and their hopes**
- 3 **The support women get, and the support they need**
- 4 **How professionals experience working with women before, during and after separation**
- 5 **Systemic issues, barriers to support, and opportunities for improvement**

ii Thematic analysis is a way that researchers can analyse and identify patterns from data sets (such as transcribed interviews) that contain the thoughts and descriptions from participants.

iii An I-poem is a qualitative method that highlights participants' voices by starting each line with "I," emphasising personal experience. This approach allows researchers to creatively and emotionally engage with individual perspectives, offering insights into experiences that quantitative data often cannot reveal.



1 How women experience separation

The first 1001 days from conception to a child's second birthday is widely understood to be a crucial period for infant development, bonding and attachment, and lifelong health of both mother and child.²³ While there are some instances in which mothers and babies simply cannot remain safely together, incarcerated mothers' experiences of compulsory separation highlight just how devastating and draconian this practice can often be within the current criminal justice system.

The physical and emotional impacts of separation

Mothers we spoke to described intense and extensive physical and emotional impacts of separation, routinely describing it as a deeply painful, visceral, embodied experience:

After six days, they came and picked her up, and I've never felt the pain like that in my whole life. It was like something ripping off me, even the nurses cried, I cried, the staff cried. I think they got traumatised as well, some of them. It was just really hard, and then I come back to prison, and I just collapsed.

— Freda

It was horrible...It's terrifying! It almost – it rips your heart out, literally. I've got that lump there. It was horrific! Absolutely horrific! I was saying, my heart was heavy, but it wasn't, it was fucking pulled out and slammed against that wall.

— Leticia

I was so upset; it was worse than giving birth. That was the hardest pain of my life. I've never felt pain like it...It was just in here; in my chest; in my heart. Even in my belly... Oh, it was painful. It was the hardest day of my life.

— Charlie

My son was handed straight to me, and he breastfed really well...we bonded so much in that moment. And then they took him away and brought him back a couple of hours later to feed. We went through that again...they took him away, and then they brought him back. So, it was just re-traumatisation, after re-traumatisation...I do remember my solicitor at the time, said they wouldn't do this to an animal.

— Meera

The grief and loss experienced by mothers separated from their children in prison is profound, affecting every aspect of their emotional and mental well-being. The pain is all-consuming, fluctuating between anger, sorrow, and hopelessness, leaving some struggling to complete even the simplest daily tasks. The depth of their loss is often compared to losing a limb or their sight, a permanent absence that alters their very sense of self. For some, past traumas of loss and attachment difficulties are further compounded by a system that fails to acknowledge or support their struggles, making the separation even more devastating:

It's definitely grief. Because you're angry. It's all them emotions. It could be in that same day, you might be happy in the morning, and then really angry at night. It's horrible! It puts your head in such a spin... it's all over the place and you can't focus, like even making a cup of tea or even having a wash or something, you can completely lose yourself in the sorrow...it's like losing a limb, losing your sight. It is, it's like losing any hope, because you know you'll never see that child again for a long time.

— Leticia

The pain and trauma described by women was palpable and heightened through the ambiguous nature of the loss they experience, whilst simultaneously being exacerbated within an already difficult prison environment:

I wish I could just vanish in thin air. Do you know? Sometimes I can't deal with the pain, and it's really hard.

— Bettina

Some mothers described an intense physical and emotional craving for their babies, driven by postpartum hormones and a deep-rooted maternal instinct to care for and protect their children. This craving reflects the embodied experience of motherhood, where the physical and emotional responses to separation are intertwined:

It was like my whole body craved him, because I had all the hormones of just having a baby. I was in bits when I come back here (prison). I was obviously allowed his blanket, but it was just awful. All your instinct is to obviously protect your baby and love them. And it got taken away from me, I just didn't know what to do with myself. Because all I wanted to do was be with him and just be looking after him like I was meant to be.

— Taylor

Women also spoke of the trauma and grief of separation and how these experiences were complicated by the somewhat ambiguous nature of their loss:

I could do with some support, like mental health, I don't know, trauma, and losing my babies...I'm never going to be the same. It's happened continuously, and I can't deal with it; it's just so hard...I remember every single pregnancy. It's not like a relationship, which one day you think you've had enough, they can go. It's not like that.

— Bettina

I should be waking up to my daughter and I'm not, I'm waking up to a door, so it's quite hard. I think if someone wasn't emotional it would be a bit weird...at first when I come back, it was hitting me in the mornings, but now it's nights.

— Seema

I'm just left, like you're nothing. Do you know what I mean? But I'm his mum – I'm his mummy who gave birth to him, who nearly died giving birth to him. I created that baby. I should be just as important now as I was when I had contact with him, or when I... Do you know what I mean? And I don't see why I'm just nothing now.

— Hope

It was clear from our interviews that women in prison who face the prospect or actuality of separation from a baby experience a visceral pain, which cannot be adequately handled within the prison environment:

It would have been nice to have someone to sit and talk to, about how I was feeling. I had no idea...An officer just came to my room one day and said, 'oh, you need to attend a video link, there's a court hearing about baby: he's due to be adopted'. It was just kind of that bomb was dropped on me that day.

— Casey

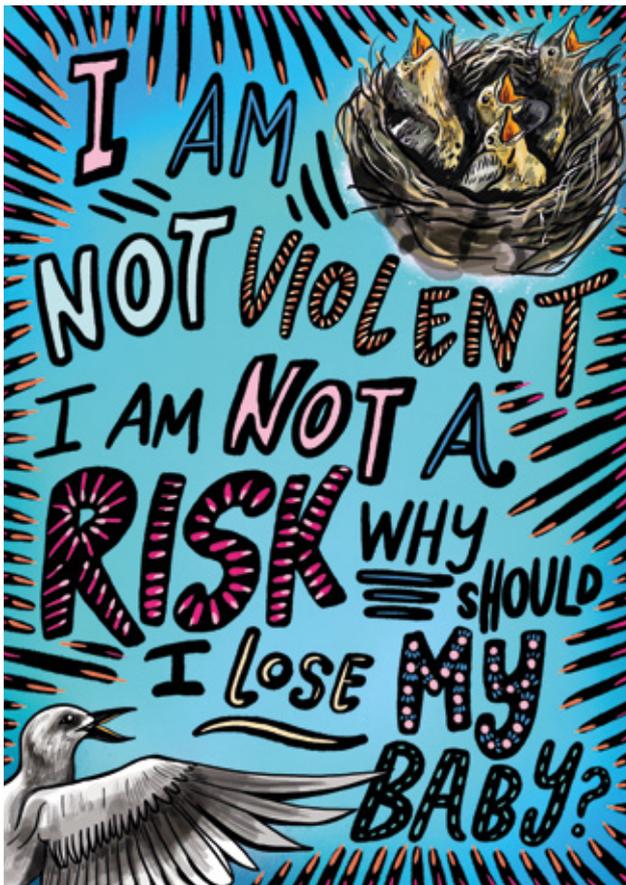
The deep maternal bond between a mother and her child, highlighting the intensity of early attachment is described by Seema and Priya separated from their breastfed newborn babies:

She was never out of my arms. Every time she cried, I put her straight on (to breastfeed) ... And it got a bigger bond, they were asking me if I wanted milk for her and I said, 'No,' I said, 'She's going on the boob,' because that's good for her... I've seen her once, and she looked really different. I cried when I saw her... I thought that she wouldn't know who I was, but she was really calm on me.

— Seema

I do get cramps... when I'm expressing milk, which I know is normal. So, I'm not worried about that, but...I miss having a bump; I miss having the baby. I keep waking up at night. Usually like after you have a baby and you wake up at night, it's because your baby needs to be fed, and I wake up and he's not there.

— Priya



Women expressed a strong desire to feed their babies, despite the discomfort of being watched by a prison officer, sometimes male, during these intimate moments:

I was horrified when they'd bring males over. I was pumping breastmilk, and I was getting up. One was snoring and falling asleep. The other one was flicking around with the telly, and I'm trying to pump my milk, and I ended up taking the machine and sitting in the bathroom with it, with my baby in the corner.

— Leticia

The instinctual need to nurture juxtaposed the emotional pain of separation for Seema. It reflects both the physical closeness of breastfeeding and the emotional connection that persists despite distance, emphasising the profound impact of early motherhood.

Women observing other women's experiences of separation

In interviews, women often shared their experiences of witnessing the distress of others, offering detailed accounts of what they had observed and frequently suggesting practical solutions to alleviate the suffering they had witnessed:

There's one lady on our wing, they go and see her, but they don't spend very long with her. And it's like, what have you really done to actually help her? She's lost a lot of weight; she looks anorexic. She never comes out. She locks herself up. You only have to look at her, and when somebody explains she had her baby took off her six months ago, that that's what's wrong with her. Because she's broken.

— Sabrina

Apparently, she didn't press her cell bell when she went into labour...she knew that they were going to take the baby. So, it was almost like she's trying to keep hold of that baby for as long as possible... In the end, they had to prise her legs open, to make her give birth, because she kept closing her legs and like sitting back down. If I knew that you were going to take my baby off me, I'd probably react the same.

— Tahiya

As researchers, we had the support and supervision necessary to process the distressing stories and trauma we witnessed, however this is rarely made available to the women in prisons who bear witness to such pain themselves, often while facing separation from their own children. The emotional burden of anticipated separation and loss underscores the intense trauma and mental health deterioration mothers in prison endure and highlights the urgent need for increased support.

The impact of past and concurrent trauma

Each of the women who took part in the project shared elements of their life histories with the researchers. All had experienced significant trauma in both childhood and adulthood, including various forms of abuse, violent relationships, time in care, previous child removals, drug use, and homelessness. Their stories reveal not just personal struggles but also systemic and intergenerational failures, as many were once vulnerable children who lacked adequate state support themselves.

Sabrina was pregnant with second baby, her 1st child had been adopted because of a violent 'partner' (she was under 16 years old, he was an adult). Sabrina's substance misuse started after separation from her first child. She was applying for a place on an MBU. Sabrina had been with a new partner who social services also had concerns with:

It is tormenting. At one stage, I did give up and I thought, what's the point of being here? I've got nothing. I thought, if I have any more kids, are they going to do that again? I can't go through that again, and that's what I've told them with this one. I physically wouldn't be able to go through you taking a child off me again. And that's another fear of mine with this one.

— Sabrina

Sabrina's family history was typical of many women who are in prison. Experiences of the care system, lack of familial support, abuse, domestic violence and substance use, were often precursors to dual contact with the criminal justice system and children's social care. For Sabrina, a disclosure of domestic violence led to her child being removed from her care which resulted in spiralling drug use. The perception of being pre-judged and denied second chances reinforces hopelessness. Expressions like "what's the point of being here?" often signal suicidal ideation, while "I physically wouldn't be able to go through you taking a child off me again" reflects the lasting trauma of child removal. These experiences highlight how systemic barriers, judgment, and trauma intersect, underscoring the need for support over punishment for women with complex histories.

They're too quick to judge, because you've been in prison and you've been a drug addict, and stuff like that. If a woman is sitting there telling you she's willing to do anything, then give her the tools to be able to do that and let her prove herself to you. Do you know what I mean? Don't just come and take their child. It's not right.

— Sabrina

As much as it hurt me, I'm honest about what I've done in my past. And I've had so much support; I've had all negative drug tests. I thought I was a bit scared of giving birth, leaving him, coming back to prison, and using again. But that's the last thing on my mind, and I haven't touched a drug and I'm just putting a clean drug test in every week.

— Chrissie

Many of the women spoke about their experiences of intergenerational and familial trauma. For some women, contact with the criminal justice system, and prison more specifically, was also experienced by family members. For one participant, contact with the prison system was particularly traumatic due to a past bereavement involving a family member who died by suicide while incarcerated. A background that included time in care and experiences of loss highlighted the broader social and psychological challenges faced by many women in similar circumstances. These experiences contributed to a heightened sense of fear and instability, illustrating how past trauma can shape present emotions, perceptions, and decisions.

The impact of violent and controlling relationships

While incarcerated mothers face intense scrutiny for any perceived shortcomings, fathers often escape the same level of accountability. Abusive partners can manipulate situations to isolate women, preventing them from accessing essential support. In some cases, separation from their baby is framed as necessary for protection, yet the broader failure to address domestic abuse means many women remain trapped in cycles of harm and control:

My son's dad is not showing up at the meetings, but I'm in prison, and I'm still managing to do it. If I wasn't, I'd get scrutinised for not doing it. But him, it's like, oh, it's fine.

— Chrissie

The violence inflicted by partners is a significant and controlling force in many incarcerated women's lives,²⁴ where abusive behaviour is used to manipulate and isolate them from support systems, including medical appointments and legal assistance. This ongoing cycle of abuse, combined with inadequate responses from authorities, leaves women feeling trapped and powerless, often believing that imprisonment is their only escape from further harm and the chance to protect their children:

My ex was funny about my appointments; too scared I was going to talk. He knew he couldn't come, because it had already been

said that I shouldn't be having contact with him...he was scared I was going to talk about him beating me up, and what he was doing to me, if I'd have managed to get there on my own. I'd have got away from him. But he used to make sure he was by his side constantly.

— Bella

Some women spoke of how they did not receive adequate protection, as repeated incidents of violence were not met with effective intervention, leaving women feeling unheard and unsafe, with little recourse to escape their abusers:

The police were useless. He'd beat me up in public, when I was heavily pregnant, and they'd arrest him. The next morning, he was out. I made a statement once, and it was the worst thing I ever did. He came back and went for my face with a kitchen knife. I never spoke to the police after that... All I wanted was to keep my baby, and I knew that (coming to prison) was the only chance. I knew at that point, the only opportunity I had of keeping my baby was by coming to jail.

— Mollie

For Mollie prison was a last resort where she felt she could escape the constant threat of her abusive partner. Prison was a better alternative to the structural inadequacies that are failing to protect women from abuse and violence. However, having to commit a crime just to find refuge highlights a systemic failure, as it is neither just nor acceptable that safety must come at the cost of criminalisation. To make matters worse, the further punishment of having her baby removed compounds the injustice, leaving her to pay for seeking refuge from violence.

The invisibility of mental ill-health

Seema alluded to the severe psychological toll that losing her baby could have on her. This highlights the critical need for mental health support for incarcerated mothers, especially those facing the threat of separation from their children:

I know that the milk's going, and I do just feel like I've had a baby and I've passed her over, and now I've got nothing left. I do think it will feel a lot better if I spoke to someone, because if I keep bottling it up, I will just flip. Like not flip to be violent, but I'll just end up having – I think I'd have a breakdown, to be honest.

— Seema

The acute, often unnoticed mental health struggles faced by incarcerated women reflected tensions between survival, addiction, and hope. Separation often revealed the deep yet hidden morbid thoughts. The stigma surrounding addiction as a mother, and the desperation of being separated can also drive harmful choices as a means of staying alive:

A lot of people look at me and just think, oh, well, you chose to take the drugs and drink. And we do choose, but people don't understand how hard it is. There's been times where it's either I turn to drink or drugs, or I'll kill myself. So sometimes drink and drugs have been the reason why my kids have still got a mum.

— Mollie

I was meant to see her once a week, but some weeks she (social worker) didn't turn up. Sometimes she'd go and watch me in a contact, to do an assessment, like watching. She said there's no issue, with your parenting, and there's no issue that you're a risk to him. It's just that you're on drugs, and your lifestyle and that's it.

— Hope

The complex relationship between addiction and survival, illustrates how substance use can be both a coping mechanism and a source of judgment from others.

Unique psychological challenges are faced by women separated from their babies, particularly regarding breastfeeding. Specialised support is crucial to help these women navigate the emotional complexities of breastfeeding while separated, as well as to provide the necessary space for them to express their feelings and receive guidance on managing these difficult experiences.

The social workers told me I could keep him. I got into the hospital. I was breastfeeding. And then two days before he was taken, they'd come to tell me that they were taking her, although I'd done all what they'd asked. I came off the drugs; I did everything...it broke me knowing that I'd done all that work and then it just felt like it had just been chucked in my face, to be honest.

— Milly

Well, for my one-year-old I'm still waking up at them feed times. And it's quite painful. I'm sick of it, just waking up in the middle of the night. I'm doing it (expressing milk) over my sink is... I just have to do it, but every time I do it, I end up crying.

— Gemma

Gemma decided not to apply for a space on an MBU for her baby, as she felt that the prison environment would not be suitable:

It's not where kids need to be. Sorry, but it's not. Even I shouldn't be here. It's not a fit environment, never mind coming in when you're pregnant...in my eyes, children should not be born in a prison or even fetched up.

— Gemma

This highlights Gemma's strong feelings that prison, even with an MBU, was not a place she wanted her baby to be, nor did she want her children to visit. This recognition and steadfast belief that prison was not a place for children, was shared amongst some of the other women we interviewed. This in turn led to an internal conflict for many women through desperately not wanting to be separated from their babies but also feeling guilt and shame over having their babies with them on an MBU.

The power of maternal identity, and struggles to maintain it

The power of maternal identity is deeply rooted in the small, everyday moments of caring for a child, which can feel incredibly special and affirming for a mother. These small acts help mothers maintain a strong sense of connection and identity, reinforcing their role and bond with their child, even in challenging circumstances. When these moments are taken away, as in the case of separation, it can cause profound emotional distress and a loss of self:

I've never been so happy for my baby to shit all over me. I was changing his nappy, and it just came squirting out, all up my arm. Normally, I'm like, oh, I've got shit all over me, but I was just like, thank you. Just leave it there for a minute and embrace it. And I did; I loved it, because I knew that they weren't going to be many times. I want as many things in the normal 'mum life' to happen in this week, as possible. So, I felt like I had part of being a mum with him.

— Mollie

The little moments, like comforting a baby or sharing a quiet gaze, are savoured by mothers as they strengthen the bond with their child. The pain of separation amplifies the loss of these precious interactions:

I've gone up and I've seen him (baby), and he was so perfect. I told him that he's going to be looked after better than I could, at that

moment. I was in the hospital for a week, and I was allowed to go up and see him. But then once I was discharged, it had to be supervised, and it was hard.

— Lucy

The love mothers felt for their babies was often overwhelming, a powerful force that shaped their every thought and action, making the separation even more painful and difficult to endure:

It's like an overwhelming love, and normally, it feels amazing to be so overwhelmed... The minute you see them, you fall in love, and it's the biggest love in the world. It's just honestly, amazing...I didn't want to spend the time with him, because I knew I had to stop. It was hard trying to figure out what would have been best for him, would have been best for him not to know me, for him not to have that week...So I just decided I was just going to wing it, and just do whatever happens.

— Bettina

The value of small moments and precious interactions with their babies were of great significance to women despite the struggle to maintain this sense of closeness.



Feelings of judgment and a sense of injustice

Feelings of judgment and a strong sense of injustice were common among mothers. In many cases, women felt they were denied the opportunity to prove themselves or show they are capable, leading to a deep sense of frustration. Factors such as poverty, homelessness, and addiction created significant barriers to reunification, making it difficult for women to succeed. Some women we spoke to in prison described homelessness as a significant barrier to keeping their babies, with local authorities often citing it as a factor in preventing them from doing so. For some, prison became a place of warmth and safety, reinforcing a cycle where minor crimes were committed to secure shelter, compounded by the challenges of addiction and limited access to social care. The added complexity of being separated from their babies only deepened their struggles, with the emotional toll further entrenching their return to the criminal justice system. Even if the separation was unavoidable, the way the process was handled created an acute feeling of injustice:

If I'd have had housing, everything would have been different. I would have had more of a chance of keeping my baby. It came to a point, I'd dealt with the drugs and everything, and it was simply just homelessness. And they (the council) said to me, we're still going to have to take the baby, because you've got nowhere to have him. And I'm like got myself to a point where I can be a mum, but I can't because I haven't got housing, but I can't just magic a house up.

— Mollie

I'm really struggling with homelessness. I got released in January this year; I was only out ten days, and we had that snow last week, and it was bitterly cold out there, and I was literally in a shop doorway with a blanket. But, again, the system just seems to work against us like that. It seems like you keep putting me in here, rehabilitating me, getting me better, getting me healthy, and then you release me to nothing and no support, no home.

— Cora

Despite overcoming personal struggles, some women are still denied the opportunity to parent due to systemic barriers. In Cora and Mollie's case, homelessness became the final obstacle, preventing them from keeping their babies, despite efforts to address drug dependency and prepare for motherhood. Rather than being supported with stable housing, they were left in an impossible situation, punished for circumstances beyond control.

Power, control, and women's determination to maintain agency and autonomy

Navigating the complex dynamics of power and control within the prison system can leave women feeling powerless and lacking in agency, especially in regard to their experiences of motherhood. However, there were moments of resistance, as mothers challenged institutional expectations and personal relationships to protect and assert their maternal rights.

The birth itself was actually quite horrific, and they didn't have time to do much. I was in a lot of pain, and I had two prison officers with me, and I was on a chain. They took the chain off at the very last moment...just as I was about to push.

— Meera

I had a really unpleasant experience with a male officer that kept putting himself on the escort to take me out. I realised that he was staring at me while I was breastfeeding. One particular day, I thought, right, that's it, I really wanted to take back the power from this guy...We got to the hospital and I turned my back on him, and I fed, and then I looked up and I realised that as is usual in hospitals, I was facing the other side and it was all glass, so everybody could see...When he realised, he said something like, 'that was clever', or something. And I just thought – in my mind, but I'd rather that than you.

— Meera

In the face of such emotional turmoil these small acts represent moments of resistance and a reassertion of agency and autonomy over experiences of mothering.



2

Women's fears, and their hopes

The fear of losing custody

The fear of losing custody can prevent women from disclosing their needs, including experiences of abuse and mental health struggles. Uncertainty about the legal process and lack of clear information only heighten their anxiety, leaving them feeling powerless in decisions about their child's future:

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

— Faith

A lack of information left women feeling completely powerless with no way to seek updates or advocate for themselves:

You're just trapped, you can't just ring and ask for an update, or you can't just go there and chase it. You're trapped on the wing, and the next bit of information you get is when somebody comes to speak to you, but until then, you're just left unaware.

— Bella

Women also spoke about the barriers to accessing legal support, with one describing how the lack of practical help left her feeling dismissed and unsupported, contributing to long-term emotional distress. As she put it, "not all people that come to prison make bad mothers," yet they are often treated as if they do, with little recognition of their individual circumstances or capacity to parent:



I was always told, you are entitled to legal aid, go find a solicitor. But behind bars, it's not that easy to go and search out a solicitor and find one. I think that's why I'm so erratic, and still am, because it's just another little box I've put away in my mind. Not all people that come to prison make bad mothers, do you know what I mean? And I just feel like we all seem to get tarred with that same brush.

— Casey

Hope and the preservation of the maternal identity

Whilst the pain of loss can be all encompassing, hope can serve as a powerful protective factor against suicide and self-harm, offering a sense of purpose and something to hold onto, even in the darkest moments, as seen in the determination to reunite with loved ones or envision a future beyond incarceration:

And I suppose it is good to have a little bit of hope, to get me through it. And my hope is that my children come and see me, I don't know, in about 19 years. But I know they will, and that's all I can live for. I live for myself, obviously, and I will never kill myself, because I want to meet my children. It's far in the distance, but I'll get there.

— Leticia

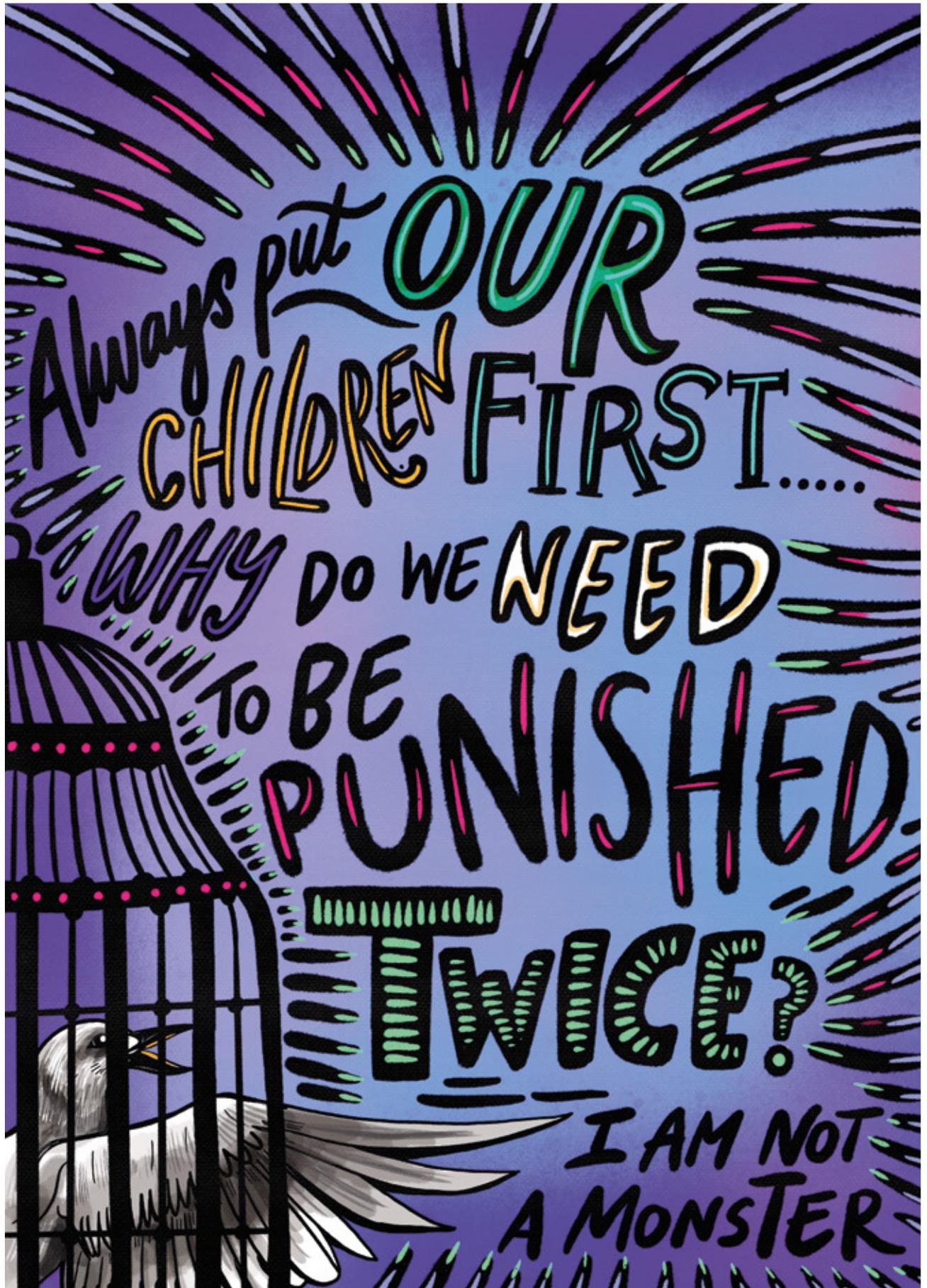
If there was still hope, you would cope. That's all you've got, a hope. It's hard being in here, dealing with it all. Once I start talking about things, it just comes out. I could carry on and on about it, but it's a lot.

— Priya

Do you know what my dream is? Just to be a normal person and have a home where I can fill my cupboards up and my fridge and freezer and have my kids around and cook tea from scratch, like a spag bol, or things like that. I buzz off normal, everyday things like what people take for granted.

— Hope

Priya and Leticia describe the resilience and the power of hope, showing how the thought of reuniting with her children serves as a lifeline during deep emotional struggle. Hope describes how she dreams of being a 'normal' Mum and wishes for the everyday moments. Despite feeling helpless and at her lowest, Priya's role as a mother gives her a sense of purpose and a reason to keep going. It highlights the contrast between despair and determination, where love for her children outweighs the darkness of her circumstances.



3

The support women get, and the support they need

Institutional insensitivity

Taylor was in prison for a substantial sentence, her 3rd baby had been removed soon after birth, she had been breastfeeding. Taylor had been given a Stillbirth and Neonatal Death Society (SANDS) bereavement box^{iv} in hospital.

When I was in hospital, they gave me this little box. But it was for babies that had passed away. There're things in there that wasn't quite right, like it was for a baby that had passed away, like a little seed packet to plant a tree, and things like that. It was nice that they gave that to me, but it would have been nice for it not to have been for a baby that had died.

— Taylor

The bereavement box, typically given to mothers who have lost a child, symbolises a conflict between Taylor's physical reality and her emotional experience. This gesture, while well-meaning, underscores the lack of understanding and appropriate care provided to mothers who are separated from their babies due to incarceration. The items in the bereavement box, such as the seed packet to plant a tree, carry symbolic meanings typically associated with mourning. The mismatch between the box's intended use and Taylor's situation illustrates how institutions may inadvertently deepen the emotional pain of incarcerated mothers through actions that fail to acknowledge their unique circumstances.

Institutional insensitivity also presented itself in staff cultures. Women often felt unheard or unseen, as though their struggles were going unnoticed, and staff could perpetuate these feelings through a lack of sensitivity, particularly at times of acute distress. This lack of compassion and emotional awareness was felt by Meera straight after experiencing separation:



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

— Meera

^{iv} SANDS memory boxes are used by professionals to help families to create memories and form a connection with their babies and establish a parental bond following the death of a baby.

Work cultures and the everyday behaviours of staff have a substantial impact on the lives of those in their care. Seemingly small moments of insensitivity, or a lack of awareness, can have significant consequences for women who are already extremely vulnerable through both past and current experiences and traumas, including through the experience of imprisonment itself. For women who may have experienced this across multiple services and public bodies, the compounded impacts can lead to feelings of abandonment and isolation.

Insufficient emotional and psychological support

An ACCT stands for Assessment, Care in Custody, and Teamwork. It is a support and monitoring process used in the UK prison system to protect prisoners who are identified as being at risk of self-harm or suicide.^v ACCTs are now introduced whenever women are separated from their babies. Women placed on an ACCT often describe the experience as isolating rather than supportive:

I just feel like there should have been more support. I got referred to perinatal psychology, but it was more just come and see me at the door and just checking in on me. I think I needed a bit more real help. Like take me to one side, or take me to somewhere like this, how we're talking... help me go through it rather than just talking to me at the door, just checking on me.

— Taylor

If I'm honest, I cried non-stop from morning until night. I was on an ACCT, so I was getting checked on every 15 minutes... some days I'd wake up and just push it at the back of my mind and not think about it, because if I thought about it, I couldn't function.

— Chrissie

The officers kept asking me, 'You don't have any thoughts of self-harm, do you?' which I don't, I never would. I know they need to ask me, but I just think stop asking me silly questions. This is the lowest I've ever felt, and I'm the most depressed I've ever felt, but I'm not suicidal. I feel helpless, that's how I feel.

— Priya

This perception of ACCT processes as detrimental stems from a broader lack of emotional and psychological care, which leaves women feeling scrutinised rather than supported. Later in this report, staff reflect on their use of ACCT procedures with women at risk of self-harm and suicide, providing insight into how the system often responds reactively to immediate crises rather than addressing the structural and emotional drivers of distress. Many express concerns regarding the absence of specialist perinatal mental health services, an omission that fails to account for the complex interplay of postnatal trauma, grief, and separation. In place of a one-size-fits-all model, women consistently call for tailored, trauma-informed support that recognises their individual experiences and provides structured, therapeutic interventions aimed at long-term recovery:

I don't think that people with postnatal depression should be being sent into prison. There should be a unit for mothers who are dealing with this stuff. Because people don't understand why we're always crying and upset. And then they'll wonder why are we lashing out? I don't really want to explain that much on my situation...Because then you're showing your vulnerability...you can't be vulnerable in prison, because then you're a target. You have to put on a brave front, while feeling all these emotions. I'm not very well, I was on suicide watch. It's just too much to deal with.

— Veronica

We're just going to sit and we're going to watch you, and we're going to see you crumble and fall. I'm surprised there aren't more suicides through it. I mean, I thought about it; I thought, well, what's the point? There's nothing for me to live for anymore. There weren't no officers there to go, are you okay? Do you want to talk? None of that. It was like, oh, she's a criminal. She deserves to have her baby taken from her. I got to a point where I was suicidal, really, really low. There was no one there. I had to make myself better, and there was no one there.

— Leticia

^v The ACCT process involves a series of structured assessments and regular reviews to ensure the individual receives appropriate care and monitoring. Here's how it generally works:

- 1. Identification:** A prisoner can be placed on an ACCT if they show signs of self-harm risk or if a prison officer, healthcare worker, or another prisoner has concerns about their mental well-being.
- 2. Assessment:** A trained ACCT assessor interviews the prisoner to identify the level of risk and understand the factors impacting their mental health.
- 3. Care Plan:** Based on the assessment, a care plan is developed to address the prisoner's specific needs, which may include regular welfare checks, access to mental health services, support from staff, and other tailored measures.
- 4. Regular Reviews:** The prisoner's progress and risk level are regularly reviewed by a team of staff, including healthcare professionals and prison officers, to ensure that the support continues to meet their needs. The frequency of monitoring is adjusted according to the perceived level of risk.

The desire for personalised and structured support

Women expressed a need for support centred around peer connections, preferring small groups with other mothers who understood their experiences. They wanted these sessions to be facilitated by someone independent of the prison, allowing them to share their emotions in a safe and supportive environment:

It would just have been nice to have someone to sit and talk to, about how I was feeling. Maybe a little group where pregnant mothers could meet on a weekly basis and just chat about their own experiences and things like that. Maybe, I don't know. More accessibility to counselling services.

— Casey

I wouldn't mind if there were like a little group made of mothers who are going through this like me? It would help a lot of women. It really would. Because then they're letting – not the pain out – but the emotions, and all of the mums can just join together. There might be less bloody fights, or shouting, or kicking off, or other inmates, keeping other inmates up all night. It might help a lot of things, because then people haven't got the stress on their shoulders.

— Gemma

Some women shared that they had not spoken about their separation from their children until they were interviewed for the Lost Mothers Project. For some, this was the first opportunity to share their experience with someone outside the prison:

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

— Hope

To be honest, I've quite opened up with you today, because you're very softly spoken... Because normally I wouldn't talk.

— Leticia

I normally don't really talk about it to many people, like, today is just my only chance that I've had. Sorry, I can't stop talking. Once I start talking about things, it just comes out, because it just brings back it all. It's hard, especially as I'm on my own.^{vi}

— Bettina

For the researchers, this emphasised both the invisibility of many of these women's experiences and stories but also highlighted the importance of support that is external to the prison as a safer space to discuss their feelings.

Others spoke about the types of support that were meaningful to them, highlighting what had helped them cope:

I had a lot of support from the Perinatal Mental Health Team, and also the PMBLOs... Probably more the Perinatal Mental Health Team. I'd just rather speak to them than the PMBLOs.

— Faith

People will hide their emotions, if you get an outsider, you can start building trust, or things like that for the first few sessions, and then they're going to start feeling comfortable around you. But if it's with the staff, they're going to think, not a chance. No one is going to work with you.

— Gemma

This preference for small, dynamic, peer to peer and professional led support emphasises the importance of women's autonomy in deciding for themselves what kind of support is most suitable for them, whilst highlighting how the prison removes this sense of agency from women's experiences of support.

^{vi} To maintain the safety and wellbeing of participants, some of whom found revisiting their experiences emotionally difficult we ensured that named support was available following interviews, offering an opportunity for further reflection and care if needed.

Individual acts of kindness

Overwhelmingly, women spoke about the lack of support they received whilst experiencing separations and often felt a sense of abandonment by institutions and services. However, some women also spoke of the positive interactions they had experienced with staff members, and the importance of individual acts of kindness they had received. In some cases, professionals took on roles in place of family members, and it was clear the women appreciated these moments of support. Mostly, these positive interactions were shared with midwives and PMBLOs:

The midwife was my birthing partner, and she was lovely, she was my birthing partner, because my mum didn't want to come.

— Faith

She's been amazing (PMBLO). She's been more helpful to me, than the social worker.

— Veronica

The Miss you've got at the moment that deals with babies and mothers, she's got a really big heart, and she's really caring and understanding. And she will come and sit on the end of your bed, she will chat with you for an hour about what's going on.

— Casey

These individual acts of kindness and empathy clearly meant a lot to the women who received them and emphasise the importance of compassion when supporting women experiencing separation.



iPoem case study

Janine found out she was pregnant when entering prison. This was to be her 7th child. Her eldest baby had been stillborn setting her off into a downward spiral into drug addiction. Her subsequent children had been adopted. This time Janine wanted to change and was told by the local authority and social workers that if she got clean, she may have a chance to keep this baby. She came off all the drugs and worked hard to turn her life around. This is Janine's story written as an iPoem from her candid interview about her experience:

I was in hospital for seven days with her, breastfeeding.

I had to make this one work.

I knew I had to try my hardest to be able to keep her.

I changed my whole lifestyle.

I wasn't getting into trouble.

I changed everything.

I became the person I wanted to be.

I had my hopes up for that chance to make things better.

I felt like I was under a light in the hospital, like being watched all the time.

'I'm not hurting her do you know; I'm not going to hurt her'

I wanted to spend that little bit more time with her.

I thought I'd have a little bit longer with her.

I said, 'all this hard work I've done is for what?'

I wasn't able to make them things right because they didn't let me.

I had to wean her from my breast to a bottle in one night.

I was devastated.

It broke my heart.

It did.

It broke me.

It broke me.



4

How professionals experience supporting women before, during and after separation

Whilst the interviews conducted with women and staff primarily inform the findings and recommendations of this report, the observations of prison life, and the interactions with staff and women in prison outside of interviews, have also influenced the research teams' broader understandings of the prison system and the treatment of incarcerated women. For one member of the research team, this was their first time conducting research in prisons. Whilst not recorded explicitly in interviews, they noted in their research journal after visiting one of the prisons about the attitude of some members of prison staff towards women in their care:

'There was a regularity and flippancy in which prison staff would refer to women in dehumanising language. Being taken to different areas of the prison and hearing 'it sounds bad but, we treat them more like they're human here,' or staff making derogatory comments about women in certain wings, was common. This open recognition that in certain areas of the prison, and amongst certain colleagues, the women under their care were being treated and categorised as less than human, was a shocking revelation that I just wasn't prepared for, let alone to be said outright to me as an external researcher – if they're saying this to me now, what's happening when I'm not here?'

— Researcher

These observations feed into our understandings of prison culture, how women are treated within the prison system, and staff perceptions of women.

Lack of training and support around separations

None of the staff members who took part in our interviews had received any formal training around compulsory separations and how to support women experiencing separation. This lack of training is particularly concerning considering the Pregnancy, MBU, and maternal separation prison policy framework states that all PMBLOs, their deputies and MBU staff are required to attend training around perinatal women in prison.²⁵ For many staff members, this meant learning on the job, often having to navigate difficult situations with little prior guidance:

Since I've come into here, I've probably dealt with about 5 or 6 separations, and you don't have any training. You come in, do the first one blind and then hope that you're doing it right, and then you learn from each one. We ask all the time (for training and support). We're constantly asking for it because of what we're dealing with.

— Midwife

We're not trained; we've had no training to say how best to deal with a woman going through these emotions.

— Prison Officer

When people are training to be social workers, these conversations never come up. These things are not explored for children and family social workers. So, I think there needs to be a push in terms of the university training.

— Social Worker

We get trained on bereavement, women who lose a pregnancy, so why is there not training around separation because it's just as traumatic, isn't it?

— Midwife

There were differences in what training was available by profession. For some professions, such as Midwives and Community Health, Care & Support Professionals, there was available training around trauma-informed practice and perinatal mental health. However, for Prison Officers, the training around pregnancy and new motherhood in prison seemed outdated and lacking in compassion:

We have safeguarding training delivered through our trust every year, and then we have training around perinatal mental health, but there probably isn't that much training around separations and supporting those women.

— Midwife

I've done some in a previous role, some work around trauma and things. For this role, there was an online learning course provided by HMPPS, but I can't remember if it did anything on separation.

— Community Health, Care and Support Staff

When I started in this, we did a bit of training and one of the trainings – and it's always stayed with me – was if that baby was your precious baby, would you trust your own baby with this woman?

— Prison Officer

And there's no amount of training, because when you go through prison college, they tell you all about the male. It's all very male-orientated, because the prison service is male-orientated, but you don't get that – Oh, by the way, you're going to a female establishment, you will encounter women who are pregnant, who will be giving birth, who will have their children and without their children.

— Prison Officer

Despite the lack of formal training, staff did create informal systems of support for one another that were particularly useful when dealing with traumatic cases. However, this support was often inconsistent:

We do that once a month (Prison Midwives Action Group^{vii}), so that helps because it is a lonely job in here. It's nice that you can actually talk to other midwives in the same situation, because they all know exactly what



you're going through. So that's definitely a support for me.

— Midwife

I describe it to people that it felt like a car accident had happened (a distressing separation), but all the airbags went off at the same time so that was a bit of protection for me, then kind of reflecting back, that is what I needed to be able to just talk about it, rather than go home and have all that in my head.

— Midwife

There was a debrief pulled together a few weeks later with the mental health worker, just to discuss it, and it was nice to just be able to sit and chat about it ourselves, to go through each other's experiences and what their take was. So that was quite nice, but that's only ever happened on one of them, but that one was quite bad.

— Prison Officer

Whilst there were differences in the levels of support and training available to staff. It was clear that they all thought they would benefit from more structured support and training around separations.

vii The Prison Midwives Action Group (PMAG) is a peer support group for midwives set up voluntarily by Laura Abbott in 2021 to share good practice, ideas and support one another across the country. Participation is not funded and optional.

Emotional toll on staff

Each of the members of staff interviewed for the project discussed the emotional impact of witnessing separations and the aftermath and impact on women. Witnessing the pain of the women experiencing separation was undoubtedly hard for staff members trying to support them, and at times this became overwhelming:

You do become a massive, emotional sponge for all this stuff. And sometimes the sponge does leak, and it's about recognising that and being able to speak to people. And, also, it's okay to not be okay sometimes, because the stuff that we deal with in here is really traumatic.

— Prison Officer

When we were coming back (from the hospital), we knew she was going to go on a constant watch, and they were wanting me or (another officer) to do the constant, and we both refused. We said, it's just too much to do; we've just gone through X, Y and Z in the last couple of days, so you're going to have to get somebody else to do the constant because we're... It was just too much.

— Prison Officer

Here we can see that the traumatic impact on staff is often amplified through a lack of resources which both exacerbate the emotional toll experienced by professionals, but also increase the risk of harm to women, as staff are unable to maintain the necessary levels of support and observation necessary to support and care for women adequately.

In the interviews, many of the professional spoke about a stand-out case, or moment, that had stuck with them long after the event. These were often incredibly traumatic for both the women and staff supporting at the time:

I had flashbacks for days of that cry that she gave out.

— Midwife

I literally just pushed the baby in the crib, out of the room, and as I got onto the corridor, all I heard was this horrific howl from her. And it was just the most heartless, cruel... I totally appreciate there was no way this baby could remain with her, and I understand that, but the process...it was just such a heartless process.

— Social Worker

I went to the court hearing, to the hospital to support her, and she just shut down. She just

laid in a foetal position, just wailing and it was horrendous. Absolutely horrendous. You just don't know what to say to them, to be honest, because there's nothing that you can say that will make anything feel any better.

— Prison Officer

Whilst women carry the most pain after experiencing separation, the process is difficult for everyone involved, and the pains of separation extend into secondary trauma²⁶ experienced by the workforce.

Lack of joined up working

Many of the professionals we spoke to, discussed the difficulties of engaging with other staff members in different professions. The lack of joined up working amongst professionals often led to a culture of blame, with staff blaming other professional groups for the lack of support offered to women.

To be honest, it might be a bit controversial. I'm not a social worker, but I do manage risk and assess risk. I also feel it's very important to work with the woman in a trauma-informed way. I didn't feel like that was the case, and I don't feel like she was afforded that care (by the social worker) at a very sensitive and emotional time.

— Prison Officer

I chase the social worker all the time, and then it's, oh, this one's left, it's a new one now. And then it's trying to find out who the new one is, and then getting in touch with them, and them saying, right, we definitely want the children to come in, but I'm just trying to work out when and how.

— Community Health, Care and Support Staff

There are some officers who very much still feel like they need to take that control and remind a woman that she's prisoner. You know, 'you might be in here having a baby but don't forget you're still a prisoner'. That kind of attitude can make or break a birth experience for a woman. We've had a woman recently... first couple of officers who were there on that bed watch were quite derogatory in the comments towards her. And then the second set that came at shift change were amazing and were getting the birthing ball and advocating for her... it's such a huge scale, they're either at that end or at the other end. There's not kind of much in the middle.

— Midwife

For some staff members, these were irreconcilable differences that represented immutable and inherent discrepancies not only within job roles, but also themselves as people:

We're very different people, and it is hard not to have a personality clash when we work on landings all day, dealing with the rough end of the stick. They have a very different outlook of caring and sharing, and vulnerability. And we're like, we see a different side of it. So, it's difficult and we do bang heads, we can't not.

— Prison Officer

However, there were moments of recognition from members of the staff of the difficulties other professions faced and acknowledging that whilst they were working in different roles, they were all working in less-than-ideal conditions, often with vast caseloads and limited budgets:

I mean, social workers are exactly the same as midwives in terms of the challenges that they face.

— Midwife

Every social service is different. You might have one county that are really quick; other counties are really... It might be that the background of the lady might be so complex, that it might just take time. There're so many checks that have to be done. Things just take time, unfortunately, but then you're time-restricted with a pregnancy.

— Community Health, Care and Support Staff

When she goes back onto her normal wing, if there wasn't the support from the PMBLO and from perinatal mental health, and the midwife, I think a lot of these women would really struggle. The wing just treat them as just another prisoner. I know we've got the ACCT process, where staff are checking them every half an hour. That's fine, but there's not that emotional support on an ACCT.

— Prison Officer

Ultimately, the people most impacted by the lack of joined up working were the women, who due to siloed working, experienced late decision making, changes in decisions, a lack of transparency and poor communication at a time of heightened stress and vulnerability:

Some social workers are good, and will tell women when they're planning to come in. Some just turn up and they'll liaise with the post-natal ward to find out if mum and baby are fit for discharge. And if that midwife

doesn't tell the woman and doesn't really know the case, then the first they (woman) know about it can be the social worker turning up on the ward, ready with the car seat to take the baby.

— Midwife

Boundaries

Boundaries were a strong theme in interviews with professionals. For some professionals, usually Prison Officers, maintaining boundaries was extremely important and rigid, and essential in maintaining discipline and security within the institution. In some cases, it was apparent that the necessity of maintaining order and control was seen as a higher priority than providing adequate care and support for women undergoing separation:

When you're in this environment, there's always going to be rules, and there's not a lot of leeway in being able to manipulate that. There's always the security and making sure the establishment is not at risk, but inevitably, unfortunately, you're in custody, and we can only stretch so far as to what we can put in place, and what we can try and make work for that individual.

— Prison Officer

Not all prison officers are knuckle draggers, but we are set in our ways. We run on a regime, and the training that we receive is still quite old school and disciplined... The basic training is around what's best for us, around corruption, around security. Everything's security, discipline, regime.

— Prison Officer

I think it would be quite devastating (separations). But, unfortunately, over time, as prison officers, we harden up. So, I think even though you're involved in it, I think you still distance yourself.

— Prison Officer

These strict boundaries were also evidenced in how the Prison Officer's interacted with women. Women experiencing separation would often show visible signs of distress. However, for prison officers, having an emotional response or offering physical reassurance was explicitly discouraged, and it was clear many of the prison staff were uncomfortable with showing the women any signs of affection:

They were all going, I want to hug you. I went; I don't hug.

— Prison Officer

However, even within the rigid environment of the prison, there were examples of boundaries being stretched to offer support and condolence to women experiencing separation:

And I sat there for a bit and then I did give her a massive, massive hug. Obviously, normally we're not supposed to do that, but I just... She needed some physical reassurance at that point.

— Prison Officer

For other staff members, it felt almost impossible to do their jobs well without breaking boundaries. In professional terms, this meant some staff felt as though they could not take holiday or time off when sick, as they were concerned about the lack of support available for women without their presence. A lack of boundaries also registered as women working outside of their remit or using their own income to provide women with care and practical/supportive items:

I did this about five years ago, I make separation boxes up. I do two of everything, so one goes with baby, one set goes with mum, and then my idea is then baby is sleeping with one set, one is sleeping with mum, and then we swap them over when baby comes in to visit. So, the baby smells mum and the mum can smell baby. I've funded them myself for such a long time.

— Midwife

We had a social worker come in, I think it was two or three years ago. It was her day off, and she doesn't get expenses for driving into work, but she'd come in to work on her day off, picked the baby up, brought her in for a visit and drove back home, all on her day off.

— Community Health, Care & Support Staff

Every woman's completely different, but for me I can be in there 3, 2 or 3 times a day with them... that's just something that I have done... I just think because of what their needs are, you know, you've got to be able to offer them that level of support...

— Midwife

Whilst boundaries were clearly imperative in maintaining the prison order, it seemed to be impossible to maintain the rigidity of the prisons boundaries whilst offering appropriate care to women, both in terms of necessary health care, and compassion care and support. Staff were needing to work around these restrictions, and in some cases the very training they were given in order to take on their roles, to offer empathic support to the women in their care.

Challenges within the system

The structure of the system leaves both mothers and staff with little control, making it difficult to support meaningful change. Despite their efforts, staff trying to enact change from within often face systemic barriers that limit their ability to improve outcomes for the women:

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

— Midwife

In some cases, despite the best efforts of staff, the rigidity of ways of working meant that it was difficult to offer meaningful or flexible support to women who were experiencing separation:

It's dictated by the hospital...if they're born say on a Friday, they won't discharge them over the weekend, because social services don't have anybody to come and collect the babies. How the babies are doing, and if they're breastfeeding – there's quite a few factors, but the woman has no control over any of them.

— Prison Officer



Each prison estate holds women from various locations. Therefore, it can be challenging to establish contact with their social workers, especially if the woman does not have their details upon arrival. While some social workers are highly dedicated and maintain strong communication, access to support often depends on luck, which is frustrating and inconsistent:

We have women from all over...They may have committed the crime here, and they could be from (place). So it's trying to make contact, establish and connect with the social worker... find the social worker. Then you'll get some fantastic social workers that are so invested in keeping that relationship going and making sure that everybody has all the information. It's maybe just the luck of the draw, which is awful.

— Prison Officer

A member of prison staff explained the challenge of filling the PMBLO role, leading to a temporary appointment that extended for seven months, impacting the consistency of perinatal support and highlighting challenges in staff recruitment and role allocation:

I do see the women that are on our perinatal pathway, but I only see them every two weeks. When it became the (PMBLO role), they put it out and nobody wanted it, so they asked me, would I just polyfill. Seven months later, I'm still polyfilling. But they have took me on the full hours of my part time now, as the PMBLO.

— Prison Officer

This highlights ongoing challenges in recruiting and retaining staff for the PMBLO role, leading to inconsistencies in perinatal support and reliance on temporary arrangements.

The lack of formal training and support in managing a severe mental health crisis posed significant challenges for staff:

She got signs of psychosis...and social services did an emergency court. Then, when it came to the separation, [NAME] was supported by me, just to obviously inform her that the baby would be removed, but it was only for a temporary measure. Unfortunately, at the time, we didn't realise that it was going to become a permanent measure. So her perception was that we were stealing her child.

— Prison Officer

Prison staff therefore had to oversee an emergency mother-baby separation, navigate legal processes, and provide emotional support, all while handling the distress on the mother.

The disconnect between managers, who lack experience with the complexities of prison midwifery, and the unique role of the prison midwife has contributed to additional challenges:

We've had a few comments recently that's not been very pleasant, where managers have said the problem is you're offering a gold standard service that can't be given to everybody and that's not fair. But we work really hard to offer the service often with a lot of pushbacks and a lot of challenges. They keep talking about closing this team down because there's not enough of us, but we are still here fighting.

— Midwife

Despite staffing shortages and ongoing discussions about closing the team, staff continued to advocate for the service they provide.



5

Systemic issues as barriers to good support

Personal and structural bias and racism

For some women, their experiences of separation, and the decision-making around whether they were to be separated, was structured through experiences of racial bias. One woman, who had been affected by female genital mutilation (FGM), felt as though this was held against her in the decision to be separated from her baby:

Social services just keep on using my past life against me. They even used FGM against me, and they said I have been a victim and that my daughter could be at risk of having this done to her. But I was like; I did not have a choice. But they were quite aggressive in the way they were talking about it, they said, we don't know if she could hurt her child. We don't know what she could possibly do.

— Freda

Whilst FGM is recognised as a violation of the human rights, health and integrity of girls and women,²⁷ for Freda, her experiences led to her being viewed as a potential danger to her daughter. This highlights both a serious lack of understanding around issues of gender-based violence as well as a lack of cultural sensitivity and racial bias. For Freda, this meant the experience of prison, social care involvement and separation felt even more punishing:

I thought, wow, these people, they never wanted to help me, they just wanted to punish me even more than I'm being punished now and punish me with my child.

— Freda

Staff also spoke of racism within decision-making processes around separations. One prison officer discussed what they viewed as clear racial bias within two women's experiences of MBU decision-making:

I think there was a lot of discrimination and racism involved. I was looking after a girl who was White – British, Christian... with exactly

the same offence. She was allowed to keep the baby. Social services in her area assessed her and supported baby, not only remaining in mum's care, but coming onto the mother and baby unit... there was no consistency in the assessment process. The number of times the social worker used to come in and visit my other mother and baby, in comparison to the other mum.

— Prison Officer

Whilst this refers to social work decision-making processes, there were further examples within the prison system directly which highlighted racial disparities.

Many of the women we offered to consent to an interview during our prison visits were often selected by the prison staff. On one occasion, staff has decided that a Black woman who had been separated from her baby, was not suitable for us to speak to, due to her not having a 'good attitude' and being 'rude'. In the brief meeting we did have with her, this did not seem to be the case. Whilst this is a brief observation, it did raise further questions about racial bias within the system and the treatment of Black and ethnic minority women who experience separation by prison staff.

Lack of representation and diversity

Black and minority ethnic women are over-represented in the prison system and under-represented in the workforce.^{28 29} This was easily observed as researchers were shown around the prison. However, this was most starkly apparent during observations of the MBU board:

At one board there were 11 members present, including a heavily pregnant Black woman who was applying for a place on an MBU. All board members were White, comprising the chair, head of services, someone to take minutes, social worker, midwife, MBU manager, children services manager, and observers.

— Researcher

The power imbalance of MBU boards was felt in every observation of the process, with seemingly little acknowledgement from staff of the pressure and intensity of the experience for the women involved. The lack of diversity of board members had the potential to disempower Black or other minoritised ethnic background women. Whilst this is not to suggest that increasing prison staff from racialised backgrounds would address this imbalance, it is an important point for consideration when considering the potential impact of racial bias.

Whilst our research has not explicitly explored issues around cultural and racial bias and discrimination experienced by women who are separated from their babies in prison, there are clear issues that have emerged in relation to this issue. There is a need for further research in this area exploring racial disparities within experiences of separation within the criminal justice and to examine how Black and Ethnic minority women are treated by both the criminal justice system and social care systems.

Bureaucratic Processes and Systemic issues: ACCTs and Section 20s

The introduction of ACCTs for women who are separated from their babies was viewed by some of the staff as a progressive and positive implementation in ensuring women's safety after separation:

I've known somebody in my time here, who wasn't on an ACCT and had a child took off them, and they hung themselves, and died in custody here. Would that have happened if the ACCT was open? I can't say. But she was very well in herself, the way she displayed. No one could have called that happening. So why would we not have something like that in place to make sure that, are you actually alright, or are you just saying that you are? It's good practice that we do that now.

— Prison Officer

For others, there were mixed feelings towards the document. In some cases, the high levels of need across the prison estate and stretched staff teams meant ACCTs were difficult to implement meaningfully:

I think if they're used well, they can be really great. I have noticed where prison staff have been really short and busy, and when there's 30 ACCTs open, and 15 reviews need to be done every day, I've seen the stress on the staff. So, I think if they're utilised well, and there is a good number of staff there to carry on that work, they work really well. But when

there's an emergency of something else happening, and then there's a review that needs to be done, it's quite draining on the system.

— Social Worker

It is good practice (opening an ACCT), we will still do that to support them. And it's not just because it's a tick-box exercise, they don't need to engage with the ACCT document if... So, the ACCT document is still in place; the constant watch part is just the observation. So, once you come off constant observation, you'll go on to five or four times an hour, and we can reduce it and reduce it. It's a risk assessment at the end of the day.

— Prison Officer

For other staff members there was an acknowledgement of resistance from some women on being placed on an ACCT:

Some of them become upset, almost embarrassed and quite insulted that we've opened an ACCT. We'll explain, that's fine, but it's something that we're putting in place to help us support you. So if you turn it around from, 'we don't think you're going to kill yourself', and just make sure that it's explained to them properly, then at the end of the day, it's a good thing to put in place.

— Prison Officer

It was acknowledged that PMBLOs, due to their knowledge of the woman and their relationship with her, might be the best individuals to manage an ACCT. However, since PMBLOs are at Band 3 level, they were not permitted to take on this responsibility:

If one of the PMBLOs was a band four, they could manage that ACCT, they could do all of that pre-work. It would be appropriate. It's only a band four or above, for an ACCT.

— Prison Officer

While there are clear positives, particularly in offering support and acting as a conduit for women, the rapid implementation of PMBLOs under the Pregnancy, MBUs, and Maternal Separation Policy Framework raises concerns. Without appropriate authority, specialist knowledge, bespoke training, and adequate support, these roles may be limited in their effectiveness and risk causing unintended harm to women navigating pregnancy and separation in prison.

A significant challenge lies in the system's failure to recognise and accept the potential for individuals to change – a core objective of rehabilitation. The impact is particularly drastic when a woman is compelled to

sign a Section 20 form,^{viii} surrendering her child without legal representation. Many women may not be fully aware of the implications of what they are signing, a critical concern exacerbated when the woman undergoes a positive transformation through proper medication and treatment. Furthermore, and more concerning, our research has found evidence that women are being persuaded into signing Section 20 forms without having a full understanding of the form they are being asked to sign. Our findings indicate this process is sometimes occurring immediately after having given birth, when women are physically, emotionally and mentally vulnerable, and with no legal guidance. Midwives in particular raised this as an area of concern:

I think the biggest thing for them is when they come in and they need it signed after they've just given birth. That's the horrible part, because if you think that woman's gone through the local authority and probably never understood what a section 20 was but then is expected to sign it. I have had women saying I'm not signing it and then you've got solicitors on the phone saying you've got to sign this because if you don't, the baby's gonna be taken anyway.

— Midwife

Concerns were raised that with more education and financial resources some women may be better equipped to understand and navigate their rights, while those from more disadvantaged backgrounds may not have access to critical information:

If you are an educated woman, you may have more resource, more financial power and they may have more rights than those from impoverished backgrounds. They need to know there's a three-to-six-month review of a section 20.

— Social Worker

I can't remember what I signed. I agreed to terms what the social worker says...Because, obviously, I was fighting for him, at first, so I agreed to do certain things and, yes, so I did sign some stuff. They said, oh, it's a contract between me and you, but they might go through it. So, in a way, I should have really taken it back and read it before I signed it, but that's what they're good at doing.

— Ella

I had to sign something, obviously, but that was – I can't remember what that was now. It wasn't to be adopted; it was to say that I'd given up rights. Given up the rights to her, or something. Yeah.

— Lucy

The communication around Section 20 often lacks clarity, with little emphasis on context, planning, or proper guidance. There appears a push to get it signed quickly, prioritising efficiency over compassion. While women are advised to seek legal guidance, delays can lead to pressure, leaving them feeling ambushed and without real choice. Despite having rights, many are unaware of them and may experience the process as coercive:

I think the system has failed me. I just don't understand, and I wish I could even appeal it now, but I can't, I've signed the paperwork. They set me up to fail. When I went back to prison, my head just went.

— Faith

They asked me to do adoption, and I said, not a chance. I said, you might be taking them away from me for a little while, but you're not taking them away from me for the rest of my life – not a chance! They asked me to sign it (section 20 form). So at the minute, I haven't got the full 100 per cent, so I've got 51, and social services have got 49. Obviously, they'll have to do an assessment on me and see how my stable thing is. I've been through it. I've lived it. I've been in the care system since I was 12 years old...so I know a lot about them. I know what games they play.

— Gemma

Mother and Baby Board decision making

Mother and Baby Unit (MBU) decision-making boards operate in a legally ambiguous space, often making would-be-legal decisions without formal legal authority.³⁰ Decisions about a mother's placement in an MBU are sometimes made before the baby is born, raising concerns about due process and whether courts are making incorrect or premature judgments.³¹ Concerns were raised about delays in board meetings, particularly in cases involving pregnant women, where a two-week postponement could significantly impact outcomes.

^{viii} Section 20 (UK Local Authority Perspective): Definition: Section 20 refers to a provision within the Children Act 1989, allowing local authorities to accommodate children voluntarily. Parents can agree to their child being in the care of the local authority, and the child may receive accommodation and support. This arrangement is intended to be consensual, with parents retaining certain rights and responsibilities.

It was noted by members to be 'disappointing' that at some boards a social worker did not attend, and instead, a report was delivered to be read out re a decision in their absence. In some cases, it was clear that the social worker had never met the woman they were working with in person or had only had one interaction with the woman (either in person or online) before writing their report. This led to frustration among board members who stressed the importance of their input in making well-informed decisions, while women themselves felt overlooked and unheard in a process that profoundly impacted their lives:

It is grating that they (social services) put a report in, don't come to talk to the woman about the report, don't appear at the board, put the report in and then many of the women don't actually understand the report implications.

— Board member

Engagement with prison staff and maternity services was a decisive factor in recommendations, with women who demonstrated progress and willingness to change more likely to receive unanimous approval for placement. One board highlighted this as a decision for success or failure to gain a place. For women struggling with substance use and non-engagement in the community, recommendations often leaned towards family court intervention rather than placement in the unit. A key tension emerged in discussions, described as a 'push and pull' dynamic between the desire to place mothers in the unit and the need to address safeguarding concerns. The term 'care order' caused particular distress for one mother, demonstrating the emotional weight of these proceedings.

Our observations during the MBU boards supported women's concerns. In one MBU board, a mother's relationship with her children's father was brought up as a major point of concern as to whether the woman should have a place on the MBU. The woman had disclosed that there had been domestic abuse in the relationship, however she made it clear that they were no longer together. Despite this, their relationship was repeatedly brought up during the process. This not only emphasised the barrier fathers' involvement can have on securing a place on an MBU, but also signified a lack of understanding towards women who have experienced domestic abuse:

The running thread through nearly all these women's experiences are abusive men. Some have gone from one to another, passed around like a parcel.

— Board member

When fathers are abusive or imprisoned, mothers may face separation from their babies due to instability or legal action, deepening the trauma for both mother and baby:

I have had to leave the baby Dad, because he's got his own issues that I believe that he's not ready to deal with, and that will fall down on me.... So, I've had to tell him, I'm doing this (MBU) assessment alone, and if you want to prove your chance as the father separately, then maybe we can come back together. But until that, I'm doing it separately, alone with me and the baby. Because I can't take that risk of them taking the baby off me.

— Sabrina

Sabrina's fear of losing custody drove her to separate from her baby's father and undergo a parenting assessment alone. Her decision reflects the intense pressure imprisoned mothers face and underscores the complex dynamics of power and control within the prison system, where mothers must navigate institutional expectations and personal relationships to protect their maternal rights.

For women who were denied a place on a MBU, visits with their babies, sometimes promised up to three times a week, were often unfeasible. Distance, travel costs, and the willingness or ability of foster carers or family members, who may have other children to care for, created significant barriers. The logistical challenges of prison visits, including long waiting times, strict security measures, and intimidating experiences such as searches and sniffer dogs, further reduced the likelihood of regular contact. As a result, the reality of maintaining a bond with their child was far more difficult than initially suggested:

Another issue is visits – often once a fortnight with a new baby but children's services think they're doing a good job by maintaining contact.

— Board member

Our observations highlight inconsistencies and structural barriers within the MBU decision-making process. The absence of key professionals, particularly social workers, raises concerns about the thoroughness and fairness of assessments, while the emphasis on engagement as a determining factor overlooks the complex challenges women face. For those denied a place, the reality of maintaining contact with their babies is far more challenging than promised, undermining the principle of preserving maternal bonds.



Discussion

The findings from the Lost Mothers Project reveal the raw and often heartbreaking experiences of women in prison, particularly around the separation from their babies. The emotional impact of this separation is profound, with many women describing overwhelming feelings of loss, guilt, and helplessness. Despite their best efforts to bond with their children, the lack of adequate support and the sudden removal of their babies only compounds their trauma, leaving them isolated, vulnerable, and emotionally distressed. For many of these women, the pain of being separated from their newborns is a hidden and under recognised aspect of their imprisonment, with lasting effects on their mental health and well-being. This emotional weight often goes unnoticed, adding to the complex, unaddressed needs of incarcerated mothers who are already grappling with significant trauma.

Staff, while well-intentioned, often find themselves under prepared to support these women adequately. A lack of comprehensive training on the specific needs of incarcerated mothers, particularly in areas such as trauma and mental health exacerbates the difficulties faced by both women and professionals. Many staff members reported feeling emotionally drained and overwhelmed by the weight of their roles, struggling to provide the care and support needed due to limited resources and inadequate guidance. The affecting toll on staff mirrors the challenges faced by the women themselves, with professionals feeling the strain of their own boundaries being tested in the absence of proper training and support. Additionally, the lack of diversity and representation amongst staff further complicates these issues, as staff may struggle to understand and empathise with the unique experiences of women from diverse backgrounds, particularly women of colour.

Our observations also highlight significant inconsistencies and structural barriers within the decision-making processes of Mother and Baby Units (MBUs). The absence of key professionals, such as social workers, during critical decision-making raises concerns about the fairness and thoroughness of assessments. This lack of involvement often results in incomplete evaluations of women's unique circumstances and needs. Moreover, the emphasis placed on engagement as a determining factor for placement overlooks the complex, often overwhelming challenges women face, such as trauma, mental health

struggles, and the stress of navigating the prison system. These challenges often prevent meaningful engagement with the decision-making process, leaving women feeling unsupported and misunderstood. Addressing these systemic deficiencies is essential to ensuring a more transparent, fair, and trauma-informed approach to decision-making in MBUs. These findings highlight the need for greater consistency in social worker involvement, stronger local authority engagement, improved diversity on decision-making boards, and clearer communication with women to ensure transparency in the process. Addressing delays in board meetings, particularly for pregnant women, is also critical to ensuring timely and fair decision-making.

Delays in mother and baby board meetings, particularly for pregnant women, exacerbate the risk of separation, further intensifying the emotional toll. The drawn-out decision-making process prolongs the anxiety mothers experience and fails to consider the psychological and emotional impacts on both mother and child. Inconsistent approaches to fathers' involvement, especially in cases of domestic abuse, demonstrate a lack of nuanced understanding of family dynamics, placing additional pressure on mothers to navigate these difficult circumstances alone. The emotional burden of trying to preserve maternal identity in such an environment often feels insurmountable, with many women feeling that their roles as mothers are undermined by institutional policies.

For those women denied a place in the MBU, maintaining contact with their babies becomes far more difficult than promised, further undermining the principle of family preservation. The logistical and emotional challenges of keeping these bonds intact make it nearly impossible for mothers to remain connected to their children, compounding their distress. Women also reported struggling with a deep sense of invisibility, as their needs and voices were often ignored or undervalued in the decision-making process.

Our findings also reveal systemic issues such as the hasty nature of processes like Section 20. Women are often pressured to sign documents without fully understanding the implications or their rights. This lack of clear communication and informed consent leaves women feeling exposed, coerced, and disempowered, further eroding their trust in the system. The process, rather than being an opportunity for empowerment, becomes a source of additional stress and confusion for already vulnerable women, who often internalise the trauma of the experience. The ACCT process, while intended to support vulnerable individuals, often falls short in addressing the complex emotional and psychological needs of incarcerated mothers, especially those dealing with the trauma of separation from their babies, leaving them feeling unsupported and at risk.

These findings underscore the urgent need for policy and practice changes. Women need more comprehensive support, including clearer communication, better training for staff, and more time and space to make informed decisions about their rights and their children. The emotional and mental well-being of incarcerated mothers must be prioritised, and the prison system must create a more compassionate environment that recognises and addresses the specific challenges these women face. The emotional and psychological impacts of separation from their babies must not be minimised, and efforts to preserve maternal identity should be central to the decision-making process. Only through systemic change can we ensure that incarcerated mothers being separated from their babies are treated with dignity, supported in maintaining their maternal bonds, and given the tools to heal from the trauma they experience.



What should happen now: Lost Mothers priorities

Recent indications from the Secretary of State for Justice and the Prisons Minister, the creation of the Women's Justice Board, and recent³² and proposed³³ changes to sentencing guidelines (some of which are currently on hold³⁴), show promise for reducing the overall numbers of pregnant women and mothers of infants entering prison. But these changes will take time, and many past commitments to reduce female imprisonment have failed to translate into reality. In the meantime, we must ensure that mothers and babies are no longer separated unnecessarily through incarceration. Consideration of the specific needs associated with the first 1001 days must be embedded within every point of contact a woman has with the CJS.

In what follows, we set out several key priorities, based on the findings from women and staff who so generously shared their experiences with the Lost Mothers project relevant both for these specific policy exercises and for wider systemic change.

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

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

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

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

A mandated approach to sentencing in the 1001 days is needed to deliver this radical reduction. Sentencing guidelines for pregnant women and mothers of infants have been strengthened in recent years,³⁵³⁶ as have prison policies on pregnancy, birth, MBUs and maternal separation.³⁷ Yet the findings of the Lost Mothers study, along with wide evidence, show us that guidelines and policies often fail to translate into better practice, and are insufficient in the face of such huge impacts for mothers and babies.

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

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

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

As we have seen in the Lost Mothers findings, and corroborated recent statistics,³⁸ the numbers of pregnant women and mothers of babies who are in custody on remand and due to recall are extraordinarily high.

The harm caused by custody and separation are disproportionate in nearly all cases, but are particularly indefensible when applied to those women who have not even been sentenced – many of whom go on to receive no custodial sentence at all.³⁹ Pre-trial detention must be prohibited in 1001 days, in all but the most exceptional circumstances.

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

4 Develop a probation policy framework

As we look towards a future in which far fewer pregnant women and mothers of infants are held in custody, it is essential that we embed a strong focus on the 1001 days throughout the probation system. The prison system has a policy framework⁴⁰ in place, yet the probation system currently has nothing comparable.

5 Place independent social workers in all women's prisons

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

A recent evaluation by PACT⁴¹ has shown that having Independent Social Workers embedded in prisons is effective in ensuring women are able to engage fully with social care processes. ISWs work independently of both the prison and local authority social care systems, meaning they are well positioned to build trust and support women's engagement with both.

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

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

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

The recommendations of the Chief Social Worker for Children and Families in England were clear; MBU processes need to be improved.⁴² Other than the appointment of new Independent Panel Chairs,⁴³ however, very little progress has been made on these recommendations, which included the need to properly consider introducing a right to legal representation for mothers during hearings.

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

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

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

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

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

As set out in *Birth Companions' Birth Charter for women with involvement from children's social care*,⁴⁴ a joint national health and social care pathway is needed to guide the care and support given to women at risk of or experiencing separation from their babies shortly after birth. A related pathway, specific to the CJS, should be created to address the intersections between these systems.⁴⁵

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

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

- Specialist perinatal mental health support for all women at risk of or experiencing separation, with appropriate crisis provision in place 24/7⁴⁶
- Specialist support around cessation and/or re-establishment of breastfeeding, and support to express, store and transport breastmilk safely⁴⁷
- Peer support programmes
- Creative tools for emotional support
- Co-produced resources to help women understand and navigate systems and processes, their rights, and sources of support
- A co-produced training module to accompany the pathway.

A dedicated CJS pathway could incorporate the Giving HOPE project⁴⁸ – already embedded in communities across the country – and must be co-produced with women with current and past experience of maternal separation in prisons.

9 Implement robust auditing processes for all policy and practice reforms

Work to acknowledge and support the specific needs of women facing separation from their infants, across the CJS and beyond, remains disjointed. Many of the recent and upcoming reforms to guidelines, policies

and practice specifications risk being diluted, forgotten or ignored, if robust auditing processes and regular reviews are not undertaken.

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

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

The expertise that exists within women's sector organisations, including women's centres and specialist service providers, is significant. These services provide vital and holistic support to women in contact with the CJS, and have an intimate understanding of the kinds of specialist support that can help mothers maintain or regain care of their children. Where these services are properly funded, they already provide workable and cost-effective alternatives to prison.⁴⁹

But such services are not guaranteed. Many women's organisations are not funded adequately and experience significant financial precarity, and are at risk of collapsing if investment is not increased and protected for the long term.⁵⁰ Alongside all moves to end the imprisonment of women during the 1001 days, we need a substantial and sustained funding plan for the women's sector.



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