



Beyond the Gate: improving support for perinatal women in all areas of the criminal justice system

A report on the Birth Companions seminar at Green Templeton College Oxford, held on 16 May 2019 as part of the Sheila Kitzinger Programme

Introduction

Birth Companions was founded in 1996 to support pregnant women and new mothers in Holloway Prison. Since then we've developed an expertise in the needs of perinatal women in the most difficult and disadvantaged circumstances and have become the UK's leading organisation in this field.

The women we work with face a range of difficulties which can often make the birth of their baby a time of anxiety, stress and hardship. These can include contact with the criminal justice system, immigration issues, homelessness, financial difficulties, mental ill-health, involvement with social services and a history of domestic violence or sexual abuse.

We have been driving improvements in the care and support for perinatal women in the criminal justice system for over 22 years. In 2016 we published our [Birth Charter for Women in Prison in England and Wales](#), to inform policy and practice in this area. Since then, we've seen welcome development in the aspirations for the care of these women, as has been highlighted in documents including Public Health England's Gender Specific Standards to Improve Care of Women in Prison, the Ministry of Justice's recently published Women's Policy Framework and Her Majesty's Prison and Probation Service Women's Team's accompanying guidelines. Later in 2019 we look forward to supporting the development of the new Prison Service Instruction for MBUs as we understand that this will contain rules and regulations relating to the care of all perinatal women and babies across the estate.

This is also a time of significant change across maternity services. Better Births was published in 2016, leading to the ongoing Maternity Transformation Programme. The NHS Long Term Plan also emphasises strong commitments to improving maternity services and addressing health and social inequalities. These developments run alongside a clear intention from the government to reduce prison sentencing for women, and we are about to see significant changes across the probation service. The Welsh Government have just

published a blueprint on approaches to women's offending, and in London, MOPAC is shortly to publish *its* blueprint for a whole systems approach to female offending.

Amidst all this, now is the time to ensure that the work that has been done to improve care within the prison estate is spread across the *entire criminal justice system*, so these aspirations can be translated into reality.

At Birth Companions we see every contact that a perinatal woman has with the criminal justice system – whether in a policy custody suite, a court, a prison, a community programme or with the probation service – as an opportunity to identify needs and help break cycles of disadvantage. The potential benefits for both mother and child, if these opportunities are seized, are significant.

The event

There is a great deal of work going on to support women in the criminal justice system, driven by health services, justice services, and the voluntary sector. Yet through our work supporting women who have been affected by the criminal justice system during pregnancy and early motherhood we know that many women's needs are still overlooked or ignored there are significant gaps between services. and substantial barriers to providing effective care.

The way to address these is, we believe, to improve the way services and systems work together around these women. We need to build better connections between the health, social care and justice systems, and to develop services that are more fully informed about the complexity of women's lives and the specific needs that have to be addressed during pregnancy, birth and motherhood.

That's why we arranged 'Beyond the Gate' – a day-long seminar focused on bringing health and justice services together at a policy, commissioning and practice level, along with women with lived experience of the issues, and specialists from academia and the voluntary sector. The event was hosted by Green Templeton College Oxford as part of the Sheila Kitzinger Programme (SKP), which honours the life and builds on the work of the social anthropologist Sheila Kitzinger (1929-2015). We are incredibly thankful to them for their support.

Overview (full programme available in annex A)

The day opened with contributions from Professor Lesley Page (Birth Companions Patron and member of the Sheila Kitzinger Programme's steering group) and Carolyn Harris (MP for Swansea East and Shadow Minister for Women and Equalities). Naomi Delap (Birth Companions Director) provided a summary of the current policy context for perinatal women in the criminal justice system, and we heard a powerful conversation between two women we have supported, discussing their experiences of pregnancy and motherhood in prison. Naomi welcomed presentations from Chris Kelly (Assistant Head of Health and Justice, NHS England) on the strategic direction for perinatal services in justice settings, the opportunities offered in the form of Liaison and Diversion services

and Reconnect, and the need for health services to be able to instil “a sense of confidence and self-worth” in women, “to help them feel they are worth excellent care”.

Jessica Redhead and Angela Star from the NHS England Health and Justice team in the North East region shared their experiences of developing a specialist perinatal pathway at HMP Low Newton. They emphasised the benefits of commissioning a specialist midwife for the prison from the local Foundation Trust (CDDFT), and working with this expertise not just to support women in the prison but also to educate and support the prison officers working with those women.

Naomi Delap spoke about the benefits offered by a whole systems approach, bringing health and justice together in the fullest sense, and bridging the gaps that can occur, for example, between services commissioned in the community by the CCG, at an NHS level in justice settings, and with a public health focus in local authorities. Contributions from two other Birth Companions staff – Sarah Stephen-Smith (Prison Coordinator) and Abbi Ayers (Prison and Classes Coordinator and Breastfeeding Supporter) – each shared an account of a woman they had supported in a navigation and advocacy role, helping them deal with complex situations and multiple services at points of significant risk and vulnerability in the months after giving birth.

Discussions

Informed and inspired by these contributions, the rest of the day focused on detailed discussions, conducted in small groups and steered towards addressing key questions about service design and delivery.

Working group 1

The first working session allowed each group to each explore a different scenario illustrating some of the challenges and complexities in supporting perinatal women in justice settings.

- A woman separated from her child while applying for a place on a prison Mother and Baby Unit.
- A woman whose lift hadn't arrived after her release from prison.
- The challenges of complying with community sentence conditions while pregnant and caring for other children.
- Arrested while pregnant and not disclosing domestic violence.
- A foreign national preparing for prison release and deportation.
- Mental health referrals after contact with Liaison and Diversion services.
- Preparing for release from prison without housing.

Discussions around these scenarios were incredibly varied, drawing on the range of different perspectives and experiences in the room. Common themes and issues emerging from these included:

- The need for women to feel able and willing to disclose information about complex needs or issues such as domestic violence, particularly amid fears of social services involvement as a result of disclosure.

- The time pressures placed on Liaison and Diversion (L&D) services in assessing and responding to perinatal women's needs.
- The ability and confidence of key professionals including magistrates, legal teams, prison healthcare staff and police, to identify and respond to perinatal women's needs in an appropriate and informed way.
- The difficulties specialist services, particularly in the voluntary sector, can face in gaining access to people in need of their support in a timely way, with adequate resource to deliver that support.
- Services and professionals' low awareness and understanding of each other, across service boundaries, exacerbated by high staff turnover.
- The need to establish different commissioning approaches to bridge gaps, including joint commissioning across CCGs, NHS E and public health teams.
- The need for greater involvement from key services in ensuring seamless care pathways in and out of justice settings, including GPs, health visitors, social services and housing teams.
- The inconsistent nature of services across and within regions, with some areas benefitting from enhanced 'through the gate' services for example, while others provide only "to the gate".
- Difficulties in coordinating differing thresholds and eligibility for services, particularly where some services are dependent on other issues having been addressed first (e.g. mental health needs and substance dependency).
- Problems posed by moving women out of their PCT area and away from support networks during custodial sentences, including moves between prisons.
- The impact of slow and inconsistent referral mechanisms, even where services are established – models such as the National Referral Mechanism for trafficked women were cited as worthy of learning from here.
- Problems in ensuring continuity of care while women move in, through and out of the system, often repeatedly. Continuity of medication was raised as an issue by many groups during the session.
- The possible underutilisation of services seen as providing good opportunities for improved support was widely discussed, with references made to the Bail, Accommodation and Support Service (BASS) and Reunite.
- The impact of cuts to legal aid on the level of support and advice available to women in navigating the system.
- Support for women at risk of separating from, or separated from their children was felt to be very low and a major area of concern, particularly in light of the impact this experience can have on women's mental health.
- High caseloads – particularly for probation officers – was identified as a barrier to more effective support for women, both directly and by limiting capacity for the officer to meet and work with other agencies.
- Ensuring women are registered with a GP and connected to relevant antenatal or postnatal services in preparation for release.
- Services across the system need to be woman-centred and trauma-informed if they are to address needs and avoid adding to the problems women are experiencing.

Communication

The availability and communication of information was central to conversations on all tables during throughout the day. Stories of women being given wrong or misleading information, or no information at all, were shared by many participants and felt to illustrate a fundamental barrier to accessing timely and appropriate support, but also to forming positive and effective relationships with professionals and developing a sense of trust and safety during pregnancy, birth and early motherhood. Poor note-keeping and data sharing practices in some settings were also discussed.

Recommendations to address this included the consistent provision of high quality, specialist resources for pregnant women and new mothers involved in the criminal justice system at all points – via L&D services, GPs, courts, legal teams, on reception into prison and in probation services.

Housing

While all groups highlighted the need for many services to improve their connections with each other and to respond earlier and more proactively to perinatal women's needs, the role of housing was consistently raised as a particular point of weakness. The ability to secure appropriate housing at the right time was described in many conversations as a significant barrier to the effective and sustainable delivery of other forms of support. Participants shared experiences of being told that "it would be easier to put the children in foster care than to find suitable accommodation for them all," and the complications posed by women being deemed to have made themselves "intentionally homeless."

Working group 2

In the second working session groups discussed the various spaces and stages in the criminal justice system, and the opportunities, weaknesses and key handovers within each of these in terms of supporting perinatal women. Many of the issues raised in the earlier session were revisited in these discussions, but points of broad consensus and particular note are also highlighted below.

First contact, police custody and L&D services

- The number of women who will go to court without having had any police contact was raised, and it was argued that other bodies with the power to commit women to court (TV License enforcement companies, local authorities etc) should have a responsibility to identify potential vulnerabilities and refer these individuals to specialist services.
- More gender-specific and trauma-informed support was called for in police custody suites, to avoid triggers or re-traumatisation.
- Many felt there was a need to give greater consideration to the specific and heightened needs associated with pregnancy and the parenting of a young child in pre-sentence report checklists.

- Information handling was raised again, with a recommendation that L&D handovers should be sent to a generic healthcare contact within a prison, rather than a single individual, to ensure shared responsibility for taking relevant action.
- Language difficulties need to be identified and responded to quickly at this stage.
- Concerns were expressed about possible over-reliance on a voluntary workforce in L&D services.
- There was wide agreement on the need to ensure all women were asked, in an appropriate and supportive way, if they were pregnant or had had a child in the last 12 months (albeit that there may be reluctance to disclose)

Navigator roles

The potential benefits of a perinatal specialist able to help women navigate the system through all stages and across all services, in a woman-centred, trauma-informed way was raised in several of the discussions and is, we feel, worthy of further exploration.

Court, sentencing and preparing for prison

- Court-based L&D services are working in highly pressured environments, with little time to assess or support people if this is their first contact with them.
- Women may arrive at court having been told by their legal teams and other services that a custodial sentence is unlikely, and will feel very unprepared if things go differently on the day.
- Magistrates find it difficult to feel fully informed and confident not just about the community alternatives that may exist but also how to judge whether these are appropriate for an individual woman.
- Efforts should be made to explore changes in the application process for Mother and Baby Units, to allow women to apply while on bail, in anticipation of a custodial sentence, in order to avoid separation wherever possible.
- Consideration needs to be given to how professionals can support the whole family during the court process, including helping women consider arrangements for their older children.
- Better linkages between the courts and the prisons could help women prepare and ensure a full handover of information about an individual's situation and her needs before arrival.

Peer Support

Peer support programmes delivered by women with relevant lived experience were felt by many in the room to offer significant value at every stage and space of the criminal justice system. Examples given included HMP Peterborough's arrangements for women on Release on Temporary License (RoTL) to provide support to those appearing in court.

Supporting disclosure

Women's reluctance or inability to disclose information about their needs and experiences, including mental health issues, substance use, domestic violence and past trauma, was widely identified as a major barrier to effective support. There are many complex reasons for this, including fear of social services involvement, and yet it was felt that failure to get to grips with this issue could fundamentally undermine other efforts to improve care pathways.

Discussion centred on the crucial role relationships play in allowing women to feel able and informed enough to disclose. In order to provide the safety and security necessary, it was felt that these relationships will be dependent on a level of trust built through continuity of contact. They must also be non-judgmental, gender-specific and trauma-informed.

In prison, including pregnant women, those separated from babies, and those in Mother and Baby Units (MBUs)

- The distances women have to travel to serve a prison sentence, and the impact of removing them from their local support networks as well as their existing health services, was felt to have significant consequences for the quality of care.
- Issues with the application process for MBUs were raised, with discussion around the idea of placements being granted automatically unless there were pre-existing concerns from social services ("why can't we prove ineligibility, instead of having to prove eligibility?")
- It was felt that women's relationships with the fathers of their children can be overlooked by the system, disrupting important sources of support.
- MBUs were felt to be transformative in cases where a woman might have her child removed into care if she were out in the community and unsupported.
- Support for women separating or separated from their children is a crucial and largely unmet need in prison.
- Prison MBU settings provide an opportunity to offer focused support on public health issues including breastfeeding, sexual health and substance misuse, as well as specialist parenting programmes, support groups and antenatal classes.
- Social services' understanding of MBUs and the environments they offer was felt to be lacking in some areas, resulting in barriers to the approval of applications.

Domestic violence

Every contact with services within the criminal justice system was felt to offer a potentially life-changing or life-saving opportunity to help women recognise and escape situations of domestic violence and abuse.

Community sentences

- Community sentences allow women to keep their children and their homes and so were felt to be a positive opportunity to address issues without creating new problems at the same time.
- The need for sentencers and probation services to be fully aware of what is available in an area, and how to assess its appropriateness for individual women was discussed at length in all groups.
- Engagement in community programmes can be difficult to maintain.
- One-to-one and group support programmes were felt to be vital to helping women successfully complete community sentences.
- Co-location of services in women's centres or community hubs can help to ensure women get the support they need to be able to comply with conditions and address wider issues.
- Many community programmes were not felt to be gender-specific enough, or to take enough account of those whose first language is not English, creating barriers to success.
- Concerns were raised about support services becoming too linked to sentencing and taking on a punitive rather than therapeutic role.
- Confidentiality and the opportunities for disclosure also need to be considered in community programmes, which may (but not necessarily) provide fewer opportunities for sustained one-to-one support than prison settings.
- Information gathered in these settings and services needs to be shared with primary care (with consent).

Self-care

Women's loss of the capacity to take responsibility for their own health and wellbeing, as well as that of their baby, was felt to be a significant issue in being able to break cycles of offending and disadvantage.

Participants suggested that professionals seeking to support women's rehabilitation and working to reduce health and social inequalities need to take account of this and focus on building self-worth, empowerment and a sense of autonomy.

Preparing for release and after release

- Reconnect services and Release on Temporary License (RoTL) are seen as positive opportunities for more considered, planned resettlement and the avoidance of service gaps.
- Housing is a key dependency in this stage.
- Women can find it difficult to adjust to life outside the structures and support systems they have in prison – particularly in MBUs.
- Women need support to complete benefit applications before release.
- Handovers between prison and community midwifery and mental health teams need to take place face-to-face, before release.
- Referrals to specialist services for through the gate/ community support need to happen earlier, and more consistently.
- Probation services and conditions on release need to take account of women's individual situations, and in particular their childcare commitments.

- Community hubs or women’s centres offering co-location of probation with other support, including peer support and childcare, should be standard in all areas.
- At-home probation visits should be offered where these are necessary and appropriate.

A unique opportunity

Throughout the day many participants focused on the unique opportunity pregnancy and motherhood offers in terms of a woman’s motivation and sense of empowerment to make positive changes in her life.

Related to this, there were many conversations during the sessions about whether pregnancy should or could be treated as a ‘vulnerability’. Many of those who took part expressed views on this, with a broad consensus that, given the specific needs and risks associated with pregnancy, and the widely evidenced long-term outcomes linked to the perinatal phase, it seems appropriate and necessary for it to be regarded as a vulnerability within a gender-specific and woman-centred context.

Next steps

The event left us all feeling energised and motivated about the many shared opportunities that exist to improve care and support for perinatal women in every setting across the criminal justice system. Moving forward, at Birth Companions we are particularly keen to explore:

- joint commissioning approaches as part of a whole systems response.
- new models for helping women navigate multiple services.
- the potential offered by the continued expansion of L&D services.
- new opportunities created through the forthcoming changes to probation and rehabilitation.

We know many people left the beautiful surrounds of Green Templeton College at the end of the day with a list of actions for themselves and their teams – questions to answer, meetings to arrange, ideas to explore and test. We sincerely hope this is just the start of many conversations and partnerships, and we’d urge all participants to follow through on their actions as soon as they are able to do so. We look forward to being a part of many of them.

For those who weren’t able to join us on the day, we hope this report provides a useful summary of the conversations that took place and prompts some ideas as to how you might be able to get involved in supporting positive change for pregnant women and new mothers. If you have any questions or would like to discuss joining us in further work in this area, please contact Kirsty Kitchen, Head of Policy and Communications at kirsty@birthcompanions.org.uk

Thank you to everyone who took part, and took an interest in the day.

Annex 1: Event Programme

Beyond the Gate

Green Templeton College Oxford - Thursday 16 May 2019

- 09:30** **Registration and refreshments**
- 10:00** **Welcome and introduction**
Professor Lesley Page, Sheila Kitzinger Programme/ King's College London
Naomi Delap, Director, Birth Companions
Carolyn Harris, MP for Swansea East, Shadow Minister for Women & Equalities
- 10:35** **Perspectives on Health & Justice**
- The national perspective**
Chris Kelly, Assistant Head of Health and Justice, NHS England
- The regional perspective: HMP Low Newton's model**
Angela Star, Nursing & Quality Manager and Jessica Redhead, Commissioning Manager, NHS England Health & Justice, NE & Cumbria
- A whole systems approach**
Naomi Delap, Director, Birth Companions
- 11:25** **Coffee Break**
- 11:45** **Working Session 1**
- 13:15** **Lunch**
- 14:15** **Working Session 2**
- 15:15** **Discussion and feedback**
- 16:00** **Close**