



A window of opportunity

Understanding the needs and experiences of pregnant women and new mothers
in contact with the criminal justice system in the community in England

About Clinks

Clinks is an infrastructure organisation that supports, promotes and represents the voluntary sector working with people in the criminal justice system and their families. Clinks has over 600 members, ranging from large organisations through to unstaffed community groups working in prisons and the community in a variety of ways to help people turn their lives around and also offer support to their families.

www.clinks.org

About Birth Companions

Birth Companions is a charity specialising in the needs and experiences of women who face disadvantage during pregnancy and early motherhood, working with a focus on the criminal justice, maternity, social services and immigration systems. Birth Companions marks its 25th anniversary this year.

www.birthcompanions.org.uk

This report has been commissioned by the VCSE Health and Wellbeing Alliance, a partnership between the Department of Health, NHS England and Public Health England and national voluntary sector organisations and consortia. The Alliance aims to bring the voice of the voluntary sector, and people with lived experience, into national policy making to promote equality and reduce health inequalities.

Clinks works to raise awareness of the health needs of people in the criminal justice system and the vital role the voluntary sector can play in addressing them.

Published by Clinks © 2021. All rights reserved.

Contents

Foreword	3
Introduction	4
Methodology	4
Policy context	6
Key findings	9
1. Complexity of need	10
2. A lack of recognition of, and responsiveness to pregnancy and motherhood	11
3. The barriers to engagement: fear, stigma and judgement	14
4. Success factors	18
5. Multi-agency working – benefits and barriers	20
6. The impact of Covid-19	23
7. The window of opportunity	24
Conclusions and recommendations	26
Thanks	30
End notes	31

In this report...

VS

voluntary sector

MW

midwives

LE

women with lived experience

Foreword



Voluntary organisations, charities, social enterprises and community groups exist to serve the needs of a community. Voluntary organisations supporting people in the criminal justice system are no different in this regard, but what often makes them different is that they work with people who can experience an increase in needs, or new needs altogether, because of their interaction with the system itself.

Many women struggle to access adequate support during pregnancy and early motherhood. Moreover, statutory services and systems have been shown to be less good at meeting the needs of women who face complexity in their lives. In these situations, voluntary organisations can provide a useful additional safety net of support for women at a time when they're needed most, and act as a partner to statutory services. In order to do that, voluntary organisations need to understand what they need to provide for women, and have access to the resources to respond effectively.

This report provides valuable evidence from women with experience of pregnancy and early motherhood when in contact with the criminal justice system in the community context, and the needs they face. We hope this evidence can inspire voluntary organisations to respond with service design and developments. We also hope that those who fund, commission and otherwise affect the delivery of those services can reflect on the needs of the women and of the voluntary organisations established to support them and respond positively. Clinks and Birth Companions are hugely thankful to the voluntary organisations who shared their experiences with us and to the experts by experience who have shared their own stories in the hope that women and babies who follow in their footsteps can get what they need.

Anne Fox, Chief Executive Officer, Clinks



There has been a welcome increased focus on the needs of pregnant women and mothers of children under the age of two in prison. In particular, the development of a new Policy Framework by Her Majesty's Prison and Probation Service (HMPPS) on pregnancy, Mother and Baby Units and maternal separation could significantly improve the care of these women and babies in custody. As the government continues to state its commitment to reducing the female prison population, this increased focus within prison walls should be matched by attention to the needs and experiences of pregnant women and mothers of infants in contact with the criminal justice system in the community.

Pregnancy and early motherhood can be challenging for any woman, but is often made even more difficult for women navigating complex systems while in situations of disadvantage, isolation, trauma or abuse. The impact of contact with services during this period on mother and child can be significant and long-lasting. As we've heard in the course of this research, getting this contact right is frequently transformative. Getting it wrong can be disastrous.

Birth Companions and Clinks are grateful to all those who have taken the time to contribute to this work, and who recognise the importance of this crucial 'window of opportunity'. We look forward to working with you and many others to explore, and improve community responses to pregnancy and early motherhood, and to work with policy makers to keep this crucial issue firmly on their agenda.

Naomi Delap, Director, Birth Companions

Introduction

In recent years, we have seen much needed attention brought to the care of pregnant women and mothers of young infants in the prison estate. However, many women who are in contact with the criminal justice system but not in prison still face challenges in their engagement with both health and criminal justice services during their pregnancy and early motherhood. Research specific to the needs and experiences of this cohort of women is sparse.

- To what extent are their circumstances understood and addressed in the community while they are serving community sentences, on post-release licence or awaiting court outcomes?
- What issues are presented in this community context?

Birth Companions and Clinks have come together to explore these questions by gathering perspectives from experts by experience and voluntary sector organisations with expertise and experience working with pregnant women and recent mothers. This report provides a summary of key findings from our research, together with a number of recommendations to help statutory and voluntary services improve experiences and outcomes for pregnant women, mothers and their babies, which can be found at the end of the report. We hope this report will help services refocus on this critical period and seize the opportunities it presents for positive, lasting change.

Methodology

Data was collected through two separate online surveys running from October to the end of December 2020. These were completed by 46 professionals from voluntary sector organisations and 27 specialist safeguarding midwives. All those who took part had experience of working with women who were pregnant or who had given birth in the last two years – regardless of whether that child remained in their care or not – while in contact with the criminal justice system in the community.¹

In addition to the surveys, we held three focus groups online to explore the issues in greater depth. These groups included representatives from the voluntary sector and six women with lived experience of pregnancy, early motherhood and maternal separation while serving community sentences or under probation supervision following release. Discussions were also held with specialist midwives by phone to follow up on points raised in the online survey.

Note: Due to rounding, percentages for charts may not add up to exactly 100%.





Policy context

Women in the criminal justice system (CJS)

Women in contact with the CJS are recognised as among the most vulnerable people in society.² Their needs are highly complex, their offending is often rooted in experiences of abuse and trauma, and they require holistic, community-based support.

Policy developments particularly relevant to this work are listed below:

- The government's Female Offender Strategy,³ which recognises the distinct needs of women in contact with the CJS and the need to focus on community-based alternatives to custodial sentences
- The Her Majesty's Prison and Probation Service (HMPPS) Women's Policy Framework,⁴ which sets out gender-specific rules and guidance for prison and probation staff
- Lord Farmer's review,⁵ commissioned by the government to explore the importance of strengthening family and other relationships for women in contact with the criminal justice system, to prevent reoffending and reduce intergenerational crime
- The Concordat⁶ on women in or at risk of contact with the criminal justice system, which aims to encourage government departments, agencies and stakeholders to work together nationally and locally to identify and respond to the needs of women

- The forthcoming policy framework from HMPPS establishing new requirements and operational guidance relating to pregnancy, Mother and Baby Units and maternal separation⁷
- The new model for the probation service in England and Wales, due to go live in June 2021, under which resettlement and rehabilitative services will be commissioned on a regional basis including from specialist organisations⁸
- The government's plans to build 500 new prison places for women in existing prisons⁹
- The Police, Crime, Sentencing and Courts Bill, which includes provisions relating to the sentencing and management of people in contact with the criminal justice system, with enhanced and extended community supervision powers.¹⁰

There is as yet no specific data on the numbers of pregnant women or women who have given birth in the last two years under supervision in the community. Between July 2019 and September 2020 almost 13,000 women started community sentences in England and Wales,¹¹ 6,042 were given suspended sentence orders¹² and 5,977 were released on licence.¹³ 55% of these women on licence had been sentenced to six months or less in custody,¹⁴ indicating they were deemed low risk. Over the same period of time there were 2,399 recalls back to prison, equivalent to 40% of those released on licence.¹⁵

Voluntary sector services in the CJS

The voluntary sector plays a significant role in supporting pregnant women and recent mothers who are in contact with the criminal justice system, both in the community and in prison. This is evidenced by existing work

and reinforced by our research for this report. Clinks' *The state of the sector 2019*¹⁶ report found that out of voluntary sector organisations in the criminal justice system who said they were set up to specifically provide tailored support to a particular group of people, 79% said their main beneficiaries were women. Organisations providing women-specific services are more likely to provide support relating to both physical and mental health, housing advice, family support, and emotional support, amongst other things.

Both Clinks' State of the sector research from 2019¹⁷ and report on *The impact of Covid-19 on the voluntary sector in criminal justice*¹⁸ found that voluntary sector organisations working in the CJS are responding to a growing caseload of more urgent and complex needs in the face of insecure or reduced funding.

Pregnancy and early motherhood

Substantial evidence supports the significance of the first 1001 days of a child's life from conception to the age of two, and the impact of the mother's wellbeing on birth outcomes and long term development of the child.¹⁹

The influential series of reports,²⁰ *Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE)*, on deaths of mothers and babies during pregnancy, birth and the year after birth, demonstrate the increased mortality rates associated with women in the most deprived and disadvantaged groups, and among racially minoritised people, all of whom are over-represented in the CJS.

Women's involvement with children's social services

The MBRRACE report *Saving Lives, Improving Mother's Care*²¹ shows that 20% of the women who died in 2016-18 from direct and indirect causes during or up to 42 days after the end of their pregnancy were known to social services – a figure that has risen from 12% in 2012-14. There has also been an exponential rise in the number of newborn babies subject to care proceedings in England and Wales between 2007-8 and 2016-17.²² Yet research and data on the intersections between pre-birth and newborn care proceedings and involvement with the CJS is lacking, despite the high proportion of women reported anecdotally and through this research who experience this overlap. There is no national guidance for professionals working with women involved with the criminal and family justice systems²³ at the same time.

Covid-19

While this research primarily focuses on women's needs and experiences before the pandemic, it is worth noting that Covid-19 and related restrictions led to a 25% increase in the backlog of court cases by September 2020,²⁴ a 76% reduction in the provision of pre-sentence reports between April to June 2020 compared to the same period in 2019²⁵ and a 31% drop in the number of women starting community sentences.²⁶ The pressures on the working practices of probation services and Community Rehabilitation Companies (CRCs) also means face-to-face work has been limited.²⁷

In Clinks' research into the impact of the pandemic on voluntary sector organisations in the CJS,²⁸ those providing tailored support to women highlighted that lockdown has increased the risk of domestic abuse, exacerbated the multiple forms of disadvantage women in contact with the CJS often face and created added pressures for women with children. Looking beyond the CJS, the pandemic has also depleted social and healthcare service delivery for pregnant women, mothers and young children, with the impact felt most acutely by those who are already disadvantaged.²⁹ Recent research by Agenda reveals a deeply concerning increase in poverty and destitution and a growing future crisis in women and girls' mental health, alongside a reduction in available services.³⁰

In this context, there can be little doubt that learnings from this report will have significant relevance for those working with women across voluntary and statutory services, as we drive towards greater focus on community-based CJS solutions and adapt provision to take account of the impact of the pandemic and its economic and social consequences.

Key findings

Several key themes emerged in the course of the research, which this report will explore:

- 1 Complexity of need
- 2 A lack of recognition of, and responsiveness to pregnancy and motherhood
- 3 The barriers to engagement: fear, stigma and judgement
- 4 Success factors
- 5 Multi-agency working – benefits and barriers
- 6 The impact of Covid-19
- 7 The window of opportunity.

These themes are explored in the following pages.

1. Complexity of need

Voluntary sector professionals identified striking levels of need among pregnant women and those who had given birth in the last two years. The vast majority of voluntary sector professionals said the needs of pregnant women and new mothers are more complex than others on their caseloads. This is stark given the fact that women in contact with the CJS are as a whole recognised as among the most vulnerable and complex groups in society.³¹

The level of complexity highlighted by respondents was linked to the overlap of several issues dominated by CJS procedures, child protection procedures, housing, mental and physical ill-health, and high levels of isolation. Alongside these were needs in relation to domestic violence or abuse, financial hardship, risk of self-harm or suicide, substance misuse, and employment and training.

vs *“Women have to balance being pregnant, attending their antenatal appointments alongside adhering to probation appointments. They are often in abusive or complex relationships with the father and we often work with the father also.”*

vs *“There are a lot of contributing factors that make it complicated. Housing being a huge one if the person is living with complex needs. There is a lack of specialist services in the community equipped to assist clients with this need.”*

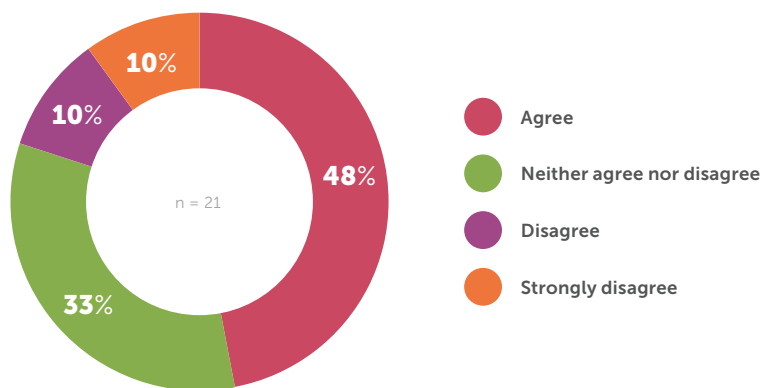
LE *“The situation I was in at the time contributed to my mental health during my pregnancy... the whole going through the pregnancy, having nobody. Everyone just thinking she is crazy... no one being there for you. Then literally having a whole year, being on bail, sent back to court, back and to, back and to and having to go through the whole psychological thing.”*

Voluntary sector professionals also flagged additional issues associated with translation and interpretation services and needs in relation to asylum claims, achieving residential status and for victims of trafficking.

Many of those responding from within the voluntary sector spoke of the management of pregnant women and mothers of young infants as being more challenging than other women under community supervision due to the number of agencies involved in assessment, decision-making and service delivery, including statutory CJS agencies, healthcare and social services.

2. A lack of recognition of, and responsiveness to, pregnancy and motherhood

To what extent do you feel that probation services in the community take sufficient account of the needs and circumstances of pregnant women and new mothers?



Less than half of the voluntary sector respondents felt probation services take sufficient account of the needs and circumstance of pregnant women and new mothers.

When asked about decision-making at different points of a woman's CJS contact, a third of respondents said they felt pregnancy or recent motherhood was only sometimes taken into account in decisions relating to sentencing,³² compliance expectations, breach or recall to prison. Of the 21 responses to this question, four said they felt these things were rarely considered in sentencing or license recall decisions.

Discussions in both focus groups also raised concerns about failure to acknowledge the importance of a pregnancy in the context of supervision.

VS "They [probation] almost see these women as a kind of leprosy, they are fearful of being asked the question 'am I going to lose my child?'"

MW "Poor and at times judgemental attitudes prevent CJS workers seeing the pregnancy, just the criminal."

Such views were reiterated by those with lived experience.

LE "I was viewed as 'that criminal', not as becoming a mother again."

LE "Up until I had him I felt she [probation officer] cut the bump out, that is what I would say. If that was me and I was the probation [officer] I think I would take a little bit of compassion, maybe ask the woman how is she feeling about her pregnancy, how's things been going you know."

LE "When I told her [my probation officer] I was pregnant, she said 'well how do you feel about it?', and I said 'I really don't know', and then no more was really said. I don't feel she really gave me any support... Just a tick box of hello, how are you, see you next week kind of thing."

For those women who had been in prison, it was frequently felt that their first appointment with probation on the day of release – when anxiety was uppermost – was a negative experience. There was a focus on compliance expectations and little empathy for their situation.³³

LE *“I felt quite looked upon when I went there... Because it is a place for criminals and they are all going there because they have done something wrong and you are turning up with a heavy bump. What I would have liked was a bit more support about having me there... Or even sending me to the Women’s Centre...”*

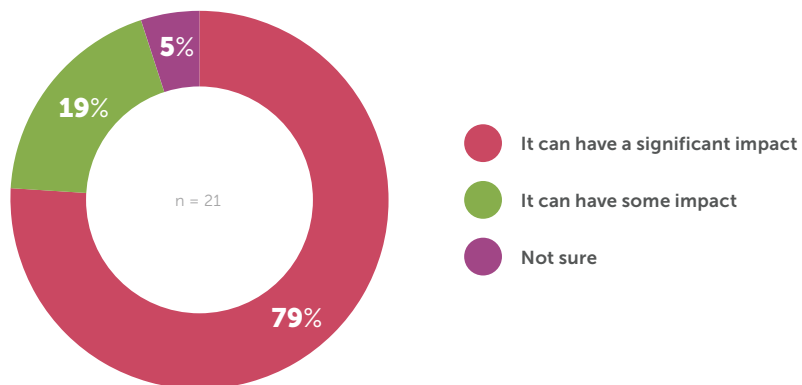
These negative experiences were by no means universal, and positive examples were shared where supervision over time with the same officer allowed strong and helpful relationships to be established.

LE *“I don’t know if I am lucky or unlucky that I have finished probation, so that I haven’t got a probation officer. I am not going to lie; my probation officer was lovely. She did bend over backwards to help me. She could see that I was not like a criminal. There were reasons behind what happened.”*

Involvement in the criminal justice system was seen by the majority of midwives as having a significant impact on antenatal and postnatal care needs, partly due to the extra concerns and stresses. This was exacerbated where there were mental health issues and where social services involvement meant there was uncertainty around whether the woman would retain care of her baby after birth.



In general, to what extent do you feel women's contact with the criminal justice system has an impact on their antenatal and postnatal care needs?



MW *"Women may delay booking with a maternity unit once released from prison. They feel that midwives may judge them. They are not trusting of 'professionals'. This means they can miss out on opportunities for scans, screening tests etc."*

Almost half of midwives recalled situations where they felt a woman's community sentence requirements or probation license conditions risked a negative impact on her maternity care. They also identified bail restrictions or licence conditions impacting on women's ability to attend normal healthcare locations, court dates that were scheduled around their expected delivery date and cases where effective forward planning was hindered by uncertainty as to whether they would remain in the community.

MW *"They often have many appointments to attend which can be very difficult when [their] mental health is not good, feeling threatened by social care and not sure if they will be able to keep their baby. Social care often requires regular engagement with everyone in order to get a positive assessment (psychologists, substance misuse, midwives etc.). This is challenging for them."*

MW *"Part of the bail conditions were they were not permitted any contact with persons under the age of 18. It was very difficult to ensure this was followed as our maternity unit is in the same building as paediatrics/SCBU [Special Care Baby Unit]."*

MW *"There are difficulties in attending triage out of hours if they have a tag."*

Resources and referral routes

Voluntary sector professionals also pointed to many barriers to meeting women's needs within their own organisations. Half had experienced problems relating to a lack of appropriate spaces or services to meet women's childcare responsibilities. More than a third highlighted challenges created by inadequate funding for staffing and resources appropriate to these women's needs, and a third pointed to their lack of established referral routes.

VS *"I think there can always be more training, more knowledge, more learning for working with women who are pregnant and recent mothers."*

Three quarters of voluntary sector respondents felt well equipped to meet the needs of these women only *in some cases* and half of the specialist midwives felt confident in being able to fully support women in contact with the criminal justice system.

3. Barriers to engagement: fear, stigma and judgment

Many participants highlighted the impact that feelings of fear, stigma and judgment had on women's ability to engage with services, rooted in past experiences or worries about the future. These largely centred on fears about, and experiences of, separation from children, and the impact of stigma and judgement related to contact with the criminal justice system.

Fear: Separation from children

Past research by Birth Companions^{34, 35} has highlighted the fear of social services involvement as a major factor in inhibiting women's disclosure of their needs and circumstances, and limiting their engagement with services able to support them with these – a finding supported by research on domestic abuse by Agenda.³⁶

This fear of social services involvement was raised and discussed in depth by several women with lived experience who talked of losing the care of their child as a result of imprisonment, denial of a Mother and Baby Unit place in prison, and mental health issues.

LE *"So when I am there [probation office] I am like that [holds her body tightly], the scrutiny and everything. The thoughts that if I go there they can take my baby away from me. Separation anxiety. I had a lot of that – so they did come here [to my home] and that was nice."*

LE *"I have told them [probation] many times, I am scared of you and I wish I never had to see you back here again. The fear is because of the separation."*

LE *"They [probation and social services] are always on your back, they assume you cannot change."*

The prevalence and impact of these fears was also cited by voluntary sector and midwifery professionals. One voluntary sector respondent put the anxiety down to the fact that 'a lot of women we are working with have had negative personal experiences of social care in the past.'³⁷

VS *"The majority of my clients have all been through the care system – they do not trust social services whatsoever."*

Women's concerns about the way their information may be shared between voluntary sector organisations and probation services were also raised as a barrier.

VS *"They are terrified to disclose anything because they know you have to choose what to share with probation because we have a contract to support the work that the case managers are doing."*

For one woman this fear had made her reluctant to seek medical attention for her child.

LE *"I feared going to the hospital because I have the engagement with social services. I was afraid to go to the hospital. After ringing 111 they told me to go to A and E and I was reluctant to go there because of them seeing her ill."*



The trauma associated with maternal separation – as experienced by the mothers and their children – was shared at several points during discussions.

LE *“My baby was a breastfeeding baby, so when she was separated from me that was a shock to her system because she was not used to the milk. So she stayed hungry for what I do not know about 48 hours before she would even touch the milk from my sister.”*

LE *“One woman described her young child saying ‘where were you? My eyes were looking for you’.”*

LE *“I have had to fight and prove to them look, I am in a completely different situation. I have been out of the [criminal justice] system two years now. I have been with my partner for one year, got our own place. Doing a degree in health and social. I have contact with my kids and everything. The negativity was basically ‘it has not been long enough’. Well how long is a piece of string? How long can you say you cannot have another child for because your older child has been adopted?”*

Stigma and judgment

The impact of stigma and judgment linked to women’s contact with the criminal justice system, and to their experience of mental health issues or their misuse of substances, was highlighted by both women with lived experience and professionals. It was felt by many that this had a significant impact on women’s perceived status as a pregnant woman or mother, and on the services and care they received as a result, often creating significant barriers to engagement with services.

LE *“It is the judgement, just our society, you know they want to be throwing away the key. That’s the kind of attitude these professionals have.”*

One woman who had a child removed into care some time ago and is now pregnant again spoke of how different her situation is now, and yet felt she was unable to escape her past and move forward.

LE *“Why are you putting my historical stuff onto someone that is not even born yet and there is no indication of unsafeness?”*

VS *“[These women] can be more complex especially when in the child protection procedure as well – they are often judged more harshly for being in the CJS.”*

MW *“Stigma around offending colours the opinion of agencies, particularly statutory agencies, who are risk averse.”*

LE *“Why are you even in this profession [probation]? You are working with mothers, regardless of what they have got behind them or what they are going through. You need to have that understanding otherwise you are in the wrong profession.”*

VS *“[Probation officers] look down their noses at some of our service users who are still using street drugs whilst 7 or 8 months pregnant, and healthcare are telling them off saying why are you still using crack-cocaine when you are 8 months pregnant? You do not need that barrier. Let’s just be grateful they have turned up for the appointment.”*



vs *“If you have a health care team that don’t judge, clients have gone on to have healthier pregnancies.”*

It is notable that, when reflecting on what had most impact in their own services, midwives felt that compassionate and non-judgemental attitudes from staff made the most difference to delivering good care to women in contact with the CJS, with multi-agency working second on the list.

The impact of stigma and judgement also extends beyond women’s relationships with professionals to the family and wider community. One professional from a community organisation specialising in work with racially minoritised people said they felt the stigma and judgement for women in the South Asian Muslim community may stem from the responses of the family, where their contact with the criminal justice system is perceived as bringing dishonour and the threat of removal of the child comes from within the family from the husband or the in-laws.

vs *“There are huge trust issues with anyone outside the community. Anyone outside of the community is seen as a threat. How do you know that whatever is disclosed is not fed back to the community? To your husband or to your in-laws or to the entire community?”*

vs *“I feel mothers are often treated as a number and I have witnessed the lack of genuine time and care offered to families as opinions have already been formed by professionals.”*

vs *“I have a lot of years of experience so have seen some cases work out well and others not so well. It all depends on how well a woman is able to engage in the work and that can depend on whether she feels the added judgement and shame from professionals in power. If she is empowered she will often go far and be honest when things become challenging and so showing she is able to ask for support to look after herself and her child.”*

4. Success factors

In reflecting on good practice and areas for improvement, voluntary sector professionals, midwives and women with lived experience identified a number of factors that can have a positive impact in the support provided to pregnant women and mothers of infants in contact with the CJS in the community.

The most frequently cited factor was effective partnership work across the criminal justice, health and social care systems, which is explored in more depth in section 5.

Respondents highlighted the value of input from key players and advocates within services, who see the importance of working with women on a long-term basis.

vs *“It’s down to the [probation] director we work with, who is a massive advocate for women’s services in the area. It’s got to come from the top and work its way down.”*

There was a clear sense that positive outcomes for women were in many cases reliant on individual statutory or voluntary sector workers going out of their way to respond to these needs, rather than as a result of systematic and consistent approaches.

vs *“The positive stories have come about because of the social worker going far and beyond and their understanding of complex trauma.”*

It was notable that this critical navigator role was often taken on by those working within voluntary sector organisations. One midwife described a charity providing support of this kind as “hugely positive and supportive for the women and us as professionals,” adding that “I am convinced that there are families who are able to keep their babies due to the support they received.”

Regional variation was noted by many voluntary sector professionals. One focus group participant spoke positively of the approach and expectations set by probation services in one area, compared with a more negative, judgemental approach taken in another region they had experience in.

vs *“Depends on area as well. Some probation officers are very young. They have just come out of university. They cannot answer questions around pregnancy etc. It is confidence within themselves about working around these issues as well as those around offending. Because sometimes that does not get addressed.”*

The importance of through the gate services³⁸ for women who were in prison and coming up to release was also emphasised by the vast majority of respondents. There was much consensus, in recognition of the heightened vulnerability at the time of release from custody, of the huge benefits to be gained where this support was planned and consistent. One woman who benefited from such support before and after release said that despite initially refusing to engage, “they convinced me, they pushed me. Slowly and surely trust started.” She went on to describe the critical role this worker played in relation to accessing housing and effective community support.

Work to ensure the woman is central to management of her case, that her views are heard and responded to and that she is fully informed was also at the heart of many examples of best practice, as well as an identified area of improvement. This was seen as relevant to practice specific to criminal justice, maternity, social services and voluntary sector organisations, but also in work across and between these systems. Several respondents shared accounts of seeing failures in this regard.

vs *“There is a lot of communication but there is little consideration made for her individual needs. That is considering that she may prefer meetings at a specific time and place. Limiting how many professionals are present and holding a strengths-based view despite the mounting pressures/concerns. Lack of independent advocates mean that the woman is often not always in a position to articulate wants/needs effectively.”*

MW *“Women often feel they’re not given consistent information/advice.”*

The value of specialist teams and services, women-only spaces including women’s centres, and gender-specific pathways were also emphasised.

vs *“The women’s [probation] team we work with, they really care about these women. I am in awe of them to be honest with you. I am glad that I work with them. The women’s team do not judge. They understand them. They are absolutely brilliant.”*

Variations in cultural competence among professionals and different levels of awareness of the specific needs and challenges presented to women from different communities were highlighted by those working in organisations with

a specialist focus on racially minoritised people. This, and concerns expressed by many respondents about the lack of information and support offered to women who had language needs, underlines the importance of culturally appropriate, women-centred care and the involvement of specialist services.

vs *“Deprived areas also have a lot of foreign nationals. They do not understand the system and where to access support. It is services like ours that need to identify for them where services are provided.”*

vs *“We will translate some of that really complex language from the support provider to say what they mean.”*

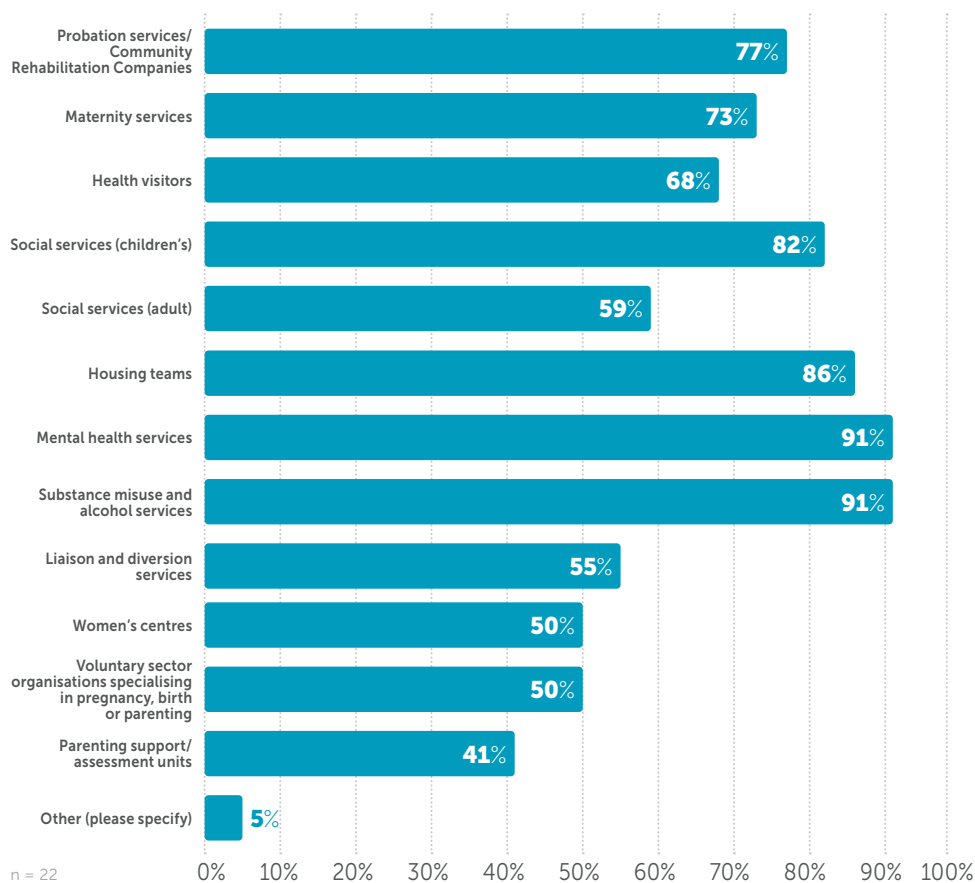
One voluntary sector professional specialising in work with racially minoritised women highlighted specific dynamics relating to the local Muslim community.

vs *“There is a lot of infrastructure within the Muslim community and therefore it is expected for women to receive support within. Stepping out can be seen as a threat.”*

vs *“What is happening in the community is quite often overlooked or missed out [by probation] because there is not that particular understanding. There is a large gap in knowledge for ethnic minority women, let alone those who are pregnant and their return to the community.”*

5. Multi-agency working – benefits and barriers

Which of the following organisations and agencies do you work with in relation to meeting the needs of pregnant women and new mothers in your caseload?



Our research provides strong evidence of the large degree to which voluntary sector organisations work with statutory and other services around the needs of pregnant women and mothers in the criminal justice system. Work with services focused on mental health, housing and substance misuse is the most common.

Multi-agency working within and across systems was identified as being possible – with the right approach – and as delivering positive outcomes. Several voluntary sector professionals cited the importance of specialist midwives and the positive impact they'd had with women they had been involved with. One specialist midwife talked about the value in her area of "good multi-agency team work with probation and social services, robust pathways and continuity of care." An important element of this, reinforced by several other responses, was the use of joint casework files which are "routinely updated by all partners" and used by key decision makers.

vs *"Early intervention has been positive, whereby partner agencies are involved at an early stage to try and prevent situations escalating. e.g. housing coming on board to help with suitable accommodation, substance misuse services coming on board in terms of substitute prescribing and psycho-social support to help women as soon as possible rather than them having to wait."*

vs *"There are some examples of some good work where agencies work together, the professionals know their limitations and core groups work together to appropriately support the woman through the processes."*

MW *“Several different voluntary sector organisations have been working with women I have cared for. Wherever this was available it was hugely positive and very supportive to both the women and us as professionals. The ability to do the things we can't – such as supporting attendance, or can't do in all situations – such as advocacy, made the difference between engagement and not engaging.”*

However, despite clear recognition of the value of multi-agency approaches, and strong examples of these working in practice, respondents identified a number of barriers. Nearly half of voluntary professionals said they encountered issues in working with other agencies to meet women's needs.

A lack of clear and agreed protocols on, for example, organisational responsibility and decision-making, referral routes, and information gathering and sharing, posed a major issue for many.

MW *“I think the multi-agency care needs to be much more joined up to ensure that the woman is adequately supported. There is rightly a lot of focus on the safety of the baby by social care but not enough input into trying to work as a team to address some of the woman's usually underlying trauma. This is absolutely key if we are ever going to make significant change.”*

One woman spoke of being asked by the midwife, one hour after she had given birth: “What's the situation? Are you allowed to keep the baby?” Adding that “I can see that there have been agencies involved but no outcomes of the agencies' decision has been given to us and we don't know what is going on.” The mother, who went on to retain the care of her baby with no long term social services involvement, shared the fear and uncertainty of that time and her surprise at the midwife's handling of the situation.

VS *“There are a wide variety of statutory and voluntary services available, sometimes it's knowing what services exist locally to be able to work together. This sometimes depends on people working in certain roles, rather than there being clear pathways in place.”*

Likewise, many highlighted the need for consistent and shared care or supervision plans that all professionals are aware of and signed up to. These were felt to be particularly critical at the point of charge or sentencing decisions, or in the transition from prison to the community; points at which continuity of care and information sharing could have a major impact on outcomes.

VS *“Some [agencies] are not interested in either sharing info or providing updates, despite consent held on file. There needs to be one nationally recognised information sharing agreement in place.”*

VS *“Having a lead multi-agency approach and database where all involved parties are able to share and update [is important].”*

MW *“The inability to get information about care received whilst in prison can be frustrating, particularly where it seems like something has been missed – we don't know how to raise a concern or escalate this.”*

VS *“There is a lack of routine information sharing unless there's child protection involvement.”*

Limited knowledge and understanding of the other systems involved was linked to this lack of established protocols and pathways. For example, the vast majority of midwives said they wanted a better understanding of the CJS to allow them to feel more confident in supporting women in their care.

MW *"It is difficult to understand the [criminal justice system], how much involvement probation officers should have (some being very involved in e-group communications, some not contactable); how to get in touch with the relevant people if not known/linked in already; the uncertainty of how long things will take if awaiting trial, how we can influence things (e.g. trial date being set for around time of estimated due date)."*

MW *"Training for children's social workers is also key as they need a much greater awareness of the importance in being able to engage and put support in for the mother. This is becoming increasingly more challenging probably due to funding cuts."*

As noted earlier, the degree of regional variation in approaches to partnerships and multi-agency working was significant. Discussions between voluntary sector professionals from different areas in the focus groups emphasised the fact that, in some areas probation and the voluntary sector had been working in close collaboration for quite some time, while in others these relationships were incredibly limited and strained.³⁹ In these cases it was felt that the difference was largely due to the personal interest and commitment of individual professionals in the probation teams, rather than a particular policy or approach.

VS *"I have worked with a lot of case managers – probation and CRCs – in the last seven years and I have learnt a lot from them... The women are probably supported a lot better in this area... we have some really decent officers who will go that extra mile."*

VS *"[Probation and CRCs in our area] almost seem like they're saying, 'We do not need to see them in the office as long as they are working with you'. They are almost fearful of stuff."*



VS *"Too often when you [voluntary sector worker] become involved statutory services reduce their support."*

VS *"A lot depends on the location of where you are having your child."*

6. The impact of Covid-19

This research was conducted during the pandemic, although professionals and women with lived experience focused on describing practice and experience related to pre-Covid-19 conditions. However, we asked some specific questions about the impact of the pandemic and it was raised at several points throughout the focus group sessions.

There was universal agreement on the significance of the impact of Covid-19 and associated restrictions on women in relation to issues of mental health, domestic abuse, social isolation, digital exclusion, access to community-based support services, food poverty and general wellbeing.

The loss of face-to-face contact was identified as reducing the effectiveness of probation supervision and the level of support provided by statutory and voluntary sectors.

LE *“They [probation officers] are just doing the menial. They are not going out of their way and with this Covid its worse. They are just not going out of their way.”*

As Clinks’ own research⁴⁰ into the impact of the pandemic on voluntary organisations in the CJS has shown, the level and complexity of needs has led to increased demand while service provision has been under pressure to adapt and overall service delivery has fallen. Yet despite this, many participants emphasised the degree to which they have kept operating and have been collaborating, often covering gaps left by other, mainly statutory, services.

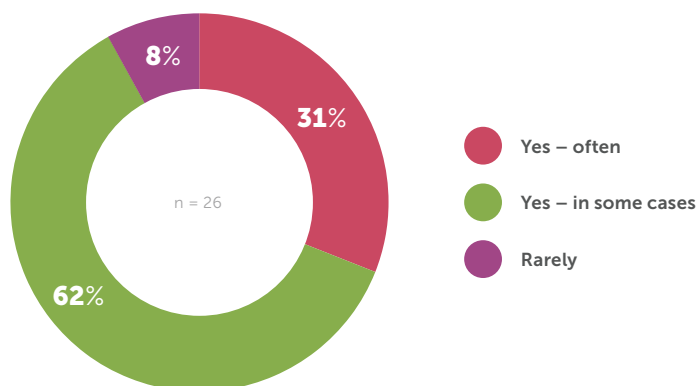
VS *“As a lot of statutory agencies went into lockdown, it was down to a lot of charities to keep things going.”*

VS *“Many of us are not able to work in custody [due to Covid-19] – but we pick up [prison] leavers and unfortunately a lot of women were leaving prison homeless. Even with supported accommodation for the homeless the availability was not there and the risk was really high. So we had to use the support services that we have in [this] community to find private resources for the women.”*

VS *“We were quite lucky, we work with about 200 agencies, solicitors, employment chain, education etc. They said we are working from home but you can still refer in so I think it was good partnership work – we just tried to work with as many as possible at the time.”*

7. The window of opportunity

Do you find that working with women who are pregnant or have recently had a child presents particular opportunities to facilitate positive changes?



Almost all the voluntary sector professionals who responded to the survey said they found working with women who are pregnant or have recently had a child presents particular opportunities to facilitate positive changes. Almost a third felt this was often the case with the majority saying they identified these opportunities in some cases.

vs *"Many women who have been in the CJS for a while change their behaviours when they find out they are pregnant."*

vs *"I have worked with women who have become pregnant and remained drug free and kept their children following birth."*

vs *"A lot of women in this situation are keen to engage with support at this crucial time."*

vs *"Women may also consider positive changes in order to keep, care for or work towards getting their children back into their care."*

LE *"This time I begged them to remove me from the situation that I was in – the town that I used to live in. So this time I came out to a different town, a fresh start and I am off probation now. I have done really well. I've got a nice partner, I love my place, got our own house so yeah."*

Despite the strength of this opportunity, however, respondents made clear that the challenges created by contact with the criminal justice system, as highlighted throughout this report, can create significant barriers. If those challenges are not addressed and overcome then these opportunities and the chances they offer women and children will be missed.

vs *"Their status as 'offenders' can limit access to mainstream services."*

The lack of appropriate services, beyond the CJS context, was also highlighted by several participants, particularly a lack of adequate support; opportunities to improve parenting and life skills; and specialist support for women who have had their children removed.

vs *"[There is a] lack of consistent positive support networks, mental health support and navigating the child protection process."*

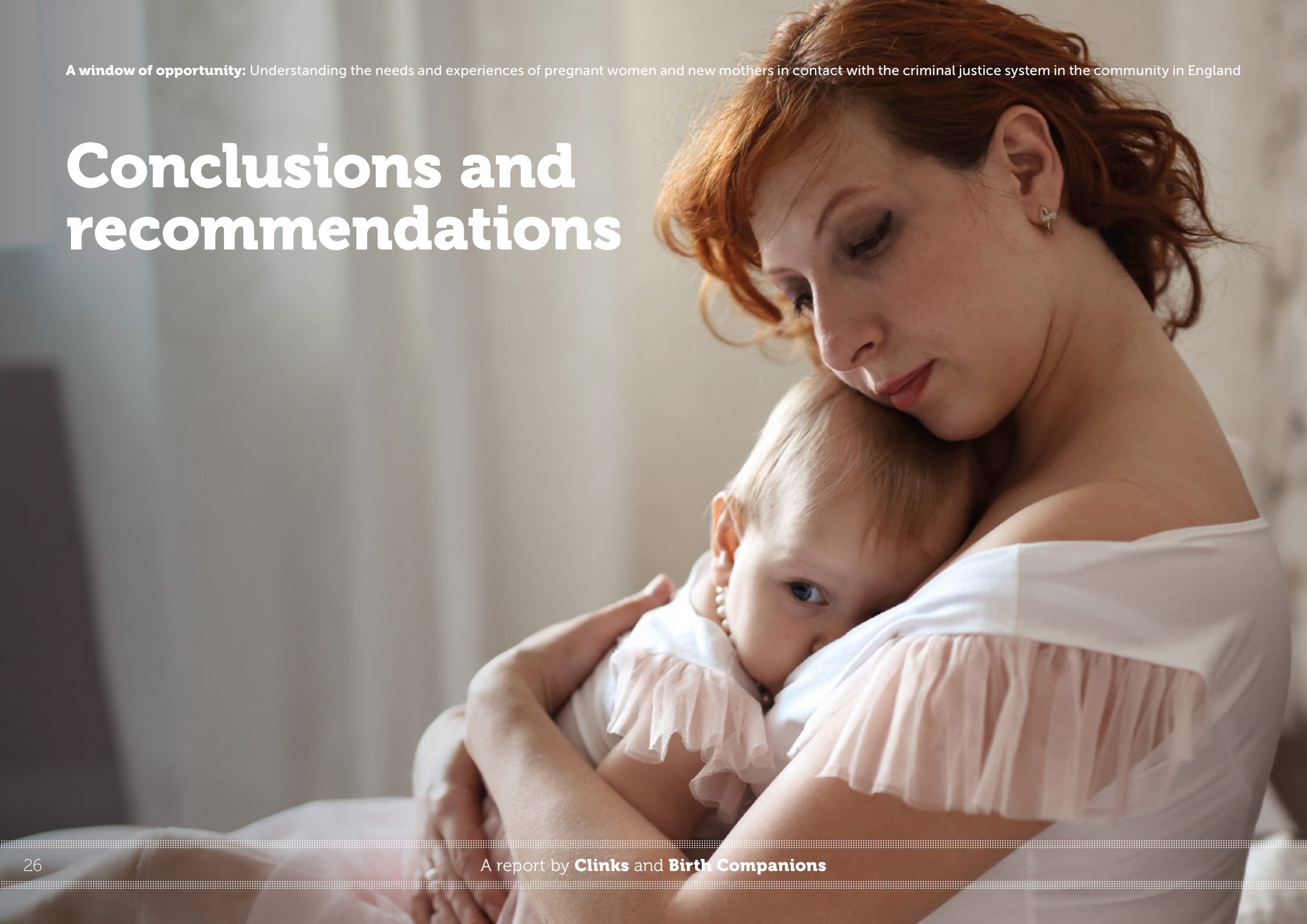


VS *"Women who have had children removed from their care before or could have [an] unborn or newborn [child] removed require additional support and intervention from specialist services to help facilitate change or allow this additional grief and trauma to be processed in a safe way."*

VS *"I find mothers do not receive adequate support or opportunities to improve their parenting skills."*

LE *"You are in survival mode on your own as a woman. It is hard. I would like to have had a bit more support."*

Conclusions and recommendations



Conclusions

This research shines a light on the complex needs of pregnant women and mothers of infants in contact with the CJS in the community; those serving community sentences and those under probation supervision after leaving prison.

It also highlights the opportunities offered in this critical stage in the lives of women and their babies: the hard work and dedication to supporting these women evident in voluntary and statutory services; the importance of establishing relationships of trust, and the barriers created by women's fears, by stigma and judgement, and by siloed working and poor, inconsistent practice.

There is clearly a need for far greater focus on these women's circumstances and experiences in community CJS settings, and for more holistic, trauma-informed and multi-agency responses. Best practice needs to become the norm, embedded in policies, protocols and pathways across and between systems, rather than the result of passionate but isolated individuals.

The probation reform programme, the new national Concordat on women in or at risk of contact with the criminal justice system and the drive to adopt whole system approaches have the potential to create opportunities for positive change. If the work done under the banner of these initiatives includes a dedicated focus on the needs associated with women's pregnancies and their mothering roles, they offer a real prospect of improvement, but specific references to pregnancy and motherhood within these policy documents are currently scarce or entirely absent. At the same time, the government plans to build 500 new women's prison places and many of the proposals in the Police, Crime, Sentencing and Courts

Bill risk criminalising more women living in poverty or disadvantage and those dealing with experiences of trauma and abuse, thereby undermining stated intentions to reduce the female prison population and support what Lord Farmer called the 'golden thread' of family relationships.⁴¹







The findings clearly demonstrate the importance of exploring the significant relationship between women's CJS contact and their involvement with children's social services. Barriers to engagement, fear and trauma arising from this involvement, and issues associated with pre-birth assessments and child protection proceedings during pregnancy and early motherhood warrant further investigation. It is crucial that we explore and improve the intersections between the CJS, the family justice system and health services so that all are better equipped to work together to support and protect mothers and babies.







Only by engaging with the complexity of this point in women's lives can we – voluntary and statutory services alike – hope to empower women and capitalise on the window of opportunity pregnancy and motherhood offers for them, their families, and wider society.






Recommendations

Building on the insights gathered through this research, Birth Companions and Clinks propose 16 recommendations.



-  All statutory agencies working across the criminal justice system, social services, maternity and wider healthcare should ensure their current and future provision supports a **trauma-informed, holistic and culturally appropriate approach** to working with pregnant women and mothers of children under two in contact with the CJS. The principles of trauma-informed care: safety; trust; choice and empowerment; respect; and kindness, should form a central focus across every system.
-  Professionals working with pregnant women and mothers of infants under the age of two should be given **appropriate training** to allow them to respond to these women's needs. Training should be developed with or delivered by specialist organisations working in partnership with women who have relevant lived experience. It should include a focus on the needs of women who are at risk of being separated from, or separated from, their infant.
-  These professionals should also be given appropriate levels of autonomy and flexibility so they are able to work in a way that recognises the complexity of women's needs and circumstances and the number of agencies likely to be involved.
-  In line with Lord Farmer's recommendations,⁴² systems should be put in place to ensure women are supported by police, liaison and diversion services, and probation teams in order to feel safe in disclosing information about their circumstances, including pregnancy or recent birth. This requires a **gender and trauma-informed** approach to policing and during court processes, and a commitment to information sharing and multi-agency working.
-  Lord Farmer's recommendation for **mandatory written pre-sentence reports** should also be implemented as soon as possible, regardless of whether a custodial or community sentence is being considered. This will ensure no pregnant woman or mother of a child in the critical first 1001 days of life is imprisoned without full account being taken of the impact on that child, and that decisions on community license conditions can better reflect the needs associated with this period.
-  Probation services should develop a clear and mandatory policy framework for the care of pregnant women, mothers of infants and those experiencing maternal separation, to mirror the new policy framework in the prison service.

- 7  As emphasised in the national Concordat on women in or at risk of contact with the criminal justice system, **whole systems approaches must be prioritised and sustainably funded** as a means to address the root causes of women's offending and to support community-based responses. In developing these approaches it is important that:
- a **Specialist pregnancy and early motherhood pathways** are developed within and across all areas of the CJS, local maternity systems, health visiting services, adult and children's social services teams, and specialist voluntary sector agencies including women's centres.
 - b These pathways include a commitment to **early intervention and prevention** across all systems, to help address the root causes of women's offending.
 - c Work is done to pilot pregnancy and early motherhood **navigator roles**, similar to the NHS RECONNECT link worker, to help overcome the challenges created by complexity in individual women's circumstances, and complexity within and across multiple systems.
 - d Sustainable funding models must be developed for work with voluntary sector organisations so they are in a position to continue and build on the vital services they provide alongside statutory agencies. These should include commitments to full cost recovery and work to recognise and fund core costs so organisations can ensure their longevity beyond particular programmes and initiatives.
- 8  In order to support their involvement in the whole systems approach, **local maternity systems and individual maternity teams** should ensure they have their own specialist pathways for the care of women involved in the CJS, and for women who are subject to pre-birth assessments or child protection proceedings, with related training and support. These pathways should include work with specialist perinatal mental health services.
- 9  In NHS England's new Perinatal Equity Strategy, there should be a focus on the needs of women in contact with the CJS and/or women who have involvement from children's social services during their pregnancy or in the postnatal period.
- 10  **Children's social services** in each local authority should include a specialist team for work involving pregnant women and mothers of infants, to reflect the opportunities and complexities specific to this group and to address the exponential rise in newborn care proceedings.⁴³ These teams must include a focus on women in contact with the CJS and support efforts to reduce avoidable separations as a result of maternal imprisonment through remand, sentencing or licence recall decisions.
- 11  **Prison-linked services and staff providing resettlement support under the reformed probation model from June 2021**⁴⁴ should ensure women's practical, emotional and health needs relating to pregnancy and early motherhood are fully considered in plans for movement back into the community, including targeted work with **RECONNECT women's pathways** and **Homelessness Prevention Taskforces**.
- 12  **The Ministry of Justice** should take the lead on ensuring pregnancy and early motherhood are adequately addressed in work to deliver on the new Concordat and the ongoing implementation of the Female Offender Strategy. Specific targets linked to reductions in the number of pregnant women and mothers of infants entering prison on remand, sentence or recall should be set and monitored as part of targets associated with the Concordat.

- 13**  **The Ministry of Justice** should reverse its plans to create an additional 500 prison places for women as this undermines the intention of the Female Offender Strategy to reduce the use of custody for women. Instead the Ministry of Justice should provide sustainable funding for community provision and diversionary schemes delivered by women-centred, trauma-informed services.
- 14**  The **voices of women with lived experience** of pregnancy and early motherhood while in contact with the criminal justice system must be sought and coproduction employed in the development of services across the CJS, maternity, social care and beyond.
- 15**  Data collection and sharing should be improved to ensure that services are informed about the extent and impact of the intersections between CJS involvement, children's social services and other factors of disadvantage.
- 16**   The crucial role that the **voluntary sector** plays in supporting pregnant women and recent mothers in contact with the criminal justice system in the community should be both recognised and supported by stakeholders in health and justice, engaging with voluntary sector organisations as strategic partners in both the delivery and design of services.

Thanks

We would like to thank all the voluntary sector professionals, specialist midwives and women with lived experience who took part in this research. Your time, your stories and your ideas are all hugely appreciated.

Further information

For further information on this research or on the work of Birth Companions and Clinks please contact:

Clinks

info@clinks.org
www.clinks.org.uk

Birth Companions

info@birthcompanions.org.uk
www.birthcompanions.org.uk

Photos

Front cover: Kseniia Vladimirovna / shutterstock.com
Page 5: Teodor Lazarev / shutterstock.com
Page 6: Starmarpro / shutterstock.com
Page 9: Bricolage / shutterstock.com
Page 12: Ginny Thomas / shutterstock.com
Page 15: Kati Finell / shutterstock.com
Page 17: Rob Marmion / shutterstock.com
Page 22: szefei / shutterstock.com
Page 25: Monkey Business Images / shutterstock.com
Page 26: Natalia Lebedinskaia / shutterstock.com

End notes

- 1 Those responding from the voluntary sector represented an equal split between local, regional and national service providers. One third worked exclusively with women, and there is evidence of a broad geographical spread between respondents.
- 2 Ministry of Justice. (2018). *Female Offender Strategy*. Online: www.gov.uk/government/publications/female-offender-strategy (last accessed: 19 May 2021).
- 3 Ibid.
- 4 Ministry of Justice and Her Majesty's Prison and Probation Service. (2018). *Women's Policy Framework*. Online: www.gov.uk/government/publications/womens-policy-framework (last accessed: 19 May 2021).
- 5 Ministry of Justice. (2019). *The Importance of Strengthening Female Offenders' Family and other Relationships to Prevent Reoffending and Reduce Intergenerational Crime*, by Lord Farmer. Online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809467/farmer-review-women.PDF (last accessed: 19 May 2021).
- 6 Ministry of Justice. (2021). *Concordat on women in or at risk of contact with the Criminal Justice System*. Online: www.gov.uk/government/publications/concordat-on-women-in-or-at-risk-of-contact-with-the-criminal-justice-system (last accessed: 19 May 2021).
- 7 Ministry of Justice. (2020). *Review of operating policy on pregnancy, Mother and Baby Units and maternal separation*. Online: www.gov.uk/government/publications/review-of-operational-policy-on-pregnancy-mother-and-baby-units-and-maternal-separation (last accessed: 19 May 2021).
- 8 Her Majesty's Prison and Probation Service. (2021). *The Target Operating Model for probation services in England and Wales*. Online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/959745/HMPPS_-_The_Target_Operating_Model_for_the_Future_of_Probation_Services_in_England_-_Wales_-_English_-_09-02-2021.pdf (last accessed: 19 May 2021).
- 9 Ministry of Justice. (2021). *Extra funding for organisations that steer women away from crime*. [online] Available at: www.gov.uk/government/news/extra-funding-for-organisations-that-steer-women-away-from-crime (last accessed: 19 May 2021).
- 10 UK Parliament. (2021). *Police, Crime, Sentencing and Courts Bill*. Online: <https://bills.parliament.uk/bills/2839> (last accessed: 19 May 2021).
- 11 Ministry of Justice. (2020). *Offender Management Quarterly Statistics July 2019 to September 2020 for England and Wales*. Online: <https://www.gov.uk/government/collections/offender-management-statistics-quarterly> (last accessed: 19 May 2021).
- 12 Ibid. It should also be noted that 79% of these were with requirements, failure to comply with which and/or new offences could result in imposition of the suspended prison sentence
- 13 Ibid.
- 14 Ibid.
- 15 Ibid.
- 16 Clinks. (2019). *The state of the sector 2019*. Online: www.clinks.org/publication/state-sector-2019 (last accessed: 19 May 2021).
- 17 Ibid.
- 18 Clinks. (2020). *The impact of Covid-19 on the voluntary sector in criminal justice*. Online: www.clinks.org/sites/default/files/2020-12/The%20impact%20of%20Covid-19%20on%20the%20voluntary%20sector%20in%20criminal%20justice_0.pdf (last accessed: 19 May 2021).
- 19 Parent Infant Foundation. (2014). *1001 Critical Days: The Importance of the Conception to Age Two Period*. Online: https://parentinfantfoundation.org.uk/wp-content/uploads/2019/09/1001-days_oct16_1st.pdf (last accessed: 19 May 2021).
- 20 National Perinatal Epidemiology Unit. (2021). *MBRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK*. Online: www.npeu.ox.ac.uk/mbrace-uk (last accessed: 19 May 2021).
- 21 Ibid.
- 22 Nuffield Foundation. (2018). *Born into care: Newborns in care proceedings in England*. Online: www.nuffieldfjo.org.uk/app/nuffield/files-module/local/documents/Born%20into%20Care_Final%20Report_10%20Oct%202018.pdf (last accessed: 19 May 2021).
- 23 The family justice system exists to help families avoid disputes as far as possible but also, if disputes or problems should arise, to enable them to resolve those problems quickly and with the minimum of pain caused to those involved [...]. When disputes do come to the courts, the cases are dealt with by magistrates and judges specially trained to deal with issues affecting families. These disputes often involve very difficult circumstances, for example relationship breakdown or child contact. Source: Courts and Tribunals Judiciary. (2021). *Family justice system*. Online: www.judiciary.uk/about-the-judiciary/the-justice-system/jurisdictions/family-jurisdiction (last accessed: 19 May 2021).
- 24 HM Courts and Tribunal Services. (2020). *HMCTS weekly management information during coronavirus – March to September 2020*. Online: www.gov.uk/government/statistical-data-sets/hmcts-weekly-management-information-during-coronavirus-march-to-september-2020 (last accessed: 19 May 2021).
- 25 Her Majesty's Inspectorate of Probation. (2020). *A thematic review of the Exceptional Delivery Model arrangements in probation services in response to the COVID-19 pandemic*. Online: www.justiceinspectorates.gov.uk/hmiprobation/inspections/edmadult (last accessed: 19 May 2021).
- 26 Ministry of Justice. (2020). *Offender Management Quarterly Statistics July 2019 to September 2020 for England and Wales*. Online: www.gov.uk/government/collections/offender-management-statistics-quarterly (last accessed: 19 May 2021).
- 27 Her Majesty's Inspectorate of Probation. (2021). *A thematic review of the quality and effectiveness of probation services recovering from the impact of exceptional delivery models introduced owing to the Covid-19 pandemic*. Online: www.justiceinspectorates.gov.uk/hmiprobation/inspections/recoverythematic2021 (last accessed: 19 May 2021).
- 28 Clinks. (2020). *The impact of Covid-19 on the voluntary sector in criminal justice*. Online: www.clinks.org/sites/default/files/2020-12/The%20impact%20of%20Covid-19%20on%20the%20voluntary%20sector%20in%20criminal%20justice_0.pdf (last accessed: 19 May 2021).
- 29 Reed, J. and Parish, N. (2020). *Working for babies. Lockdown lessons from local systems*. Online: <https://parentinfantfoundation.org.uk/wp-content/uploads/2021/01/210115-F1001D-Working-for-Babies-Report-FINAL-v1.0-compressed.pdf> (last accessed: 19 May 2021).
- 30 Agenda. (2021). *Voices from Lockdown, A Way Forward for Women and Girls*. Online: <https://weareagenda.org/women-and-girls-in-emergency> (last accessed: 19 May 2021).
- 31 Ministry of Justice. (2018). *Female Offender Strategy*. Online: www.gov.uk/government/publications/female-offender-strategy (last accessed: 19 May 2021).
- 32 This is despite new sentencing guidelines issued in 2019 requiring such factors to be taken into account by the court.
- 33 The Prison Reform Trust and the Thematic Inspection on Enforcement and Recall have highlighted issues with CRC management of decisions on compliance and breach, including instances where the responsible officer reacted promptly when an individual failed to keep an appointment, but did little to find out what lay behind the lapse, and where probation staff did not pay enough attention to diversity issues that could affect compliance. See: Prison Reform Trust. (2018). *Broken Trust: The rising number of women recalled to prison and HM Inspectorate of Probation. Enforcement and Recall: A thematic inspection by HM Inspectorate of Probation*.
- 34 Birth Companions and Revolving Doors Agency. (2018). *Making Better Births a reality for women facing multiple disadvantage*. Online: www.revolving-doors.org.uk/file/2333/download?token=Pz9dIAR (last accessed: 19 May 2021).
- 35 Birth Companions and Birthrights. (2019). *Holding it all together: Understanding how far the human rights of women facing disadvantage are respected during pregnancy, birth and postnatal care*. Online: www.birthrights.org.uk/wp-content/uploads/2019/07/Holding-it-all-together-Full-report-FINAL.pdf (last accessed: 19 May 2021).
- 36 Agenda and Against Violence and Abuse. (2018). *Hand in Hand: Survivors of Multiple Disadvantage Discuss Service & Support*. Online: <https://avaproject.org.uk/wp/wp-content/uploads/2019/01/PR-Report-Final.pdf> (last accessed: 19 May 2021).
- 37 A disproportionate number of those charged with criminal offences have experienced the care system as a child. See: HMPPS. (2019). *Guidance: Care leavers in prison and probation*.
- 38 'Through the gate services' are services to prepare people in prison for release and resettlement, and to bridge the gap between prison and community.
- 39 Clinks' previous research on the impact of Transforming Rehabilitation probation reforms on the voluntary sector working in criminal justice found that the volume-based target driven culture introduced under the reforms eroded partnerships between the voluntary sector and probation. Specialist women's services in particular were found to have poorer relationships with Community Rehabilitation Companies delivering probation services. More information can be found here: www.clinks.org/sites/default/files/2018-10/clinks_track-tr_under_final-web.pdf
- 40 Clinks. (2020). *The impact of Covid-19 on the voluntary sector in criminal justice*. Online: www.clinks.org/sites/default/files/2020-12/The%20impact%20of%20Covid-19%20on%20the%20voluntary%20sector%20in%20criminal%20justice_0.pdf (last accessed: 19 May 2021).
- 41 Ministry of Justice. (2019). *The Importance of Strengthening Female Offenders' Family and other Relationships to Prevent Reoffending and Reduce Intergenerational Crime*, by Lord Farmer. Online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809467/farmer-review-women.PDF (last accessed: 19 May 2021).
- 42 Ibid.
- 43 Nuffield Foundation. (2018). *Born into care: Newborns in care proceedings in England*. Online: www.nuffieldfjo.org.uk/app/nuffield/files-module/local/documents/Born%20into%20Care_Final%20Report_10%20Oct%202018.pdf (last accessed: 19 May 2021).
- 44 Such as Offender Management in Custody (OMIC) and Offender Managers in the community.



Our vision

Our vision is of a vibrant, independent and resilient voluntary sector that enables people to transform their lives.

Our mission

To support, represent and advocate for the voluntary sector in criminal justice, enabling it to provide the best possible opportunities for individuals and their families.

Join Clinks: be heard, informed, and supported

Are you a voluntary organisation supporting people in the criminal justice system?

Join our network of over 600 members. Clinks membership offers you:

- A voice to influence change
- Practical assistance to be effective and resilient
- Support from a community of like-minded professionals.

www.clinks.org/membership

Clinks

Block C, 5th Floor, Tavistock House, Tavistock Square, London WC1H 9JJ

☎ 020 7383 0966

✉ info@clinks.org

🐦 @Clinks_Tweets

💻 www.clinks.org

Clinks is a registered charity no. 1074546 and a company limited by guarantee, registered in England and Wales no. 3562176.



At Birth Companions we believe that no woman should go through pregnancy, birth and early motherhood on her own.

That's why we offer practical and emotional support to women before, during and after their baby's birth in prisons across England and in the community in London. It's hard to sum up everything we do but women often tell us we are like family.

Birth Companions is here to ensure every mother has the support she needs to give her baby the best possible start in life, whatever her circumstances.

Get involved

We couldn't do what we do without the help of many generous individuals and organisations. Our volunteers, donors and supporters have already helped to make a huge difference to the lives of women we work with and their babies. With your support we can help even more.

Find out how you can get involved at:

www.birthcompanions.org.uk/pages/2-get-involved

