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Representing pregnant woman and mothers in the criminal justice system:

A legal toolkit

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This legal toolkit is designed to equip lawyers with the core legal arguments, tools and resources to effectively represent pregnant women and mothers of infants at all stages of the criminal justice process including bail, sentencing and appeals against sentence.

Whilst we use the terms *"pregnant women"*, the toolkit applies to all individuals who experience pregnancy in the criminal justice system. Additionally, whilst this toolkit is focussed on the position of mothers, who are usually the primary carers of young children, much of the material herein will be of use to all who rear children.

The toolkit also provides practitioners with the key prison law issues facing incarcerated mothers and pregnant women.

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Introduction

Following two high profile and tragic baby deaths in two women's prisons in 2019 and 2020, the serious risks faced by incarcerated pregnant women have been brought into sharp focus.

In September 2021, the Prisons and Probation Ombudsman (PPO) found that Rianna Cleary, an 18-year-old woman, should never have been allowed to give birth alone in her cell in Europe's largest women's prison, HMP Bronzefield. The PPO investigation into baby Aisha's death on 27 September 2019 highlighted a series of failings in care in HMP Bronzefield.

On 18 June 2020, Louise Powell, a 30-year-old woman in HMP Styal, who did not know she was pregnant, gave birth to a stillborn baby, Brooke, in what the PPO described as *"shocking circumstances in a prison toilet, without specialist medical assistance or pain relief."*[3]

Following the inquest into Baby Aisha's death, NHS England and the Ministry of Justice accepted the PPO's recommendation that all pregnancies in prison should be categorised as 'high risk'. The Senior Coroner criticised the prison and the Trust responsible for midwifery and obstetric care. He found that *"If Aisha's mother's labour had been identified and she had been transferred to hospital in a timely manner for Aisha's delivery, there would have been an opportunity for effective steps to have been taken to secure Aisha's survival."*[4]

"We consider that all pregnancies in prison should be treated as high risk by virtue of the fact that the woman is locked behind a door for a significant amount of time. In addition, there is likely to be a higher percentage of 'avoidant' mothers who have experienced trauma and who are fearful of engaging with maternity care."

Aisha Cleary PPO Report, September 2021

3. PPO, Independent investigation into the death of Baby B at HMP Styal on 18 June 2020 (2021); PPO Press Release Baby Death At HMP Styal – PPO Report Highlights Shocking Circumstances Of Baby Stillborn In Prison (2022)
4. Mr Richard Travers H.M. Senior Coroner for Surrey Inquest Touching the Death of Aisha Cleary, Findings and Conclusion (2023)

Recognised health risks to incarcerated pregnant women and their babies

These risks were recognised and accepted by the Court of Appeal in *Bassaragh* [2024] EWCA Crim 20.

- Pregnant women in prison are seven times more likely to suffer a stillbirth than women in the community, and twice as likely to give birth prematurely;[5]
- Over one in five pregnant women in prison miss midwifery appointments, increasing the risk of premature birth, miscarriage and stillbirth;[6]
- One in ten pregnant women in prison give birth in-cell or on the way to hospital;[7]
- Between 2020 – 2022, one in four babies born to women in prison required neonatal unit admission (compared with a national average of one in seven);[8]
- The rates of many adverse pregnancy outcomes are higher for Black women, including rates of maternal death, premature birth, pre-eclampsia, postpartum haemorrhaging and blood clots, still birth and serious post-natal complications.[9] There is also a higher rate for Black women of premature (and also precipitous) labour in prison, i.e. prior to any transfer to hospital.[10] Black women are also at higher risk of perinatal mental ill-health including postpartum depression and anxiety;[11]
- Criminal justice proceedings and imprisonment are highly distressing environments for pregnant women, with 82% of women in prison reporting that they have mental health problems.[12] Antenatal stress is proven to increase levels of the hormone cortisol in the mother's body, which, when it crosses the placenta, can affect the health of the baby, their brain development, emotional attachment and early parenting interactions.[13]

Maternal imprisonment and separation from children

- The first 1,001 days of a child's life (from conception to their second birthday) are a critical period of brain development that sets the foundations for their lifelong emotional, psychological and physical health;[14]
- Maternal imprisonment, which increases the risk of separation, has a direct impact on a child's development, which is likely to outlast the length of a mother's custodial sentence;
- As many as 19 out of 20 children are forced to leave their home when their mother goes to prison.[15] The imprisonment of a household member is one of ten adverse childhood experiences (ACEs), known to risk significant negative impact on children's long-term health and wellbeing, their school attainment, and later life experiences.[16]

5. Observer, Pregnant women in English jails are seven times more likely to suffer stillbirth (2023)
6. Nuffield Trust, Ill-equipped prisons and lack of health care access leave pregnant prisoners and their children at significant risk (2022)
7. Nuffield Trust, Pregnancy and childbirth in prison: what do we know? (2022)
8. Freedom of Information response to a request from Level Up, quoted: Observer, Pregnant women in English jails are seven times more likely to suffer stillbirth (2023)
9. Womersley, K. et al, Tackling inequality in maternal health: Beyond the postpartum (2021)
10. Egbe, T.I. et al., Risk of extreme, moderate, and late preterm birth by maternal race, ethnicity, and nativity, The Journal of Pediatrics, 240, pp.24-30 (2022); Report of Dr Laura Abbott, Associate Professor (Research) and Senior Lecturer in Midwifery, University of Hertfordshire and a Fellow of the Royal College of Midwives, cited in Bassaragh [2024] EWCA Crim 2024
11. MacLellan, J. et al, Black, Asian and minority ethnic women's experiences of maternity services in the UK: A qualitative evidence synthesis (2022)
12. Prison Reform Trust, Bromley Briefings Prison Factfile: February 2024 (2024)
13. Stein A. et al, Effects of perinatal mental disorders on the foetus and child, Lancet. 2014 Nov 15;384(9956):1800-19 (2014)
14. Department of Health and Social Care, The best start for life: a vision for the 1,001 critical days (2021)
15. Home Office, The Corston Report: A review of women with vulnerabilities in the criminal justice system (2007)
16. Felitti, V. et al, Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study (1998)

Relevant prison law context

Prison Rules

The Prison Rules 1999 is the key legislation governing how prisons are run. In practice, the Rules are implemented through specific policy frameworks which include mandatory actions that prisons must take, as well as guidance on good practice.

Relevant policy frameworks

The Maternal Imprisonment policy framework (MIP)[17] sets out the minimum requirements for prisons caring for the following cohorts:

- Individuals who experience pregnancy, the postnatal period, and/or "*pregnancy outcomes*" within 12 months of entering prison or during a sentence. This includes those with planned/unplanned pregnancy (including where an individual is a surrogate), stillbirth, miscarriage, child bereavement, or termination of pregnancy.
- Mothers, child rearing individuals and children in Mother and Baby Units (MBUs).
- Mothers, child rearing individuals and adoptive parents separated from children up to the age of two years old in the 12 months prior to entering prison.

The Strengthening Prisoners' Family Ties Policy Framework,[18] Women's Policy Framework[19] and Release on Temporary Licence (ROTL) Policy Framework[20] also include requirements on prisons to support the maintenance of ties with children whilst a parent is in prison as well as guidance on the appropriate treatment of the above cohorts.

Pregnancy and Mother and Baby Unit Liaison Officers (PMBLOs)

All women's prisons must appoint a PMBLO to act as a point of contact and information for women to liaise between them and the multidisciplinary teams supporting them. PMBLOs must meet with women as soon as practicably possible (and within a maximum of 5 days) after they arrive in prison to share information on available support services, including the provision of MBUs (see below) (MIP, R8.1-8.2).

What are Mother and Baby Units (MBUs)?

MBUs are specialist accommodation for women with children up to the age of 18 months (older where appropriate, but not usually older than 2 years).[21] There is no automatic right to an MBU place, and every pregnant woman or mother must go through an application process. There is no guarantee of a space.[22] Prior involvement with Children's Social Care has been shown to lead to a high chance of rejection.[23]

MBUs are managed and supported by prison staff alongside qualified nursery professionals and are made up of both living space and nursery facilities. Basic items, for example cots, nappies and toys must be provided for all children on MBUs.

There are currently six MBUs in England,[24] serving women from England and Wales, with a total of 64 places available for women and 70 for children.

Women in MBUs are expected to take part in the general prison regime (e.g. engaging in education and work addressing offending behaviour) and childcare is provided to facilitate this.

17. Ministry of Justice, Pregnancy, Mother and Baby Units (MBUs), and Maternal Separation from Children up to the Age of Two in Women's Prisons Policy (2023)
18. Ministry of Justice, Strengthening Prisoners' Family Ties Policy Framework (2020)
19. Ministry of Justice, Women's Policy Framework (2021)
20. Ministry of Justice, Release on Temporary Licence (ROTL) Policy Framework (2022)
21. On the 31st of March 2022, there were 26 women and 23 babies being accommodated in MBUs across the estate; compared with 21 women and 15 babies in the previous financial year, HMPPS Annual Digest 2021/22, published 28 July 2022.
22. In the 12-months ending March 2022, there were 88 applications for an MBU place. Of the 60 applications which resulted in a recommendation 72% (43 applications) were approved and 28% (17 applications) refused, HMPPS Annual Digest 2021/22, published 28 July 2022.
23. What Works for Children's Social Care, A Review of Applications to Mother and Baby Units in Prisons (2022)
24. Prisons with mother and baby units (accessed 5 August 2024)

Who can apply for a space in an MBU?

All pregnant women and women with children up to and around 18 months old can apply. This includes women on remand as well as those who have been sentenced and applies regardless of their offence, sentence type or length (MIP, R13.6-13.11).

Generally, the upper age limit for children in MBUs is 18 months. However, mothers can apply to extend the placement if evidence suggests this is in the best interests of the child, assessed on a case-by-case basis. Extension applications should normally be made when the child is between six to 15 months old (MIP R13.133-13.136). It is extremely unlikely that an extension will be granted for any length of time beyond a child's second birthday.

Mothers receiving care from substance misuse teams are eligible to apply and consideration must be given as to how both their family and substance misuse needs can be met (MIP, R13.48).

Applications in "*borderline cases*" where a child is nearing, or just older than 18 months must also be supported and considered (MIP, R13.10).

How to apply for a space in an MBU?

Information about MBUs should be provided before imprisonment, or as early as possible when a woman enters prison.

The timeframe for decision making depends on the stage of pregnancy or the age of the child at the time of the application (MIP, R13.16-13.19).

Women must be supported to complete an MBU application form by the PMBLO and should, where possible seek advice from legal representatives and support networks to complete the form.

The decision whether to admit a mother and their child is made by an MBU Admissions Board, chaired by an Independent Chair.

The Admissions Board compiles a dossier with input from Children's Services[25] regarding any safeguarding considerations, risks assessments surrounding the mother's current risk, history of and index offending, health assessments and substance misuse assessments (where relevant) (MIP, R13.21-13.28).

Criteria for MBU admission

- The best interests of the child
- The necessity to maintain good order and self-discipline within the MBU
- The health and safety of other children and women on the unit

Applicants must be kept informed of progress, provided with the dossier and be permitted to attend all Board meetings. All decisions and recommendations of the Board must be properly recorded (including the deliberations and reasoning behind any decisions reached) (MIP, R13.29-13.37).

The Admissions Board can reach the following decisions:

- Temporary Admission (via emergency or full board)
- Full Admission
- Conditional Admission
- Conditional Refusal
- Full Refusal

25. Department for Education, Applications to mother and baby units in prison: how decisions are made and the role of social work A case review of social work decision making (2017-2021) (2022)

Prison Governor/Director approval

All recommendations for admission must be approved by the Governor or Director of the prison in question (to ensure a recommended placement is operationally manageable).

Appeals against refusal of an MBU place

An applicant has the right to appeal a refusal: (i) to allocate a place on an MBU; or (ii) to extend an MBU placement.

Appeals must be made within three months of the decision being delivered to an applicant and should be made using the Prisoner Complaints Policy Framework.[26] This means writing a complaint letter which explains why the applicant feels the decision does not comply with Maternal Imprisonment Policy (MIP, R13.56, R13.136). A full dossier of the complaint form and relevant paperwork must be sent to the HMPPS Women's Team within two business days at womensTeam@justice.gov.uk who will call on the MBU Advice Panel if appropriate.

If an appeal is unsuccessful, the only option is judicial review (JR). See R (on the application of WB) (2) W (A Child By His Litigation Friend the OS) v SSJ [2014] EWHC 1696 (Admin) for a successful judicial review of a prison's refusal of a place in a MBU to a pregnant woman accused of homicide. She and her baby were also awarded damages for breaches of Article 8 of the ECHR. Damages for unlawful separation are available as part of a JR challenge or as a 'stand-alone' civil claim.

Any judicial review challenge must be brought promptly and in any event within three months of the refusal by the Women's Team on appeal. Usually, there will be real urgency and so the claim will have to be expedited.

Access to healthcare and support

Prisons are required to provide antenatal and postnatal care and support for all women during and after pregnancy (MIP, R10.3-10.41).

This includes 24-hour phone access to a midwife (unless one is available onsite), access to healthcare appointments (such as ultrasounds scans) and access to practical support items (such as breast pads and support bras).

Prisons must also have arrangements in place to transport women to hospital for any urgent attention by midwifery or obstetric professionals where required, for example in the event of any unexplained pain or bleeding, or any foetal distress.

It is important to note that this is a policy brought into force after the death of Aisha Cleary, following significant failings at HMP Bronzefield including a failure to answer her cell bell during labour.[27] The operational reality in prisons is that there is unlikely to be 24-hour access to midwifery care nor any specialist transport to hospital in the event of an emergency. Prisoners are dependent on ambulances being called in a timely manner and the ambulance being given speedy access.

Security arrangements

Restraints must not be used when escorting women to attend hospital to give birth or to attend ante and/or postnatal medical appointments, unless there are exceptional circumstances and a clear justification for doing so (MIP, R.8.12, R10.24). Any decisions regarding security and escort arrangements for pregnant women, mothers and babies must be made in line with the relevant part of the Prevention of Escape – External Escorts Policy,[28] R4.160-4.176.

Labour

Every effort must be made to ensure that women do not give birth in prison. Women for whom labour is established must be transported to hospital. If, exceptionally, a woman gives birth in prison, there must be clear contingency procedures for all staff to follow (MIP, R10.20).

26. Ministry of Justice, Prisoner Complaints Policy Framework (2023)
27. Mr Richard Travers H.M. Senior Coroner for Surrey Inquest Touching the Death of Aisha Cleary, Findings and Conclusion (2023)
28. Ministry of Justice, Prevention of Escape – External Escorts Policy (2024)

Postnatal care (eight weeks following birth):

Following the birth of their baby, policy provides that prisons must support women to access the same postnatal support that would be available to them in the community. This includes midwifery care, health visiting, specialist perinatal mental health support, support to register the birth of their baby at the relevant registry office and with a GP, and support to express, store and provide breast milk for their baby (MIP, R10.26-10.29).

Again, this is recommended best practice, but operational reality is quite different. In Aisha Cleary's inquest the Senior Coroner heard expert evidence that the clinical care provided in prison was not equivalent to that which might have been expected in the community, even taking account of Aisha's mother's own refusal of treatment.[29]

Maternity leave

All women who have given birth are eligible to apply for a period of maternity leave from regime activities such as work, education and risk reduction. This applies to mothers separated from their children after birth as well as women living with their children on MBUs (R10.31, R15.10).

Release on Temporary Licence (ROTL) and Childcare Resettlement Leave (CRL)

ROTL exists to facilitate resettlement and rehabilitation, including by helping to rebuild family ties.

Eligibility

There is no general entitlement to ROTL but "*the expectation is that it will be widely used with suitable offenders in open prisons and women's prisons.*"[30]

The ROTL Policy Framework describes in detail the eligibility criteria for each form of temporary release (pp.13-16). In general, it is possible to apply for the following types of temporary release:

1. Resettlement Day Release (RDR)

RDR is available for the purpose of "*maintaining family ties*". RDR to maintain family ties is generally limited to once in every 14-day period unless special circumstances apply.

Generally, women suitable for open conditions are eligible to apply from the point of entry to prison. Women deemed not suitable for open conditions can apply 24 months before their effective release date, or after serving half the custodial period (whichever is the later date).

2. Resettlement Overnight Release (ROR)

ROR is available to enable prisoners to spend time at their release address to reestablish links with their family.

ROR only takes place after a successful period of RDR and is limited to one ROR session in each 28-day period, with each session not normally exceeding a period of four nights.

Generally, women suitable for open conditions are eligible to apply from the point of entry to prison. Women deemed not suitable for open conditions can apply six months before their effective release date, or after serving half the custodial period (whichever is the later date).

3. Childcare Resettlement Licence (CRL)

CRL is open to applicants who can demonstrate that they are the primary carer of a child. The fact that CRL is "resettlement" leave does not mean it cannot be taken early in a sentence. CRL is not simply about preparation for the resumption of responsibilities on release and it is possible to apply at any point during a sentence to support the maintenance of the mother/child bond throughout a long sentence (*R (on the application of MP and P) v Secretary of State for Justice* [2012] EWHC 214).

CRL can be taken up to once per week including one period of overnight release per 28-day period which must not exceed a total of four nights away from the prison.

The safety of the child and the child's best interests are the overriding concerns in all decisions about ROTL where the applicant will be spending time with children.

29. Mr Richard Travers H.M. Senior Coroner for Surrey Inquest Touching the Death of Aisha Cleary, Findings and Conclusion (2023)
30. Ministry of Justice, ROTL Policy Framework, §1.2 (2022)

Early release on Home Detention Curfew

The Home Detention Policy Framework (dated 24 June 2024) provides that eligible prisoners can be released up to 180 days before their automatic release date on Home Detention Curfew (HDC). Offenders released on HDC are subject to electronic monitoring and have a curfew of between 9-16 hours per day (usually set at 12) which remains in force until their automatic release date. Those serving certain types of sentences and/or for particular types of offences are precluded from the scheme by statute and others are presumed unsuitable.

Acceptance on the HDC scheme is not automatic or guaranteed. The eligibility criteria are set out in detail in the policy framework document. Applications for HDC should be made via a standardised form at least 10 weeks prior to the HDC eligibility date and are usually subject to an address being identified and approved by the Probation Service. The policy suggests offenders should be referred to the Community Accommodation Service if they have no independent accommodation.

Foreign national prisoners

Separate considerations apply to foreign national women who are subject to removal proceedings following a criminal conviction.

When a foreign national woman who is pregnant completes her custodial prison sentence, she must not be detained under immigration detention powers unless: (i) she will shortly be removed from the UK; or (ii) there are exceptional circumstances which justify the detention (S.60(2) Immigration Act 2016).

In any event, she may not be detained under immigration detention powers for a period of: (a) more than 72 hours; or (b) more than 7 days (in the event there is ministerial approval of such a longer period of detention) (S.60(4) Immigration Act 2016).

When a foreign national woman who is accompanied by her child in an MBU completes her custodial psentence, the mother or child can only be detained under immigration powers in exceptional circumstances, and only with permission from the Minister for Immigration.

31. Ministry of Justice, Home Detention Curfew (HDC) Policy Framework (2024)

Sentencing and mitigation

Overview of legal principles

In *Petherick* [2012] EWCA Crim 221 the Court of Appeal confirmed that the impact of a sentence on family life and dependants can mean that a sentence which would otherwise be proportionate may become disproportionate. This has been said to "*reflect not only Article 8 of the European Convention on Human Rights but also pre-existing case law and good sentencing practice.*"[32]

Both pregnancy and caring responsibilities are recognised as specific mitigating factors in Guidance issued by the Sentencing Council which all sentencing courts are required to follow unless it is contrary to the interests of justice to do so. The current Imposition guideline[33] has been subject to recent consultation. The proposals included adding multiple new specific references to pregnancy and the unborn child, including a new section on female offenders, where relevant to sentencing decisions about community or custodial sentences. A revised Imposition guideline is expected to be published in April 2025.

"The new mitigating factor sets out what, when sentencing a pregnant or post-natal woman (someone who has given birth in the previous 12 months), the court may take into consideration, for example:

- the medical needs of the offender including her mental health needs
- any effect of the sentence on the physical and mental health of the offender
- any effect of the sentence on the child"

The new mitigating factor

From 1 April 2024, the Council included a new, dedicated mitigating factor**: 'Pregnancy, childbirth and post-natal care'**,[34] in the overarching principles Guidelines[35] and in the majority of offence-specific Sentencing Guidelines, providing guidance for courts on sentencing pregnant offenders and new mothers.

Crucially, the new mitigating factor specifically recognises the following;

- The impact of custody on an offender who is pregnant or postnatal can be harmful for both the offender and the child including by separation, especially in the first two years of life;
- Access to a place in a prison MBU is not automatic and when available, the court may wish to enquire for how long the place will be available;
- Women in custody are likely to have complex health needs which may increase the risks associated with pregnancy for both the offender and the child in both the short and longer term.

"The NHS classifies all pregnancies in prison as high risk. There may be difficulties accessing medical assistance or specialist maternity services in custody. This factor is particularly relevant where an offender is on the cusp of custody or where the suitability of a community order is being considered."

32. See also Foster [2023] EWCA Crim 1196 at §§41-42; and Cheeseman [2020] EWCA Crim 194 at §21
33. Sentencing Council, Guideline on Imposition of community and custodial sentences (effective from 1 February 2017)
34. Sentencing Council, Sentencing pregnant women and new mothers (2024); See also, Sentencing Council , Miscellaneous amendments to sentencing guidelines 2023-2024 (2024)
35. Sentencing Council, General guideline: overarching principles (effective from 1 October 2019)

Key legal principles

The key principles arising from case law are as follows:

- The sentencing of a pregnant defendant or primary carer inevitably engages not only her own family life as protected by Article 8 ECHR but also that of her family, including any dependant child;
- The position of children, particularly very young children, is a "major factor" for consideration when sentencing. **The best interests of a child** (or children) who may be affected is "*a distinct consideration to which full weight must be given.*"[36] There is a statutory duty upon sentencing courts to identify and give proper weight to the best interests of children arising both from Article 8 ECHR and s.44 of the Children and Young Persons Act 1933;[37]
- When considering a custodial sentence, the sentencing court has to decide whether the adverse interference with family life is proportionate given the balance between the relevant factors. The impact on the family life of the offender and any dependants has to be balanced against "*the need of society to punish serious crime, the interest of victims in wrongdoers receiving their just deserts, the need to avoid unjustified disparity between defendants convicted of similar crimes, and often the impact of the crime on the victim's own family life*";[38]
- "*Where a case stands on the cusp of custody, the impact on one or more entirely innocent children may* ***tip the balance against a custodial sentence*** *(or an immediate custodial sentence).*"[39] Although, the more serious the offence, the less likely it is that imprisonment will be held to be disproportionate;
- Pregnancy (and/or the impact on dependent children) is also capable of amounting to **exceptional circumstances** justifying departure from mandatory minimum sentencing provisions, although the court will always have regard to the circumstances of the case as a whole. See Bassaragh [2024] EWCA Crim 20 in relation to firearms, and Charlton [2022] 2 Cr App R (S) 18 in relation to a third strike burglary;
- Where custody cannot be avoided, the effect on children or other family members might afford grounds for **reducing the length of sentence;**[40]
- Pregnancy will not only provide strong personal mitigation but in many cases, it will also tend to **improve the prospect of rehabilitation.**[41] This is relevant to sentencing generally and, in particular, where a court is considering whether it is possible to suspend a sentence of two years or less (see imposition guideline);[42]
- The positive prospect of rehabilitation and the significant harm to an unborn child that will "*often result*" from immediate imprisonment means that "*a proper application of the imposition guideline will often* ***justify the suspension of a short sentence*** *in the case of a pregnant offender*";[43]
- It is inappropriate to pass comment on how or why a female defendant has become pregnant. Whether a pregnancy is planned or not can be of no concern to a sentencing judge whose **focus must be on the risks to mother and baby** of pregnancy and birth in custody.[44]

36. See Solliman [2012] 1 Cr App R 197, endorsed by the Supreme Court in HH v Deputy Prosecutor of the Italian Republic of Genoa [2012] UKSC 25
37. Section 44 of the Children and Young Persons Act 1933 provides that "Every court in dealing with a child or young person who is brought before it, either as an offender or otherwise, shall have regard to the welfare of the child or young person…"
38. Cheeseman [2020] EWCA Crim 749
39. As above
40. As above
41. Charlton [2022] 2 Cr App R (S) 18; Stubbs [2022] EWCA Crim 1907
42. Sentencing Council, Guideline on Imposition of community and custodial sentences (effective from 1 February 2017)
43. Stubbs [2022] EWCA Crim 1907
44. Byron [2024] EWCA Crim 818

Preparing your mitigation

Risk factors which may increase the punitive impact of custodial sentences

When considering the impact (and proportionality) of a sentence, it should be recognised that imprisonment is likely to be far more onerous and will often represent a far greater punishment for defendants who are pregnant[45] and/or who are primary carers of young children. In cases involving pregnant or postnatal defendants, this will almost always be the case in light of the very significant physical and mental burden of pregnancy, labour, birth, and postnatal recovery (including the physical and mental toll involved in nursing and caring for a newborn) all of which is made even more challenging as a result of incarceration. Further, in many cases there may be additional risks of serious harm, both physical and mental, to which mother and baby may be exposed by virtue of her detention.

Often, there may also be additional factors in individual cases which further elevate the risk of harm (both to mother and baby) resulting from imprisonment during pregnancy or the postnatal period.

Gathering relevant evidence

- **Physical health conditions** including pre-existing conditions, or complications/ conditions that emerge during the course of pregnancy. Common symptoms or conditions which may significantly elevate risk include: gestational diabetes,[46] pre-eclampsia[47] and episodes of bleeding;[48]

Practice point

The new pregnancy mitigating factor requires the Court to ask the Probation Service to address the medical (including mental health) needs of the offender and the effect of the sentence on those needs and on the child. If a suitable pre-sentence report is not available, sentencing should normally be adjourned until one is available.

- **Family or personal history** of premature or precipitous labour, or pregnancy loss, also gives rise to increased risks of complication during birth in circumstances where there may be reduced ability to respond;
- **Racial disparities and discrimination:** is there an increased risk of adverse pregnancy outcomes due to race,[49] as outlined on page three of this toolkit?
- **Mental health conditions** (which may be pre-existing or can develop in pregnancy or postnatally). Whilst poor mental health may itself be a mitigating factor (and is the subject of separate sentencing guidelines[50]) it is important to recognise the particular impact and risk of harm associated with maternal mental ill-health during pregnancy and/or the early years post-childbirth – both for a mother and child. There is clear evidence that maternal mental health difficulties affect infant brain development and have a direct impact on life-outcomes for children in both the short and longer term.[51] Long-term consequences may include the risk of insecure attachment patterns, behavioural issues, and an elevated likelihood of mental health disorders in the child;
- **Specialist support:** Where an infant has complex health needs requiring specialist support this may be difficult to access whilst in an MBU and maternal imprisonment may therefore risk separation and/or compromising the care required for the infant. Where an infant has significant health needs, their separation from the mother is itself unlikely to be in the child's best interests, including where the mother wishes to breastfeed.

45. See Charlton [2022] 2 Cr App r (S) 18
46. This condition increases risks to mother and baby during pregnancy and makes it more likely that there will be complications in birth, including as a result of excessive growth of the baby
47. A serious condition carrying risk of serious complication for both mother and baby and which requires a high level of specialist monitoring which is frequently difficult to access in custody
48. This can frequently indicate heightened risk of complications including miscarriage, premature birth, low birth weight, placental abruption, foetal distress and hyperbilirubinemia
49. MBRRACE-UK, Perinatal Confidential Enquiry reports (2024)
50. Sentencing Council, Guideline on Sentencing offenders with mental disorders, developmental disorders, or neurological impairments (effective from 1 October 2020)
51. Glover, V, The effects of maternal prenatal stress on foetal and child development–An evolutionary perspective. The Oxford Handbook of Evolutionary Psychology and Parenting, p.189 (2021); Franco, F. Understanding Intergenerational Trauma: An Introduction for Clinicians (2021)

Considering the risk of maternal separation

Access to MBU places is limited and as set out above, requires an application process. For pregnant women on bail, there is no guarantee of a place in advance of sentence. For a pregnant woman on remand, whether she has a place in principle may depend on the stage of her pregnancy and/or the availability of a space in one of the six MBUs. As a result, mothers and babies are at risk of separation as a result of imprisonment – both at the point of sentencing and/or if the mother's custodial term exceeds the date her child turns 18 months old (or up to two years if a successful extension application has been made).

It is well-established that separation (even where relatively short) during infancy and the early years (ages 0-5) carries very significant implications for a child including in terms of their long-term life outcomes.[52]

Recognising the above, advocates should ensure they are able to address the reasons why separation may be particularly harmful in any given case. Relevant factors may include:

- **Absence of alternative carer** with whom the child has an existing secure attachment which might mitigate (to some extent) the loss of their primary carer.

  It is extremely important that advocates provide the court with detailed information about the position (or potential position) of children affected by any sentence and, in particular, about any proposed alternative childcare arrangements in the event of custody (or a community order with conditions affecting childcare arrangements). The court has emphasised repeatedly that *"the effect of the offender's imprisonment on her or his dependants, in particular if they are children, cannot properly be gauged by the court if the available information is insufficient or over-optimistic."*[53] Sentencing Council guidance therefore emphasises that "*the court should ensure that it has all relevant information about dependent children before deciding on sentence.*

  *When an immediate custodial sentence is necessary, the court **must** consider whether proper arrangements have been made for the care of any dependent children and if necessary, consider adjourning sentence for this to be done."*[54]

  It is insufficient simply to identify an alternative person willing or able to offer support. Detailed information is required as to the practicability of such arrangements and what the child's experience is likely to be in practice including issues such as whether there will be disruption to their schooling, living arrangements, continuity and stability of care and medical needs. The working schedules and other commitments and resources of alternative carers should be explored to ensure the court has a clear picture of the extent (and limits) of the care they can provide.[55] Where no appropriate plans have been identified advocates should assist clients, where appropriate, to seek the support of Children's Social Care who have statutory duties to provide both support and accommodation to children at risk of parental imprisonment;[56]

- **Mental health vulnerabilities in the mother** which are likely to be significantly exacerbated by separation;

- **Particular vulnerabilities in the child** which increase the importance of remaining with their mother (for example in relation to developmental deficits, complications or trauma during birth, attachment difficulties or feeding concerns)

- **Breastfeeding infants:** In cases where a mother is breastfeeding, consideration should be given to ensuring arrangements can or have been made for a managed transition to other forms of feeding prior to separation wherever possible. Sudden cessation of breastfeeding (particularly where pumps or other equipment may not be available to assist) carries risks for both the physical and mental health of a mother, as well as potentially significant consequences for a baby.

52. Beresford et al, The health impact on children affected by parental imprisonment (2020); Pittman and Hull, The Health Crest Advisory, Counting the Cost of Maternal Imprisonment (2021)
53. Rescorl [2021] EWCA Crim 2006
54. See Sentencing Council Guidance on the specific mitigating factor of sole or primary carers
55. See Sentencing Council Guidance on the specific mitigating factor of sole or primary carers
56. See ss. 17 and 20 of the Children Act 1989

- **Previous separation:** It is rare that MBU places can be obtained prior to a defendant's arrival in prison and so separation at the point of sentence is often inevitable in cases where a woman is postnatal or has a child under two. Where an MBU place is subsequently granted, and mother and baby/infant are reunited, even greater harm may result from further separation if the mother cannot be released at the point the MBU placement expires. Where sentencing (or remand) is likely to lead (or has led) to an initial separation, the likely harm risked by further re-separation thereafter ought to be a very weighty factor in sentencing (including in relation to the length of the sentence).[57]

It is also important to note that the harm associated with risk of separation is not just reserved for cases where separation does in fact occur. The inherent (and inevitable) uncertainty associated with prison policy and limited MBU placements means that even where separation is ultimately avoided, pregnant women and mothers often experience lengthy periods of anxiety and fear during pregnancy or postnatal recovery because of the ongoing ***risk*** of separation or re-separation. Such anxiety is itself associated with negative outcomes for both mother and child.[58]

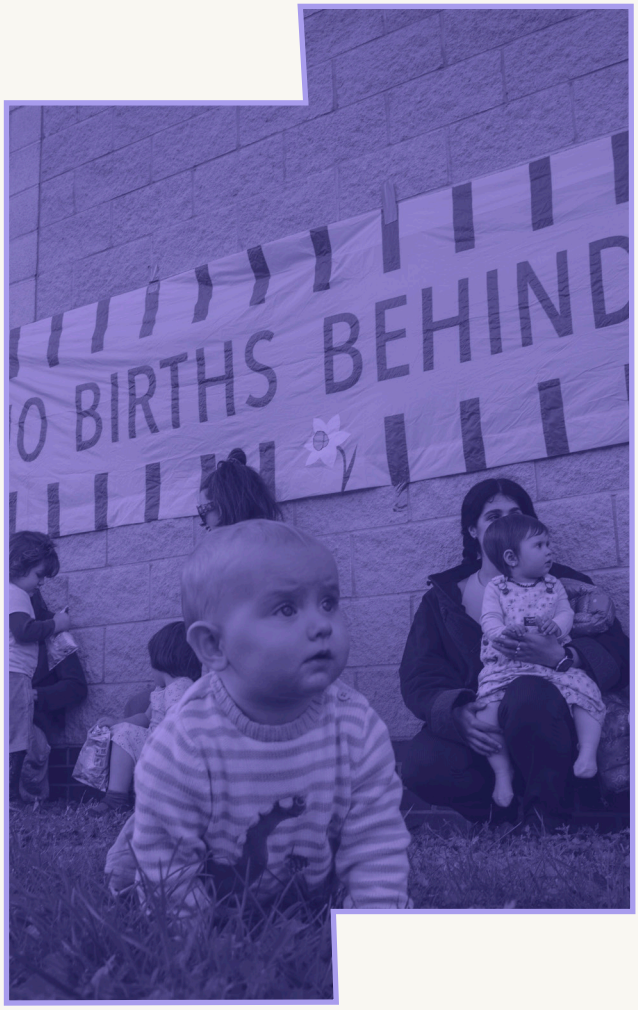
It is essential that advocates calculate the automatic and earliest possible release dates (having regard to current sentencing and prison policy, including any early release provisions) and to have regard to other factors that may affect the availability of early release on Home Detention Curfew (for example the stability of accommodation). This will provide the best chance of calibrating future risk of separation and how this might best be avoided (or at least minimised).

Defendants who are primary carers of children over two years old

For mothers of older children, there are also likely to be many similar factors that render custodial sentences more onerous including, most significantly, the inevitable separation from children over two years old. Advocates should be prepared to address the court in relation to the likely harm and the particular circumstances which are likely to exacerbate the effects of separation. In addition to the features set out above, such factors may include:

- the age or ages of a child or children;
- the extent of any disruption and instability in a child's life as a result of their mothers' imprisonment (for example in relation to their education, their home; and other significant relationships);
- limitations of alternative care arrangements;
- the child's own mental and physical health history; and
- any previous history of trauma or instability.

Representatives should consider whether it may be possible to mitigate the impact of sudden separation on a child at the point of sentencing (for example where a defendant is on bail) by an adjournment to ensure a transition is properly managed.



57. See for example Byrne [2024] EWCA Crim 801
58. Beresford et al, The health impact on children affected by parental imprisonment (2020); Pittman and Hull, The Health Crest Advisory, Counting the Cost of Maternal Imprisonment (2021)

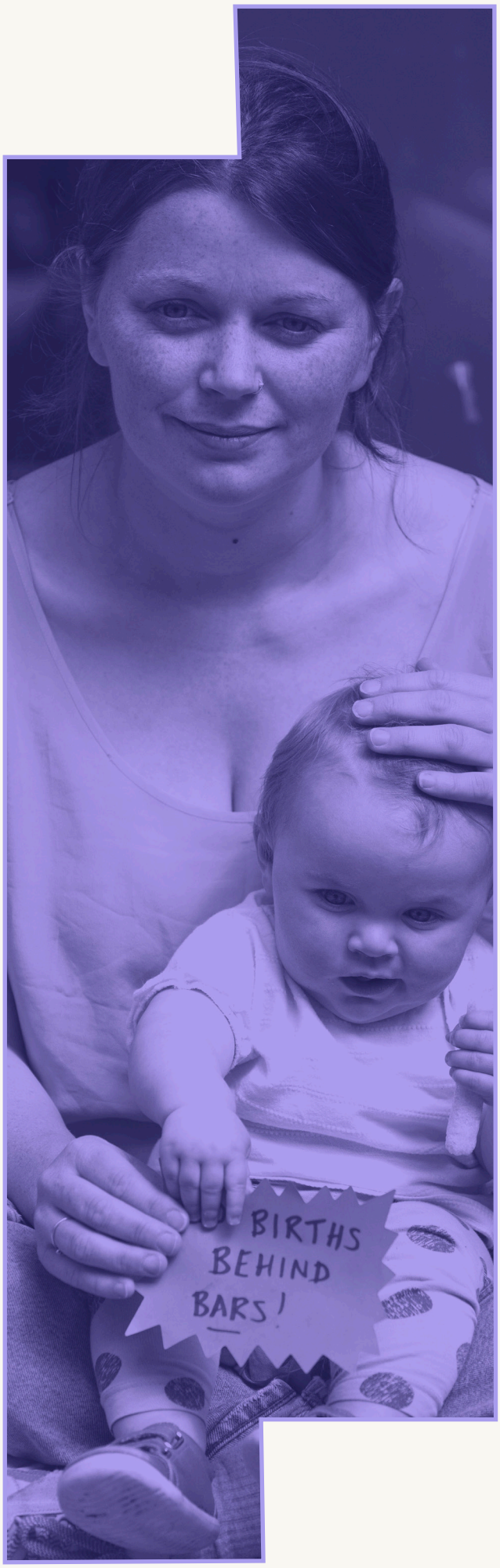
Independent expert evidence

Whilst there is a growing awareness that prison can be harmful generally, the best outcomes frequently require lawyers to focus on the individual circumstances of the defendant and demonstrate the actual (or potential) impact of different sentencing options in the case under consideration.

In order to address these matters robustly it may assist to obtain expert evidence illustrating the particular risks (both now and in the future) which arise and the extent of the harm that may result from different sentencing outcomes. It will be important to ensure that evidence and submissions are directed both to the impact on the mother and to the distinct impact on the child both in terms of short and longer-term harm (although the impact on mother and child will usually be interlinked).

Potential experts to be considered:

- **Psychiatrists and/or psychologists** who may be able to assess the mental and emotional impact of sentencing on both mother and baby. Where a defendant has particular mental health needs this is likely to be important, but even where there is no existing diagnosis, representatives may still wish to consider instructing a psychologist where there are (or may be) indications of previous trauma, and/or neurodiversity. Postnatal depression can often occur in women with no prior history of poor mental health and expert evidence highlighting risk factors that exist in such cases (and the consequence for both mother and baby) may be of importance.
- **Midwives and/or obstetricians** who may be able to indicate whether there are any particular factors associated with enhanced risks to mother and/or baby in the particular case. Such an expert may also be able to comment on the adequacy of the care likely to be available in custody in the context of the defendant's particular risk factors;
- **Independent social workers** who may be able to assist as to the impact of sentencing on older children.



Bail

There is a general presumption in favour of bail (save in murder cases), and remand in custody is generally only permitted where the court is satisfied that there are reasonable grounds to conclude that if granted bail a defendant will: (i) fail to surrender; (ii) commit offences whilst on bail; and/or (iii) interfere with witnesses (there are other criteria but these are invoked less often). However, s. 6 of the Human Rights Act 1998 requires that any decision to remand a defendant in custody must also be proportionate having regard to her rights under Article 8 ECHR and the Article 8 rights of any child affected.

Likely sentence

The Sentencing Guidelines and case law relevant to sentencing set out above (as well as any offence specific Sentencing Guidelines) will also be relevant to decisions as to whether a defendant who is pregnant or a primary carer should be remanded whilst awaiting trial or sentence, and courts should be invited to consider carefully the impact of imprisonment on both the defendant herself and on any children affected.

If it would be disproportionate to impose a custodial sentence, then it is very unlikely to be proportionate to remand a defendant in custody.

Further, even where a custodial sentence of some length is overwhelmingly likely, it may still be disproportionate to remand her into custody in the meantime considering:

- The impact of a sudden and unplanned separation on dependent children. It is important to note that even where separation (due to remand) may only be relatively short, this does not mean it does not carry significant harm for a child. Research indicates that, for young children, even very short periods of separation from primary attachment figures can have very significant consequences in both the short and long term.[59]
- The fact and/or stage of a defendant's pregnancy, for example, where remand would expose her and her baby to an inevitably high-risk pregnancy and more dangerous birth in prison which may be avoided if granted bail;
- The very strong community ties and incentive to comply with court requirements that is often associated with pregnancy and/or maternal relationships.

59. Beresford et al, The health impact on children affected by parental imprisonment (2020); Pittman and Hull, The Health Crest Advisory, Counting the Cost of Maternal Imprisonment (2021)

Evidence

As with sentencing, any available evidence (including medical records and/or expert evidence) demonstrating the particular harms (both to mother and baby) associated with maternal separation and/or imprisonment during pregnancy is likely to be helpful when seeking bail for a defendant who has already been remanded.

Whilst such evidence may not be available at an initial hearing, representatives should make full use of the guidance set out by the Sentencing Council and publicly available resources referenced in this toolkit. Representatives should also ensure they have detailed instructions wherever possible to address the full implications for any children of remanding the defendant including as to the existence and adequacy (or otherwise) of alternative childcare arrangements.

Instructions

Advocates should also ensure they are sufficiently instructed in relation to the impact on children of any particular bail conditions should bail be granted.

In some cases, a woman who is pregnant and faces a significant custodial term may wish to be remanded in order to begin serving time in the hope of minimising any period of separation from her child once the child is born. Whether or not to seek bail is ultimately a decision for the defendant herself, but representatives should ensure they have fully advised her as to the implications of remand.

Material change of circumstances

Repeat bail applications are relatively rare as the court is not required to hear arguments as to the facts or law which it has heard previously, and it is therefore necessary to demonstrate some material change of circumstances to renew a bail application. However, in the context of pregnancy, where the medical position is constantly developing, and complications may emerge as pregnancy progresses, it is arguable that the limitation should be interpreted broadly to allow for further applications in light of developments in a pregnancy that is already known to the court, and/or further developments in respect of housing and support available for the defendant and children in the community.

Appeals against sentence

Grounds of appeal

The test generally applied on appeal from the Crown Court to the Court of Appeal is whether the sentence imposed was "*manifestly excessive*" and/or "wrong in principle". However, in the context of cases concerning pregnancy and children, appeals often also refer to sentences as being "disproportionate" (in Article 8 ECHR terms). Sentences may be manifestly excessive or disproportionate where:

- The court failed to have regard or proper regard to the welfare of, or impact on a child (including where the court has not properly considered the position of the child, for example, as a result of inadequate information about what would happen to them in the event of maternal imprisonment);
- The court failed to properly recognise the impact of sentencing on an offender themselves in the context of pregnancy and/or maternal separation - including for example where she has particular medical or physical health difficulties;
- Fresh evidence demonstrates that the impact on the children and/or mother, or the risk associated with imprisonment during pregnancy or of further separation, is greater than previously anticipated by the sentencing court. Appeals can therefore succeed even where there is no legitimate criticism to be made of the original sentencing decision. Grounds for an appeal may also become apparent in the context of dealing with prison-law issues post sentencing.

In many cases, the practical purpose of an appeal may be to avoid an impending and unacceptable risk of further harm (for example by separation or re-separation of a mother and child, or a dangerous birth in custody).

Fresh evidence

Given the necessarily speculative nature of assessing the impact of sentencing before imprisonment is imposed, and the rapid changes inherent in pregnancy, it will frequently be necessary to obtain evidence of post-sentencing developments for the purpose of any appeal, which addresses the reality of the sentence imposed. All evidence advanced on appeal that was not relied on before the sentencing court application will be subject to s. 23 of the Criminal Appeal Act 1968. The test for admission of "*fresh evidence*" is broad (whether it is necessary or expedient in the interests of justice to admit it), but s. 23(2) sets out four factors to which the court must have regard when determining this test.

These are not "*criteria*" for admission but advocates should nevertheless be prepared to address all four questions: (a) whether the evidence is "capable of belief" (this is unlikely to be an issue where a properly qualified expert is instructed) (b) whether the evidence affords grounds for an appeal; (c) whether the evidence would have been admissible at trial (which is rarely a barrier in relation to sentencing); and (d) the explanation the evidence was not adduced at first instance. In this regard, clearly evidence addressing the impact of sentencing is likely to be truly "*fresh*" in the sense that it concerns events that had not yet happened and could not have existed prior to sentencing. Where fresh representatives are instructed on appeal it may be necessary to make inquiries of previous representatives pursuant to the guidance of the Court of Appeal in *McCook* [2014] EWCA Crim 734.

Subject to the client's permission, detailed inquiries are likely to be necessary in order to provide a full picture of the practical impact of sentencing – including with those caring for dependent children, relatives with insight into the effects sentencing has had, education providers, Children's Social Care and any community agencies who may have had contact with the family post-sentence.

It will often be most helpful for information about post-sentence developments to be encapsulated and addressed within an expert report for the Court of Appeal. A relevant expert may be in a better position to assess the impact of events after sentence (see expert evidence section above as to the types of experts to be considered). Where no expert evidence has been obtained at first instance it may be necessary to instruct an expert afresh. Where an expert has previously been instructed it *may* be appropriate to simply seek an addendum to their previous report. Prior authority for funding for reports on appeal can usually be sought via written application to the Registrar of the Criminal Appeal Division. If for any reason funding is refused representatives should consider exploring whether assistance is available on a pro bono basis in appropriate cases via Level Up or the specialist organisations listed in the resources section listed below.

Another way in which more recent developments can be summarised in evidential form is for solicitors instructed on appeal to compose their own witness statement summarising the steps taken to advance the appeal, issues raised by the client and relevant inquiries made.

Practical arrangements

The Court of Appeal has emphasised the importance of ensuring that there is a plan for release (either immediately or soon thereafter) in the event this is a realistic possibility following the appeal.[60] A positive outcome in Court may be hollow in practice if there is in fact no accommodation and/or appropriate support in place for mother and baby on release, or if the mother's release (for example on Home Detention Curfew) is unnecessarily delayed due to the absence of an approved release plan.

Where there is no appropriate accommodation to which a mother and child can be safely released those acting may need to be proactive in exploring other options – including by liaising with Social Care and with providers such as Hope Street (see Resources section).

Expedition

Cases involving maternal separation and/or imprisonment in pregnancy will often require expedition. Some cases (such as those concerning increasingly dangerous pregnancies) may be very urgent indeed.

Where expedition is appropriate this should be indicated in the Grounds of Appeal themselves. It would also be wise to contact the Registrar's Office at the Court of Appeal (the email for which is included in the form RN that is used to lodge an appeal) indicating that the matter is urgent and the reasons an expedited listing is required.

Appeals are generally assigned a caseworker who has conduct of the case within the Registrar's office. It is often invaluable to liaise with the Registrar's office, and the caseworker with conduct if possible, to ensure the matter is dealt with appropriately and expeditiously.

Funding for a litigator

After the grant of permission (assuming the case is not privately funded), the Court of Appeal will generally grant a certificate for public funding to counsel alone. However, in cases concerning mothers and babies the nature of the work involved means that it will frequently be necessary to have an instructing solicitor involved as well. In these circumstances, counsel should prepare an advice setting out the nature of the work that is (or has been) required and why a solicitor is appropriate. This should then be sent to the Registrar's office for an administrative decision to be made. The issue can be raised with the Court at the hearing in the event of difficulties, but in the first instance application must be dealt with via the Registrar's office.

60. Baldwin [2021] 4 WLR 73

Checklist for lawyers

The following is a checklist of material that may be necessary to obtain and ought to be considered and discussed with a client who is pregnant, or has caring responsibilities for children and faces potential imprisonment or seeks to appeal such a sentence:

- ☑ In respect of a pregnant defendant, representatives will need to instructions in relation to:
  - The defendant's due date and the dates upon which any MBU placement (if granted) would be likely to expire. It will be helpful to be able to assist the Court as to the various points at which a sentence will or may carry risk of separation post-birth);
  - Any history of previous complications in pregnancy;
  - Any difficulties or complications in relation to the pregnancy thus far;
  - The defendant's mental health history;
- ☑ In all cases involving pregnant women or mothers of dependent children, detailed instructions will be required in relation to:
  - The ages of dependent children (and, where applicable, the corresponding dates at which any MBU placement may be likely to expire);
  - Any particular physical mental or emotional vulnerabilities of dependent children;
  - The existing childcare arrangements and day-to-day experiences of dependent child(ren) and their reliance on the defendant;
  - Any proposed childcare arrangements in the event of maternal imprisonment and the practical implications for the child(ren) affected. Representatives may wish to obtain evidence from the alternative carer (or social services) as well as the defendant herself;
  - Any previous history of trauma or mental health concerns in relation to the defendant herself (including potential neurodiversity or mental disorder that has not previously been diagnosed).
- ☑ Evidence to be sought may include:
  - Medical records for a defendant (and for children where relevant);
  - Social Care records (if any);
  - Further evidence in support of any potential impact of sentencing on dependent children. This may include school records or statements/letters from teachers, statements from other relatives or others (including community figures) close to the child and able to comment on any changes already observed as a result of the proceedings and/or potential difficulties in the event of maternal imprisonment;
  - Expert evidence (see above);
  - Statement from solicitors (particularly on appeal) summarising relevant factual developments and the result of relevant inquiries.
- ☑ Where fresh representatives act on appeal there is a duty to contact previous representatives to ensure the accuracy of grounds of appeal, and inquiries may be necessary to clarify matters for the purpose of addressing the factors relevant to the test for admitting fresh evidence under s23(2) of the Criminal Appeal Act 1968.[61]
- ☑ Appellate representatives should liaise with the Probation Service to identify and progress release planning to ensure a supported transition for both mother and baby in the event of a successful appeal (including by means of accommodation suitable for release on Home Detention Curfew).

61. McCook [2014] EWCA Crim 734

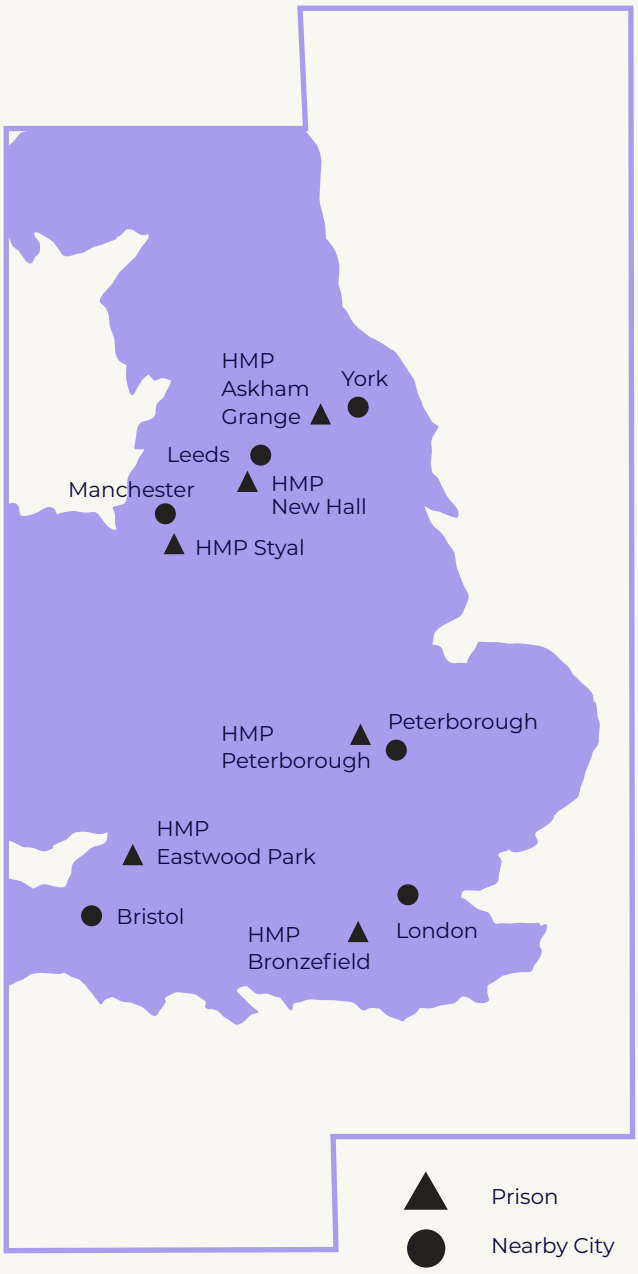
Resources

Further information on Mother and Baby Units

There are six prisons across England that have Mother and Baby Units (MBUs), with a combined capacity for 64 mothers and 70 babies (to allow for multiple births).

The following prisons have MBUs:

- HMP Bronzefield
- HMP Eastwood Park
- HMP Styal
- HMP New Hall
- HMP Peterborough
- HMP Askham Grange



Guides for pregnant women and mothers in prison

Birth Companions: Inside guide to pregnancy, birth and motherhood in prison

Birth Companions: The Birth Charter for women with involvement from Children's Social Care

Prisoners Advice Service: Mother and Baby Units self-help toolkit

PACT: Guide to being a good mum in prison

Further reading

Abbott, L and Baldwin, L (2023) *Pregnancy and New Motherhood in Prison*, Bristol University Press, Bristol.

Baldwin, L (2022) *Motherhood In and After Prison: The Impact of Maternal Incarceration*, Waterside Press, Hampshire.

Minson, S (2020) *Maternal sentencing and the rights of the child*, Palgrave Macmillan, London

Abbott, L., Scott, T., & Thomas, H. (2022). Experiences of midwifery care in English prisons. Birth: Issues in Perinatal Care.

Abbott. L, Scott, T, Thomas, H, and Weston, K (2020). Pregnancy and Childbirth in English Prisons: Institutional Ignominy and the Pains of Imprisonment. Sociology of Health & Illness. 42(3): 660-675.

Lost Mothers Project

Led by Dr Laura Abbott, expert midwife and academic specialising in pregnant women's experiences of prison, this ongoing research project explores the effects of mandatory separation of babies from women involved in the criminal justice system.

https://lostmothers.org

Specialist charities supporting pregnant women and mothers in the criminal justice system

Birth Companions

Birth Companions support pregnant women and new mothers in prison, providing services to women inside HMP Bronzefield and HMP Foston Hall.

Children Heard and Seen

Children Heard and Seen support children and families affected by parental imprisonment, through peer support groups and activity groups for children.

Family Rights Group

Family Rights Group is a charity advising parents, grandparents, relatives and friends about their rights and options when social workers or courts make decisions about their children's welfare. They work with parents whose children are in need, at risk or are in the care system and with wider family members and friends who are raising children (known as kinship carers).

Hope Street

Hope Street is a trauma informed and gender specific residential community for justice-involved women and their children, offering a community-based alternative to custodial sentences for women. It also offers an alternative for women who face imprisonment on remand, are at risk of recall in the community, or leaving prison with ongoing support needs.

Hope Street primarily takes referrals for women from the Hampshire area, but also has a referral pathway from all mother and baby units where women are at risk of separation from their infant (for instance when child is 18 months), on a case-by-case basis. For referral enquiries please contact Admissions Manager: liza@onesmallthing.org.uk

National Women's Justice Coalition – map of services

The Women's Services Map website is an online directory of women's centres and specialist services for women and girls in contact with the criminal justice system. It includes a search function for local women's centres and services, as well as guidance and instructions for how to make referrals.

Users can also find information about organisations and projects that deliver services and support direct to women in each prison.

Phoenix Futures

Phoenix Futures Specialist Family service based in Sheffield is a trauma-informed residential service that supports parents, their children and pregnant women that are affected by substance use. The service offers a safe and restorative alternative to a custodial sentence for mothers and pregnant women involved in the justice system, It also offers an alternative to imprisonment on remand and recall and is suited to mothers and pregnant women with extra support needs on leaving prison.

Phoenix Futures accepts referrals from across the UK. For referral enquiries, please contact: sheffield.family.residential@phoenixfutures.org.uk

Trevi House

Trevi runs three specialist residential centres, including Jasmine Mother & Child in the South West of England. Jasmine is a residential family assessment centre offering parenting assessments and a trauma-informed treatment programme for mothers with substance misuse issues. It can also serve as an alternative to prison, providing a crucial service for mothers needing support to prevent family separation.

Jasmine accepts referrals from across the UK. For referral enquiries, please contact the Admissions Manager at Trevi: office@trevi.org.uk

Women in Prison

A national charity that delivers support for women affected by the criminal justice system in prisons, in the community and through Women's Centres.


LEVEL UP


dsc
doughty street
chambers