



Ministry
of Justice



HM Prison &
Probation Service

Policy name: Pregnancy, Mother and Baby Units (MBUs), and Maternal Separation from Children up to the Age of Two in Women's Prisons

Re-Issue Date: 05 January 2026 **Implementation Date:** 20th September 2021

Part B on Mother and Baby Units (MBUs) replaces the following documents (e.g. PSIs, PSOs, Custodial Service Specs) which are hereby cancelled: PSI 49/2014 / PI 63/2014 Mother and Baby Units

The overarching requirements and parts A and C contain new operational policy.

Corresponding/related documents:

PSI 14/2014 Case Allocation
 PSI 16/2015 Adult Safeguarding in Prison
 Advancing Equality for Offenders and Children in Custody Policy Framework
 PSI 05/2016 Faith and Pastoral Care for Prisoners
 PSI 17/2015 Prisoners Assisting Prisoners
 PECS4 - Schedule 2 (Authority Requirements Part A)
 PSO 3601 Mandatory Drugs Testing
 PSI 04/2018 PI 02/2018 Records, Information Management and Retention Policy
 Information Requests Policy Framework
 Information Security Policy Framework
 Strengthening Family Ties Policy Framework
 Prisoner Complaints Policy Framework
 External Escorts Policy Framework
 Equality Analysis Policy Framework
 Prison Public Protection Policy Framework

Action required by:

<input checked="" type="checkbox"/>	HMPPS HQ	<input checked="" type="checkbox"/>	Governors/Directors
<input checked="" type="checkbox"/>	Public Sector Prisons	<input type="checkbox"/>	Heads of Group
<input checked="" type="checkbox"/>	Contracted Prisons	<input type="checkbox"/>	Youth Custody Service (YCS)
<input checked="" type="checkbox"/>	The Probation Service	<input checked="" type="checkbox"/>	HMPPS-run Immigration Removal Centres (IRCs)

Mandatory Actions: All groups above must comply with the Requirements sections of this Policy Framework, previously known as 'mandatory actions'. These are, in effect, the minimum standards of delivery.

Audit/Monitoring:

Internal assurance:

- The HMPPS Director for the Women's Estate, the Head of Custodial Contracts (HMP/YOIs Bronzefield and Peterborough) and the HMPPS Women's Team will jointly assure compliance with the mandatory requirements set out in this Policy Framework. Assurance

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will be delivered via a number of activities including regular site visits, routine assurance meetings with operational managers and data collection.

- The HMPPS Operational & System Assurance Group (OSAG) carry out assurance of MBU facilities through the Women’s Estate Safety Audit.

External and independent assurance:

- Her Majesty’s Inspectorate of Prisons (HMIP) scores against specific standards relating to pregnancy care and Mother and Baby Units.
- The Care Quality Commission (CQC) inspects the healthcare services signposted in this Policy Framework, including those delivered to pregnant women and new mothers, to ensure that care is compliant with CQC regulations.

Service Specifications: There is a service specification in place for contracting MBU nursery services: Microsoft Word - 2015- 03-03 MBU2 specification P2.2.doc (publishing.service.gov.uk). Please note that this specification is under review – for the latest information please contact the HMPPS Women’s Team.

Resource impact: Resources required to meet the needs of women in the cohorts will continue to be met by local budgets and through commissioned services such as healthcare and MBU nursery service providers. Following a Resource Impact Assessment, additional resources have been secured to support the implementation of this Policy Framework in all public prisons. Specifically:

All public prisons

- Band 3 Pregnancy and Mother and Baby Liaison Officers (PMBLOs):

Prison	Resourcing requirement
Low Newton	2 x FTE Band 3 Officers
Styal	2 x FTE Band 3 Officers
Foston Hall	2 x FTE Band 3 Officers
Eastwood Park	2 x FTE Band 3 Officers
Drake Hall	1 x FTE Band 3 Officer
New Hall	
Askham Grange	2 x FTE Band 3 Officers (across the 2 sites)
Downview	
East Sutton Park	2 x FTE Band 3 Officers (across the 3 sites)
Send	

- Funding for basic practical items for pregnant women, if appropriate. See requirements 10.33

Prisons with Mother and Baby Units (MBUs)

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Support with basic items for women on MBUs experiencing financial difficulty due to changes to the benefits system. See requirements 13.87

In contracted prisons a resource impact identified no additional resources required to meet these costs.

Operational Guidance: The adjoining *Operational Guidance on Pregnancy, Mother and Baby Units (MBUs) and Maternal Separation from Children up to the age of Two in Women’s Prisons* provides supportive, practical advice on implementing the requirements set out in this Policy Framework. Only the requirements in the Policy Framework are mandatory. Any questions concerning departure from either document can be sent to the contact details below.

Local Policies: Governors/Directors must ensure that any local policies developed on the basis of this Policy Framework are compliant with relevant legislation, including the Public-Sector Equality Duty (Equality Act, 2010), Children Act 2004, Children Act 1989, The United Nations Convention on the Rights of the Child 1989 and The European Convention on Human Rights 1950.

Multi-agency partnership approach: There are a range of agencies involved in the care of perinatal women and mothers in prison. To ensure holistic needs are met, HMPPS must take a partnership approach when implementing requirements set out in this Policy Framework.

Accessibility: All information relating to this Policy Framework and local policies resulting from it must be provided in a range of formats to ensure women are not disadvantaged by literacy or learning difficulties.

HMPPS Language Services: Prisons must use HMPPS Language Services to ensure the Policy Framework, Guidance, and resulting local policies are accessible to women for whom English is not a first language. HMPPS is determined to go further than its statutory obligations and to provide services in Welsh wherever possible, particularly where Welsh speaking service users cannot be accommodated in Wales. This is detailed in the HMPPS Welsh language scheme available on the intranet.

Contact: Tallulah Frankland, Senior Prisons Lead, HMPPS Women’s Team
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Deputy/Group Director sign-off: Stephen O’Connor, Deputy Director, Probation Policy (on behalf of Anna Lacey, Deputy Director, Female Offenders and Health Policy); and, Carlene Dixon, Acting Deputy Director for HMPPS Women’s Team; Steve Bradford, PGD Women’s Estate

Approved by OPS for publication: Sarah Coccia (Executive Director Prisons) and Ian Barrow (Executive Director Probation), Joint OPS Chairs, August 2021

Key policy requirements introduced by this Framework:

Requirement no.	Summary
n/a	An extended operational policy remit that addresses the needs of women experiencing pregnancy, pregnancy outcomes (miscarriage, live birth, stillbirth and termination of pregnancy) and maternal separation from

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	children up to the age of two whilst in custody, in addition to Mother and Baby Unit delivery
10.1	Routine local and national data collection on pregnancy
10.5	Appropriate multi agency case management and information sharing systems for women in all cohorts, recorded in a Care and Management Plan as appropriate
8.1	A strengthened Liaison Officer role - Pregnancy and Mother and Baby Unit Liaison Officer (PMBLO) to ensure timely identification, contact, and signposting to relevant support services
8.2	PMBLO Initial contact and signposting to support services within 5 calendar days
10.6	Additional welfare checks to be considered for all pregnant women, dependent on individual needs
10.20	Contingency processes on how to refer to healthcare services in the event of pregnancy complications or unexpected labour
10.24	Appropriately selected, briefed and trauma-informed escort procedures for transfers to hospital for appointments or in preparation for birth
10.16	Appropriately selected, briefed and trauma-informed escort procedures for women accessing termination
10.34	Sick leave, pay and aftercare support for women experiencing poor pregnancy outcomes
10.33	Provision of basic practical items for pregnant women where they are experiencing financial difficulty following changes to the benefits system, or are foreign nationals and have no recourse to public funds
10.36	Practical resettlement support for perinatal women and women and children resettled from MBUs

Key policy changes to PSI 49/2014 Mother and Baby Units, which has been replaced by this Policy Framework:

Requirement no.	Change to previous mandatory actions
8.1	Additional MBU Board administrative tasks for the Pregnancy and Mother and Baby Unit Liaison Officer (PMBLO)
13.157	Increased central data reporting on MBU residents, including reasons for non-admission decisions
13.121	'Separation' procedures changed to 'child placement' procedures. 'Child Care Plan Reviews' implemented for routine review of placement progress

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	and care planning, and 'Child Placement Boards' to replace 'Separation Boards' as the recommendation making function.
13.6	Continued 18 month upper-age limit with flexibility on a case by case basis, but with a greater focus on promoting Release on Temporary Licence (ROTL) and other home leave provision that enables mothers to resettle their children into the community. Also, emphasis on ensuring 'borderline' cases where a child is nearing, at or just over 18 months at the point of a mother's reception are still able and encouraged to apply.
10.33	Provision of basic practical items for babies where mothers are experiencing financial difficulty following changes to the benefits system, or are foreign nationals and have no recourse to public funds
13.65	Consideration of MBU transfers prior to birth where a placement is approved and if desired and where possible, in accordance with individual needs

Key partners to consult when implementing local policies and processes flowing from this national Policy Framework

Health sector:

- The National Institute for Health Protection (formally Public Health England).
- Prison healthcare providers.
- Maternity Services provided by NHS Trusts.
- Mental Health Services including access to Specialist Perinatal Mental Health.

Local Authorities

- Health visiting.
- Children's Services, including Multi-Agency Safeguarding Hubs (MASH), named Social Workers and wider Child Safeguarding Partnerships.

Revision

Date	Action
4 November 2024	Updated to include reference to the Prison Public Protection Policy Framework
5 January 2026	Updated to include reference to the External Escorts Policy Framework

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1. **Purpose and scope**

- 1.1 The Female Offender Strategy makes clear that we want fewer women serving short sentences in custody and more being managed in the community. However, for women whose offences result in a custodial sentence, including pregnant women and women with young children, it is important that the appropriate support is provided.
- 1.2 This Policy Framework is designed to improve outcomes by setting out the Ministry of Justice's minimum expectations – requirements – for prisons caring for the following cohorts:
- **Pregnancy, birth, the post-natal period, and other pregnancy outcomes** – individuals who have experienced pregnancy, the post-natal period, and/or pregnancy outcomes within 12 months of entering prison or during a sentence. This will include those with planned/unplanned pregnancy (including where an individual is a surrogate), stillbirth, miscarriage child bereavement, or termination of pregnancy.
 - **Mother and Baby Units (MBUs)** – Mothers and child rearing individuals applying for and spending time on MBUs with their children
 - **Maternal Separation from children up to the age of two** – 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, as a result of imprisonment, or following time on an MBU.
- 1.3 This Policy Framework directly addresses the specific and additional needs associated with pregnancy, birth, the post-natal period and stillbirth or neonatal death within 26 weeks of birth, which are protected from discrimination under the Equality Act due to the protected characteristic of pregnancy and maternity. Any discrimination of a woman because of her pregnancy or maternity outside the protected period set out in the Equality Act would be considered sex discrimination. Parental separation is a gender-neutral experience that requires consideration in relation to both men's and women's prisons. However, it is disproportionately experienced by women and therefore considered here within the context of sex discrimination against women.
- 1.4 This policy and the adjoining guidance are based on the principle of individual needs led support. 'Woman' and 'mother' are used to ensure the three cohorts addressed are easily distinguishable for readers, when being referenced. However, this policy applies to all individuals within the three cohorts who are accommodated in women's prisons, regardless of gender identity or intersex status. This includes all individuals who self-identify as transgender (trans), non-binary, or any other non-cisgender (non-cis) identity. It is essential that staff working with individuals to which this policy applies ensure no assumptions, bias or stereotyping that can result in misgendering or any other type of discrimination. For more information on supporting individuals who identify as transgender, staff can reference the Care and Management of Individuals Who are Transgender Policy Framework.

- 1.5 The collective term 'cohorts' is used throughout this document for ease of language and in recognition of cross-cutting needs. However, it is recognised that these experiences are individual and not homogeneous. In addition, it is recognised that women may move through more than one cohort over multiple sentences or during one custodial sentence. Staff should be familiar with the policy overall to ensure they provide holistic and joined-up care and are alert to the ways in which a woman's needs may change.
- 1.6 It is important to note that supporting women in these cohorts may be challenging for staff. The support required is unique in a prison setting, given the presence of the third party – unborn or born babies – and can be emotive. Some staff might have related personal experiences and managers should be mindful of this, supporting and signposting to employee assistance support as appropriate.
- 1.7 In addition to the requirements in this document, staff should refer to the adjoining Operational Guidance on Pregnancy, Mother and Baby Units and Maternal Separation from Children up to the Age of Two in Women's Prisons. The aim of the guidance is to provide practical advice and best practice examples to support the development and operationalisation of local policies relating to this framework.
- 1.8 There are several terms linked to pregnancy, birth and beyond that are used throughout this document. Their meaning can be summarised as follows:
- Ante-natal – before birth.
 - Post-natal – after birth.
 - Perinatal – before birth and up to 7 completed days after birth.
 - Perinatal Mental Health – Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child¹ and relate to the transition to parenthood.
- 1.9 As per 1.8, when we refer to 'perinatal women' in this Policy Framework and the adjoining Operational Guidance, we are referring to the pre-birth period and up to 12 months post birth or other pregnancy outcome.
- 1.10 The documents are necessarily detailed in addressing the complex and nuanced needs of women in the cohorts, and their unborn or born children. They are not designed to be read in their entirety unless necessary. To ensure they are easy to navigate for operational staff, the documents are structured to contain overarching baseline requirements applying to all cohorts, and also requirements specific to each cohort at parts A, B and C.

¹ NICE Guidelines on Antenatal & Postnatal Mental Health (2014), National Guideline 192.

2. Physical and mental healthcare provision for pregnant women, mothers, and children on Mother and Baby Units (MBUs)

- 2.1 This Policy Framework is for Her Majesty's Prison and Probation Service (HMPPS) staff only and does not mandate actions for healthcare practitioners. It is not the role of HMPPS to provide healthcare, as this is commissioned through the health sector. The role of HMPPS is to ensure appropriate access to healthcare – including information sharing and physical access. This expectation underpins all requirements within this Framework that reference healthcare responsibilities and processes.
- 2.2 The National Partnership Agreement between the Department for Health and Social Care (DHSC), the Ministry of Justice (MoJ), HMPPS, NHS England and NHS Improvement and Public Health England (PHE) is based on the principle of equivalence in regard to the health of prisoners. This Policy Framework sets out the requirements prisons must implement in order to uphold this principle. Health and Justice services should work closely together to achieve these shared aims, at both a strategic and local level.
- 2.3 The clinical healthcare requirements for women's prisons in England (there are no women's prisons in Wales), including those relating to perinatal women, are the responsibility of PHE, NHS England and NHS Improvement and the DHSC. The commissioning of local healthcare in prisons is the responsibility of Health and Justice Commissioning Teams. The provision of healthcare services for individuals resettled into the community into England is the responsibility of local NHS community services, under the relevant Clinical Commissioning Group (CCG)/Integrated Care System (ICS).
- 2.4 Babies living in prison MBUs are not in custody, and the responsibility for the commissioning of their healthcare therefore lies with CCGs/ICS. CCG/ICS commission GP services, health visiting and other NHS services which may be needed for babies and young children living in MBUs.
- 2.5 There are separate arrangements for women resettled in Wales. NHS Wales delivers healthcare services through seven Local Health Boards (LHBs) and two NHS Trusts. LHBs hold devolved responsibility for commissioning mainstream healthcare services and therefore healthcare provision for individuals being resettled in Wales.
- 2.6 More information on healthcare arrangements and the responsibilities of other agencies in relation to the cohorts addressed in this Framework can be found in the adjoining guidance. For more information about how HMPPS works together with partners in health please contact: health.co-commissioning@noms.gsi.gov.uk
- Midwifery and health visiting*
- 2.7 NHS England and NHS Improvement and CCG/ICS are responsible for commissioning maternity services in prisons, including midwifery services. Commissioning arrangements vary across the country, however women in prison have access to community midwifery services at all women's prisons. Diagnostic and obstetric services are available onsite or at local NHS Trusts subject to need. Health Visiting Services are commissioned by the Local Authority for the prison with Health Providers providing onsite care as appropriate.

Perinatal mental health

- 2.8 NHS England and NHS Improvement and CCGs/ICS are also responsible for commissioning mental health services in prisons. Consistent with the NICE guidelines on Antenatal and Postnatal Mental Health (CG 192 - December 2014)², perinatal mental health services promote early detection and effective management of mental health problems to improve women's quality of life during pregnancy and in the year after giving birth. The mental health provider for the prison is required to provide a care pathway for women in the perinatal period that includes assessment, care and treatment.

3. Safeguarding

- 3.1 Safeguarding is defined as protecting an individuals' safety and wellbeing. All those working with vulnerable adults and children have a duty to safeguard individuals. For prisons, requirements are set out in PSI 16/2015 Safeguarding Adults in Prison and the Safeguarding Children Policy Framework which contains requirements on child safeguarding training for prisons with MBUs. However, there are additional safeguarding considerations regarding the cohorts, which have been addressed in this Framework. Practical advice on can be found in the adjoining operational guidance.

4. Wider family ties

- 4.1 The requirements for supporting the maintenance of prisoners' family ties across the adult prison estates are set out in the *Strengthening Family Ties Policy Framework 2019*. The requirements in this document are supplementary to the overarching gender-neutral policy, reflecting needs specific to those accommodated within the women's estate.

5. Constraints

- 5.1 Parts B and C of this Policy Framework seek to build on existing requirements relating to support for parents in prison in the *Strengthening Family Ties Policy Framework 2019*. These parts address the specific needs that arise for those accommodated in the women's prison estate, including individuals who are transgender, and caring for or separated from children up to the age of two years old, in line with the *1001 Critical Days Manifesto*³. This is not intended to discriminate against mothers of older children for whom support might also be required. For advice on support for these women, staff should refer to the *Strengthening Family Ties Policy Framework 2019*.

² NICE Guidelines on Antenatal & Postnatal Mental Health (2014), National Guideline 192.

³ 1001 Critical Days Manifesto, 2014

- 5.2 This Policy Framework does not set requirements for Mother and Baby Unit provision in the Children and Youth People Secure Estate (CYPSE). Guidance on provisions for children and young people who are pregnant, or mothers can be sought via the YCS Placements Team.
- 5.3 In very exceptional circumstances it might be appropriate to place a child in the adult women's estate. All decisions relating to these placements will be agreed between the Director for the Women's Estate and YCS equivalent. The national Placements Team will take into account individual needs in consultation with other relevant agencies. When placed in the Women's Estate, all of the requirements contained within this Policy Framework apply to children and young people, subject to any individual adaptations that might be necessary as agreed with the Youth Custody Service (YCS). Prisons can contact the YCS national Placements Team at YCSPT1@justice.gov.uk for further information.
- 5.4 This Policy Framework seeks to clarify partnership responsibilities between health and justice agencies and how these apply in practice. The responsibility for meeting the healthcare needs of the cohorts and their unborn or born children, including mental health needs, is held by NHS England and NHS Improvement and NHS Wales. This is provided by the services they commission, and Sodexo for contracted prisons.
- 5.5 While the transfer of Restricted Status (RS) prisoners is out of scope of this framework all other aspects apply to RS women. In each instance involving a potential RS prisoner the Category A Team must be contacted via categorya.hse@justice.gov.uk

6. Data protection

- 6.1 Information Requests Policy Framework and 04/2018 and the Information Security Policy Framework set out the mandatory requirements and guidance for prison staff in relation to data protection. However, there are additional steps staff need to take when collecting data relating to this Policy Framework, due to the sensitive nature of data collected.
- 6.2 Data relating to pregnancy and mother and baby unit placements is sensitive because it constitutes health and social care information. Specifically:
- Information relating to pregnancy, birth and other pregnancy outcomes
 - Information relating to children whose mothers are applying for an MBU placement, or are on an MBU, where processing is required to ensure children are safeguarded.
- 6.3 When collecting this data, in addition to complying with the PSIs and Policy Framework referred to above, staff must request consent to share information amongst relevant staff in the prison and external agencies involved in their care. Consent must also be requested to share data with HQ as part of this policy (see requirements 10.1 for details).
- 6.4 In order to request consent, staff must use the consent forms at annexes B and C, which explain why the data is being collected and how it is shared if consent is provided. In some cases, staff will need to share the data without consent. For example, where there is a safeguarding risk or urgent health risk relating to a pregnant woman or a child on an MBU.

In these cases, the decision should be recorded, and the underpinning rationale. Where consent is not provided to share data with HQ and no special circumstances apply, it should not be included in monthly returns set out in requirements 10.1 and 13.157.

- 6.5 Because of its sensitivity, all of the data collection required in this Policy Framework must be processed securely, with access limited to those who require it in order to manage and support women. Data must be stored on password protected systems with single user sign on, or in locked storage containers, and not saved on shared drives unless access is limited to those who need to access it. Data sharing between prisons, probation offices, health, local authorities and any other relevant agencies should be shared between secure email addresses. Data must be retained for a period of 6 years and destroyed securely thereafter.

7. Overarching Outcomes

This framework aims to achieve the following for all cohorts:

- 7.1 Support for women in the cohorts is inclusive and recognises and addresses diverse needs.
- 7.2 There are clear procedures in place that enable the monitoring, recording and appropriate information sharing and escalation of safeguarding matters relating to pregnant women and mothers and children on MBUs.
- 7.3 Women feel confident to share their personal information because they understand how and why it is being collected and how it will be used.
- 7.4 Women are supported to access healthcare provisions equivalent to the community, and other services that respond to their specific needs.
- 7.5 Unborn babies and children up to the age of two affected by maternal imprisonment or living on prison MBUs are not treated as if they are subject to custodial sentences. Instead, they are given every chance to experience life in parity with their counterparts in the community, to the extent that is reasonable, appropriate and possible within a custodial environment. The children are not prisoners and must not be treated as such.
- 7.6 Women can access basic support items that ensure their safety and wellbeing and that of their children.
- 7.7 Women feel supported to exercise parental responsibility to children in MBUs, or children in the community.
- 7.8 Staff recognise the distinct additional challenges women in the cohorts will encounter during their sentence, in order to make effective and trauma-informed contributions to their multidisciplinary management and support.
- 7.9 Case management is individual needs led, routinely reviewed by the appropriate multidisciplinary teams in response to milestones or events, and accurately recorded.

- 7.10 Prisons have established effective links with other relevant agencies working within prisons and in the community. Primarily the Probation Service, Children’s Services, healthcare practitioners and the voluntary sector. This is to ensure women, and children where applicable, are safeguarded and provided with holistic support throughout their sentence and on release and that there are effective information sharing and case management systems.
- 7.11 The specific needs of perinatal women, mothers, and their children where appropriate, are considered by resettlement teams/Community Offender Managers (COMS) in preparation for release, and that appropriate continuity of care and support is established in consultation with other agencies.
- 7.12 Staff working with the cohorts have regular opportunities to reflect on practice, seek advice and contribute to policy development, via training, national management meetings and the National Advisory Forum on Pregnancy, Mother and Baby Units (MBUs) and Maternal Separation from Children up to the Age of Two in Women’s Prisons.
- 7.13 All stakeholders, including women with lived experience receive regular opportunities to inform the evidence base and operational practice including through the National Advisory Forum on Pregnancy, MBUs and Maternal Separation from Children up to the Age of Two in Women’s Prisons.

8. Overarching Requirements

No.	Requirement	Applies to
8.1	All women’s prisons must appoint an operational Band 3 Pregnancy and Mother and Baby Unit Liaison Officer (PMBLO) and deputies as appropriate, who acts as a point of contact and information for women, and the liaison between them and the multidisciplinary teams and agencies supporting them. The nature of the role should be responsive to the population within each prison, and also wider supportive provisions such as family engagement workers with whom the PMBLO’s role should be co-ordinated. For example, local prisons are likely to accommodate higher numbers of pregnant women so might have a greater demand for support with Mother and Baby Unit applications.	Governors/Directors
8.2	PMBLOs or deputy PMBLOs are required to arrange introductory meetings with women in these cohorts on reception or following identification, in order to share information on support services available, including MBU provision where a woman might be eligible. This must take place as soon as is practically possible, within a maximum of 5 calendar days following arrival or identification and followed up as appropriate. PMBLOs should consult with other prison departments, outside agencies and organisations as appropriate, to ensure the relevant follow up support can be provided.	Governors/Directors

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	<i>Those requiring any urgent support from Healthcare or Safer Custody should be referred to these services in the usual way.</i>	
8.3	All Pregnancy and Mother and Baby Liaison Officers, their deputy/deputies, and all MBU staff members are required to attend the 'caring for perinatal women in prison' training and these staff must complete refresher training every 3 years. A sufficient number of staff in each prison must be trained to meet demand and to provide continuity, proportionate to the needs of the prison population. The appropriate gender balance must be fulfilled where operationally viable, for decency reasons.	Governors/Directors
8.4	<p>All prisons are required to have processes in place locally to identify and monitor women in all 3 cohorts. Data must be self-declared and processed only when consent has been given using the consent forms at Annexes B and C. Following identification data must be monitored as a matter of routine, in order to ensure women can access the relevant supportive provisions.</p> <p>Data collection must include monitoring of groups with protected characteristics, to ensure any specific needs or vulnerabilities relating to individuals are considered in the care they receive. If data evidences disproportionate outcomes for specific groups these must be considered, and action taken to mitigate discrimination and ensure that processes and provisions are inclusive and recognise the diverse needs of women in these cohorts. Protected characteristics defined by the Equality Act 2010 are as follows:</p> <ul style="list-style-type: none"> • Age • Race • Sex • Religion or belief • Marriage and civil partnership • Pregnancy and maternity • Gender re-assignment • Disability 	Governors/Directors
8.5	<p>Prisons must have a process in place to ensure that the care and safeguarding of all perinatal women (pre-birth and up to one year after birth) is considered by a multi-disciplinary team, with a review at least fortnightly.</p> <p>Care planning must take account of individual needs, vulnerabilities and risks, with consideration of factors such as historic trauma, mental and physical health, race, age (both young women and older women), religious and cultural needs and any other protected characteristics.</p>	Governors/Directors

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	<p>Care planning teams must ensure that they routinely engage with Health, Children’s Services and any other relevant agencies as part of this process, including other case management systems that might relate to the individual and impact on their pregnancy or parenting support. For example, Local Case Boards for individuals who are transgender or non-binary and for whom specific support might be required.</p> <p>Prisons must use the consent forms at Annex B to gain consent to share data with other agencies, and only share data without consent where there is a clear rationale for doing so, such as a safeguarding risk.</p>	
8.6	<p>Prisons must record and where appropriate refer child safeguarding data relating to unborn children or born children on MBUs in consultation with other agencies such as Children’s Services and the Police as appropriate.</p> <p>Where there is a suspected risk to an unborn baby this should be immediately reported via a safeguarding referral to Children’s Services and a Mercury Intelligence Report (MIR). It should also be verbally communicated to a Duty Manager for consideration.</p>	Governors/Directors
8.7	<p>Pregnant women and mothers on MBUs must be able to store their Personal Child Healthcare Record (PCHR) - sometimes referred to as a ‘Red Book’ - in their room and take this to relevant appointments and meetings.</p>	Governors/Directors
8.8	<p>Where operationally viable, increased or adapted access to family contact provisions should be considered for women in these cohorts, including visits, phone calls and video calls, given the importance of family ties for those experiencing these life events and transitions. This must include specific consideration given to the needs of foreign national women with family overseas.</p>	Governors/Directors
8.9	<p>As per the Equality Analysis Policy Framework, consideration must be given to the religious, belief, and cultural identity of women in these cohorts, and what these factors might necessitate in relation to their perinatal or parenting needs. There are numerous differences in culture that must be recognised, particularly in relation to sleeping arrangements, bathing, and naming ceremonies/baptism and women should be asked directly about these.</p> <p><i>Further advice on promoting diversity and inclusion in the application of this policy can be found in the adjoining operational guidance.</i></p>	Governors/Directors
8.10	<p>Consideration must also be given to the needs of women in the cohorts who are disabled, physically or mentally, and require adjustments in order to access the appropriate perinatal or parenting support. For example, support from Local Authority Adult Social Services in relation to personal care, or specialist perinatal mental health services.</p>	Governors/Directors

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8.11	Prisons must enable women to make calls relating to childcare arrangements on reception or once identified as needed and regardless of whether they have phone credit, to ensure children are properly safeguarded.	Governors/Directors
8.12	Restraints must not be applied to pregnant prisoners, including travel to and from medical appointments, unless there are exceptional circumstances – refer to the External Escorts Policy Framework.	Governors/Directors
8.13	Governors/Directors are required to nominate an appropriate member of management staff to join the bi-annual National Stakeholder Advisory Forum on Pregnancy, Mother and Baby Units (MBUs) and Maternal Separation from Children up to the Age of Two in Women's Prisons.	Governors/Directors

PART A – PREGNANCY, BIRTH, AND OTHER PREGNANCY OUTCOMES

This section contains minimum operational requirements relating to women experiencing pregnancy and pregnancy outcomes in the 12 months prior to or during their entry into prison. Women experiencing these life events in the 12 months prior to coming into prison are within scope because they may continue to have needs relating to these events.

Pregnancy outcomes include:

- Ectopic pregnancy.
- Birth and the post-partum period (the 8-week period after birth⁴).
- Termination of pregnancy.
- Miscarriage.
- Stillbirth.
- Neonatal death.

9. Outcomes

- 9.1 Pregnant women and women experiencing birth and other pregnancy outcomes are known to staff supporting them, and therefore their needs are met by the regime, but their information is not shared inappropriately or without a legitimate reason.
- 9.2 In consultation with healthcare, there are processes for monitoring local data on pregnancy, birth and other pregnancy outcomes, for information management purposes and to ensure provisions are responsive to the level of need.
- 9.3 Staff and women understand how to refer to and access the right healthcare professionals and services, including NHS England and Improvement commissioned community midwifery services.
- 9.4 Staff have access to information which enables the appropriate routine management of the cohort, including any necessary adaptations to the regime.
- 9.5 Women experiencing pregnancy, birth and other pregnancy outcomes can access a support network of family, co-parents, peers, professionals and services.
- 9.6 Women choosing to terminate pregnancies are provided with respectful, culturally sensitive, flexible and discrete support that is timely. This will help to minimise stress and anxiety for women in these cohorts.
- 9.7 Pregnant women due to be separated from their children at birth, whether out of choice or following intervention by Children's Services, are appropriately supported by multidisciplinary staff supporting them including health, outside agencies and the voluntary sector.

⁴ NICE Guidelines on Antenatal & Postnatal Mental Health (2014), National Guideline 194.

- 9.8 Information about MBUs is provided before imprisonment or as early as possible when a woman enters prison. Support will be provided to allow her to make an informed decision about whether to apply, and support throughout the application process.
- 9.9 MBUs are an accessible national provision for pregnant women due to give birth during a sentence or on remand, if it has been assessed as in the best interests of the baby and any associated risks can be appropriately managed.

10. Requirements

No.	Requirement	Applies to
Central data reporting		
10.1	<p>In consultation with healthcare teams and where women have provided consent using the consent form at Annex B prisons are required to report specified datasets to the HMPPS Women’s Team and Prison Group Director’s Office on a monthly basis. Women must be made aware of why their data is being collected and processed, as per the HMPPS Privacy Notice and the consent form. Data must be retained for a period of 6 years after which it should be securely destroyed.</p> <p><i>The specific datasets required, and information on how to submit to HQ, can be found in the adjoining guidance.</i></p>	Governors/Directors
On arrival		
10.2	There must be processes in place to ensure staff are aware of the location of pregnant women within the prison, and any other relevant information relating to the pregnancy. Each wing must ensure the location of any pregnant women is clearly displayed/available and handed over on any staff change over.	Governors/Directors
10.3	Prisons must ensure that women can access continuity of prescribed medication via healthcare as soon as is practically possible on entry to custody or once identified, to minimise any harm to mother or baby.	Governors/Directors
At all times		
10.4	For pregnant women not engaging with support services such as prison, maternity and Children’s Services, including those not sharing information or for whom information is not available/believed to be incorrect, prisons must draw up a Care and Management Plan to ensure the safeguarding of the woman and her baby. Care and Management Plans must record the non-engagement and any reasons given or intelligence gathered, that staff can use to help encourage engagement and ensure women feel supported.	Governors/Directors
10.5	Prisons must invite input from the following agencies into the case management of perinatal women:	Governors/Directors Regional Probation Directors

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	<ul style="list-style-type: none"> • Prison Offender Manager (POM) or Community Offender Manager (COM) • Relevant health partners (e.g. named midwife, health visitor, GP) • Mental health services • Children’s Services • Mental health (perinatal specialists where possible) 	
10.6	<p>Prisons must give consideration to additional welfare checks for pregnant women, including those who have a high-risk pregnancy and/or are not engaging with support, to safeguard women and babies where evidence suggests this is necessary.</p> <p>Additional welfare checks should only be undertaken where evidence, including intelligence or health information suggests this is proportionate. Decisions must be made in consultation with the appropriate prison departments and community agencies as required on a case-by-case basis.</p> <p>Staff undertaking checks must be appropriately briefed, including actions to take if any concerns are identified. All decisions and reasons for them, including decisions not to perform welfare checks must be recorded, dated, and signed by the relevant Senior Managers in the prison and in healthcare. These decisions must be communicated in a trauma-informed way to the woman in question.</p> <p><i>Guidance on how staff perform welfare checks can be found in the in the adjoining operational guidance.</i></p>	Governors/Directors
10.7	<p>Where there are concerns regarding risk to self for women in the cohorts, staff must use the ACCT process. This includes women experiencing:</p> <ul style="list-style-type: none"> • termination of pregnancy • antenatal or postnatal mental or physical health challenges, including antenatal and postnatal depression • miscarriage • stillbirth • neonatal death (the death of a baby within the first 28 days of life) • separation from children up to the age of two 	Governors/Directors
Access to advice, support systems and healthcare		
10.8	<p>Antenatal and post-natal support and advice must be accessible for all women during and after pregnancy. Healthcare services includes access to all aspects of mental health: talking therapies, specialist perinatal mental health etc.</p>	Governors/Directors

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10.9	In partnership with health and social care, Prisons must resource and facilitate access to practical support items for perinatal women. This will include items such as: information books/leaflets (including those in the Welsh language), breast pads, sanitary items, nipple cream, support bras (and tape measure required for fitting these), appropriate mattresses, and items for labour (not an exhaustive list).	Governors/Directors
10.10	Prisons must ensure 24-hour phone access to a midwife (unless available onsite) or obstetrician. For example, via the local labour ward.	Governors/Directors
10.11	Prisons are required to facilitate and prioritise access to all healthcare appointments – this will include ultrasound scans, routine/urgent ante-natal hospital appointments. Routine appointments take place at certain points during pregnancy must be appropriately prioritised even in light of operational staff shortages, and medically high-risk pregnancies must be marked as a priority.	Governors/Directors
Pregnancy nutrition and diet		
10.12	Access to good quality and culturally appropriate additional food required during pregnancy to increase calorie intake must be provided in compliance with NICE guidelines by the prison kitchen. Any additional items can be purchased by women using their private money, or via support from the prison if experiencing financial hardship. See requirement 10.33 for financial hardship.	Governors/Directors
Pregnant women who are in the care of the substance misuse team		
10.13	Prisons must consult healthcare on the appropriate clinical representation at case management and birth planning meetings for women in the care of substance misuse teams.	Governors/Directors
10.14	In consultation with the substance misuse team, pregnant women must be supported in their infant feeding by choice where this has been deemed safe. the prison must help to facilitate this.	Governors/Directors
Access to unplanned pregnancy support and pregnancy termination services		
10.15	Prisons are required to ensure timely access to trauma responsive, discreet, confidential unplanned pregnancy and termination support services for women requiring them. This will need to include access to freephone helplines via PIN phones.	Governors/Directors
10.16	Pregnant women who are accessing termination related appointments must be escorted by two female members of staff. Where this is not operationally possible at least one staff member must be female as per External Escorts policy framework. All escort staff must be appropriately briefed and able to support women in these circumstances. Staff must be fully informed of the requirements around termination related appointments to ensure women are supported to comply with arrangements such as fasting and follow up appointments.	Governors/Directors

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	<i>Staff may need well-being support for themselves following some of these sensitive appointments.</i>	
10.17	<p>Following a termination, women must be allowed to rest, or in the case of a medical termination, pass the pregnancy in privacy. Women should have access to their own toilet and washing facilities, drinking water, and sanitary pads. Where pain medication is required staff should refer to healthcare.</p> <p>Information on support in place must be included in staff handovers.</p>	Governors/Directors
10.18	<p>Women choosing to terminate their pregnancy must be considered for an appropriate period of sick leave, including time off risk reduction commitments, education, and work, depending on individual needs.</p>	Governors/Directors
Access to maternity professionals		
10.19	<p>In partnership with healthcare, prisons must 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, and any foetal distress.</p> <p><i>Advice on identifying and referring symptoms to the appropriate healthcare professions can be found in the adjoining operational guidance.</i></p>	Governors/Directors
Labour (see Part C for requirements for women being separated from children at birth)		
10.20	<p>In partnership with healthcare commissioners and providers, prisons must ensure women with signs or symptoms of labour receive appropriate access to healthcare advice, and that women for whom labour is established are transported to hospital. Every effort must be made to ensure that births do not take place in the prison environment. As per requirement 10.19, in the unlikely event that a birth does take place in a prison there must be clear contingency procedures for all staff to follow. This must include a prompt 999 call.</p> <p><i>Guidance on signs and symptoms of labour and a poster of instructions in the event of unexpected labour can be found in the adjoining guidance at chapter 4.3</i></p>	Governors/Directors
10.21	<p>Women must be able to select a birth supporter/partner of their choice unless there are exceptional safeguarding or safety justifications. Individuals must be appropriately risk assessed.</p>	Governors/Directors
10.22	<p>In addition to their birth partner/supporter, women must be able to select 1 other contact for the prison to notify when they go into labour. Prisons must facilitate the appropriate sharing of information on birth planning with birth</p>	Governors/Directors

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	supporters/partners and other contacts in line with the woman's wishes.	
10.23	Prisons are required to facilitate escort by female staff members with whom the woman feels comfortable wherever possible. Prisons should ensure that any religious or moral views held by escort staff do not hinder their ability to facilitate this sort of escort – refer to the External Escorts Policy Framework.	Governors/Directors
10.24	Staff escorting pregnant women for labour must be briefed on appropriate conduct including the requirements for privacy and dignity around medical examination and breastfeeding, in addition to requirements surrounding use of restraints as per requirement 8.12. Refer to the External Escorts Policy Framework.	Governors/Directors
10.25	Prisons are required to arrange for pregnant women to take risk assessed bags containing items for labour and birth to hospital, including items for their babies. Wherever possible, prison cameras should be provided to enable women to take photos of their babies. For information on financial support for women unable to purchase these items see 10.33.	Governors/Directors
Postnatal care (8 weeks following birth)		
10.26	<p>Following the birth of a baby, prisons must support women to have access to the same post-natal support services that are available in the community:</p> <ul style="list-style-type: none"> • 6-week postnatal checks by a GP or nurse • Midwifery care up to 28 days post pregnancy outcome • Health Visiting as required • Perinatal mental health specialists as required <p>Following advice from healthcare and other professionals these appointments may be face-to-face, via telehealth and/or telephone. The timing of some of these appointments is crucial to ensure prompt action if there are any concerns.</p>	Governors/Directors
10.27	Women must be supported to register the birth of their baby at the relevant register office.	Governors/Directors
10.28	Mothers must be supported to register their baby with a GP	Governors/Directors
10.29	<p>Decisions about when women are returned to prison after birth must be based on clinical advice from the midwifery/obstetric team. Women must not be pressured to return as a result of staffing issues.</p> <p><i>The relevant screenings for newborn babies will be facilitated in the hospital before discharge. checks and advice must be accessible in every case. Any further newborn checks must be facilitated as appropriate, inside or outside of the prison dependent on individual needs.</i></p>	Governors/Directors

Breastfeeding and expressing milk		
10.30	<p>All mothers must be supported to breastfeed if they wish to, including women who may not be residing in an MBU. Prisons are required to facilitate women's access to express, store and provide breast milk for their children. This will be planned in consultation with health professionals as part of an individual's Care and Management Plan. Women who do not have their babies with them can still choose to breastfeed and there will be specialist help from the Midwife to start and maintain milk supply.</p> <p><i>Further guidance on breastfeeding and expressing, including milk storage can be found in the adjoining operational guidance</i></p>	Governors/Directors
Maternity leave and pay		
10.31	<p>An appropriate period of maternity leave from regime activities such as work, education and risk reduction must be considered for all women who have given birth, as part of the care planning process. Decisions should be based on individual needs and with consideration for physical/mental health and readiness for activities and the objectives set out in their sentence plan. There will be a need to 'balance' the needs of postnatal women and their sentence progression.</p> <p>Prison GPs will need to advise and approve. Breastfeeding/other infant feeding arrangements and time off work if babies are unwell or need their mother will also need to be considered with advice from the relevant healthcare representatives.</p> <p>The maximum period of leave should be 12 months in line with the community, and maternity pay should be equivalent to provision in the community: (https://www.gov.uk/maternity-pay-leave/pay).</p>	Governors/Directors
10.32	Prisons are required to enable phased returns to risk reduction commitments, education, and work, or part time work available for perinatal women where possible	Governors/Directors
Pregnant women experiencing financial hardship		
10.33	<p>Beyond the basic provisions provided for all pregnant women, in cases where pregnant women are experiencing financial hardship or have no recourse to public funds and cannot afford additional items they need, they must be provided with support for basic pregnancy items. For example, maternity bras and clothes, and scan photos.</p> <p><i>A list of items can be found in the adjoining Template Pack.</i></p>	Governors/Directors
Ectopic pregnancy, miscarriage, stillbirth and neonatal death		

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10.34	In consultation with POM/COM and Healthcare, prisons must ensure consideration of appropriate regime adaptation and time off work, education, and risk reduction activities based on individual needs where women experience these pregnancy outcomes. Entitlements must be a relative reflection of women's right to child bereavement or sick leave and pay in the community.	Governors/Directors Regional Directors of Probation
10.35	Access to support services and interventions must be made available for women experiencing poor pregnancy outcomes.	Governors/Directors
Resettlement preparation		
10.36	In preparation for release, prisons must provide perinatal women requiring additional support or experiencing financial hardship with a basic care package for themselves and their babies. This can include sanitary items, breast pads, a handheld breast pump/formula milk, and nappies.	Governors/Directors
10.37	Licence conditions must be appropriate for women who are pregnant and dependent on individual circumstances, the pregnancy outcome where known. For example, health appointments (e.g. scans, ante-natal/post-natal appointments) must be taken into consideration when organising supervision.	Governors/Directors Regional Directors of Probation
10.38	In consultation with community services and the voluntary sector, resettlement teams/COMs must ensure appropriate healthcare pathways are secured for perinatal women prior to release, including GP registration and Midwife/Health Visitor handover/link.	Governors/Directors Regional Directors of Probation
10.39	In addition to the sharing of any adult safeguarding needs or concerns, Resettlement Teams/COMs must refer to Children's Services in the resettlement Local Authority with relevant child safeguarding information relating to unborn babies. They must copy in the relevant healthcare provider in the community.	Governors/Directors Regional Directors of Probation
10.40	Resettlement teams/COMs must consider appropriate accommodation for perinatal women prior to release, primarily accommodation that is suitable for their babies once born and any other children they have. This may include liaison with Commissioned Rehabilitative Services (CRSs) and/or regional Homelessness Prevention Teams (HPTs) to ensure the individual needs and circumstances are considered.	Governors/Directors Regional Directors of Probation
10.41	Resettlement teams/COMs must signpost and refer to any other relevant support services and third sector organisations that can provide assistance on release	Governors/Directors Regional Directors of Probation

PART B – PRISON MOTHER AND BABY UNITS (MBUs)

This section contains operational requirements relating to women and children applying to and spending time on MBUs.

11. Mother and Baby Unit Provision Summary

- 11.1 MBUs are discrete specialist accommodation units for women with children up to age of 18 months, or above where appropriate, managed and supported by both operational prison staff and qualified nursery professionals. Founded on the principles of various primary legislation, they promote and facilitate the development and maintenance of relationships between women and their children during a pivotal attachment and development period⁵, if it is in the best interests of the child.
- 11.2 MBUs are made up of both living space and nursery facilities, which are registered by The Office for Standards in Education, Children's Services and Skills (OFSTED). They are included in HMIP inspections and OSAG safety audit processes.
- 11.3 MBUs are a national resource for women across the women's custodial estate however, in most cases it is preferable for them to apply to the unit closest to their family home and release area for the purposes of later resettlement. There are 6 MBUs in England, serving women from England and Wales. They are at HMPs:
- Askham Grange (those risk assessed for open conditions only) – 10 places
 - Bronzefield – 12 places
 - Eastwood Park – 12 places
 - New Hall – 9 places
 - Peterborough – 12 places
 - Styal – 9 places
- 11.4 In total there are 64 places for women and 70 children (to allow for multiple births)
- 11.5 A mother is only admitted to an MBU following:
- a) Completion of an application form (*a template application form can be found in the adjoining operational guidance*)
 - b) A recommendation to the Governor/Director from an MBU Admissions Board
 - c) The approval of that recommendation by the Governor/Director of the prison in which the MBU is located

Each of these steps are detailed later in this section.

- 11.6 The decision to admit a mother and their child takes into account:
- a) Whether it is in the best interests of the child
 - b) The necessity to maintain good order and self-discipline within the MBU

⁵ 1001 Critical Days Manifesto, 2014

c) The health and safety of other children and women on the unit

- 11.7 The upper age limit for children entering MBUs is generally 18 months, however placements can be extended if evidence suggests this is in the best interests of the baby on a case by case basis. Further information on this can be found in requirement 13.134.
- 11.8 There is an appeals process in place for women whose applications are not approved, for women whose babies are due to be resettled, or where applications for extending MBU placements are not approved.

12. Outcomes

This Framework aims to achieve the following in relation to MBU provision:

- 12.1 MBUs nursery facilities are Ofsted registered facilities staffed by qualified nursery professionals, with operational prison oversight.
- 12.2 Women who might be eligible for a place on an MBU, including in exceptional circumstances children and young people, are identified at the earliest available opportunity and provided with timely information and support on how to apply.
- 12.3 Applications for MBUs are processed quickly to reduce the need to separate women and children.
- 12.4 Mothers' and children's' welfare is safeguarded at all times. Safeguarding concerns are raised accordingly, and emergency medical care is provided for the child, as required.
- 12.5 Children have access to an equivalent level of health and nursery support to that which is available in the community, with indicators of the custodial environment reduced or removed wherever possible.
- 12.6 Women living on the unit continue to be able to access and take part in the regime of the prison, including activities aimed at addressing their offending behaviour, but that they receive the appropriate flexibility in balancing these commitments with the needs of their child, reflective of the community.
- 12.7 Children's Services are actively engaged by prisons in order to ensure women and children receive the appropriate support at the point of application and during their MBU placement, as representatives for the child and ensuring their best interests, and to also enable future resettlement into the community.
- 12.8 Women retain parental responsibility that is promoted and respected by staff with appropriate advice, allowing the mother and child relationship to develop as it would in the community. In doing so, staff give consideration to cultural differences and supporting different styles or approaches to parenting.
- 12.9 The appropriate data on women applying for and/or spending time on MBUs is reported to the centre for information management purposes and publication.

- 12.10 Women have access to a range of support services including those provided by voluntary sector agencies to support them in their parenting.
- 12.11 Women on MBUs have access to the same level of postnatal healthcare as they would in the community, including infant feeding advice and specialist perinatal mental health services,

13. Requirements

No.	Requirement	Applies to
MBU purpose and environment		
13.1	<p>MBUs must provide safe and stimulating environments suitable for the ages and stages of development of children residing on them with reduced signs of imprisonment to an extent that is possible and reasonable. To ensure staff and MBU residents are aware of the purpose of the unit, the MBU statement of purpose must be clearly referenced:</p> <p><i>The MBU provides a calm and friendly place within the prison for children to live with their mothers up to the age of 18 months.</i></p> <p><i>Women are enabled to exercise parental responsibility (to the extent that this is possible given her imprisonment) and continue to care for their child.</i></p> <p><i>The best interests of the child or children are the primary consideration in all matters.</i></p> <p><i>The Unit provides the mothers with support and facilities to enable the mother and child relationship to develop and to safeguard and promote the child's welfare.</i></p> <p><i>Women living on the Unit are expected to take part in the general regime of the prison, particularly in dealing with their offending behaviour and educating themselves for resettlement on release. Childcare is provided so that women can take part in the regime.</i></p>	Governors/Directors
13.2	The best interests and safety of babies on the unit must be a primary consideration in all matters. The primary objective for staff working on and interacting with women on the MBU is to facilitate the best prospect of successful resettlement of the mother and child in the community.	Governors/Directors
13.3	There is a requirement for greater self-discipline on MBUs compared with the wider prison environment, conducive to the safeguarding of children on the unit	Governors/Directors
13.4	Staff working on MBUs must wear 'soft' or plain clothing when on the unit.	Governors/Directors

MBU staffing		
13.5	MBU staff must be selected via an appropriate application process that takes into account relevant professional and personal experience.	Governors/Directors
MBU upper-age limit		
13.6	Prisons with MBUs must apply an 18-month upper age limit, unless there is evidence that suggests a placement should be extended in the best interests of the child. In these cases, a recommendation made by an MBU Board that is approved by the Governor/Director must be supported by HMPPS Women's Team following review. The upper-age limit must be adhered to and prepared for to ensure a child's transition back into the community is a gradual process, as per requirements 13.108	Governors/Directors
13.7	For women with longer sentences, or with children who will turn 18 months before their mother is eligible for release, home leave such as Release on Temporary Licence (ROTL) and Child Resettlement Leave (CRL) must be accessible and encouraged as appropriate. This ensures women can play a central role in their child's resettlement into the community before they are released. <i>More information on consideration of long and/or indeterminate sentences can be found in requirements 13.53</i>	Governors/Directors
13.8	Where ROTL or CRL has not been approved, prisons are required to ensure women can apply for an extension to the upper-age limit and their stay on the MBU. See requirements 13.134 for information on the extension procedures that apply. Decisions are based on whether there is clear evidence that it is in the best interests of the child to remain on the unit.	Governors/Directors
Who can apply		
13.9	Prisons must support and accept applications from all pregnant women and women with children up to and around 18 months old. This will include those who are on remand, sentenced, and regardless of offence, sentence type or sentence length.	Governors/Directors
13.10	Prisons must support applications relating to 'borderline cases' where women have a child nearing, at or just older than 18 months old. Borderline applications must include both an application for admission and an upper age limit extension. An Admissions Boards must consider both of these before making a recommendation, to ensure the relevant preparations are in place if a child needs to transition into the community later on. Borderline cases must be considered as soon as is practically possible to minimise the negative impact of separation on the baby and to ensure the maximum period of time on the unit if approved. Any delay to this should be recorded, including the reasons for the delay.	Governors/Directors Independent Chairs

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13.11	Prisons must accept applications for MBU placements from the same woman more than once, if appropriate. For applications relating to the same child, a material change in circumstances relating to reasons for previous refusals must have taken place. For applications relating to different children, there is no limit. Separate applications must be made for each child, with the exception of twins or triplets.	Governors/Directors
How to apply		
13.12	An appropriate application form must be completed by women wishing to apply, with support from the Pregnancy and Mother and Baby Liaison Officer. <i>A template MBU application form can be found in the template pack.</i>	Governors/Directors
MBU application process		
13.13	During the introductory meeting set out at requirement 8.2, staff should inform women who are in one of the groups described at 14.20 and may be eligible for an MBU about the provision and how to apply. Women must be supported when completing their application form.	Governors/Directors
13.14	Women must be encouraged to seek advice from other available support systems when developing an application, as they wish. Support might include legal representatives, family and friends, the voluntary sector and peers where appropriate.	Governors/Directors
13.15	Where a woman in a prison without an MBU is completing an application, the Pregnancy and Mother and Baby Liaison Officers (PMBLOs) must provide support as appropriate, and provide a copy of the 'All about MBUs' information booklet which is available via the HMPPS Women's Team.	Governors/Directors
When to apply		
13.16	Prisons are required to consider the appropriate timing for Admissions Boards, to ensure the dossier can be collated and a timely decision provided to the applicant that alleviates the anxiety that 'not knowing' can cause. This can be particularly important for pregnant women, because the potential impact of waiting until a pregnancy has progressed can cause distress to the mother and their unborn child. Consideration needs to be given to the possibility that some women will give birth before their due date. Midwives should be consulted about women who are expected to deliver their babies before 37 weeks.	Governors/Directors
13.17	Women entering custody in their first trimester must be able to apply for and receive a decision on a place on an MBU as soon as is practically possible. This decision can be reviewed at the start of the third trimester if necessary, if there is any material change in circumstances that requires consideration by a Board.	Governors/Directors
13.18	Women entering custody in their second trimester must be able to apply for and receive a decision on her application for a place on an MBU as soon as is practically possible, and no later than the start of	Governors/Directors

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	their third trimester (month 7). Decisions can be reviewed if there is any material change in circumstance that requires consideration by a Board.	
13.19	Women entering custody in their third trimester must be able to apply for and receive a decision as soon as is practically possible and given priority over women in the second and first trimester, consecutively. Emergency Boards should be utilised as necessary.	Governors/Directors
Women transitioning from the Children and Young People Secure Estate (CYPSE)		
13.20	Applications from (CYPSE) must be processed using the same procedure as adult applications, but with due consideration for specific safeguarding considerations and the needs of young women who are pregnant or experiencing early motherhood.	Governors/Directors/Secure Children Home Registered Managers Youth Custody Service (YCS)
The role of Children's Services in MBUs		
13.21	<p>When a woman applies for a place on an MBU, a referral for assessment must be provided to Children's Services in her home area at the earliest opportunity and must include information on MBU provision and policy. This must not be requested from the Children's Services team in the prison's Local Authority, as this is not the responsible authority for the child.</p> <p>Children's Services should be actively engaged by the prison in order to ensure the relevant input into processes and individual cases. Social Worker's should be provided with information on the purpose, facilities and support available on the MBU to help inform social workers who are unfamiliar with MBUs. Opportunities to visit the MBU should be offered and supported.</p> <p><i>Template letters for assessment referrals and a covering factsheet for Social Workers can be found in the adjoining Template Pack.</i></p>	Governors/Directors
13.22	Children's Services must, as a matter of routine, be consulted on all MBU Board decisions, including decisions relating to a change in placement, and any other matters relevant to the safeguarding of the child. Specific requirements relating to Children's Services reports can be found later in this section.	Governors/Directors
Types of Admissions Board		
Emergency Admissions Procedures		
13.23	Emergency Board processes must be utilised in cases where time is limited and a Board must make an urgent decision in the best interests of a child, and on the condition that an emergency dossier can be prepared (see 13.30). For example, where a Family Court would like to consider the outcome of the Admissions Board, where a woman is on remand, or where a woman is received into custody very late in their pregnancy.	Governors/Directors

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13.24	An Emergency Board can only proceed with a written application or request from the individual applying and a written assessment from Children’s Services, the POM/COM, and with the addition of Health if the woman is pregnant or within the perinatal period as a minimum.	Governors/Directors Regional Directors of Probation
13.25	Emergency Board recommendations must be treated as ‘in principle’ and not final – they must be reviewed at a Full Admissions Board. The Full Admissions Board must be organised as soon as possible thereafter and no later than 10 business days after the Emergency Board, to ensure all available evidence has been sufficiently explored and discussed, and in order for the applicant to attend if they were unable to initially.	Governors/Directors
13.26	Full Admissions Board decisions must then be delivered to applicants within 2 business days of the Board taking place.	Governors/Directors
Full Admissions Boards		
13.27	<p>Full Admissions Boards must be comprised of the following professionals in addition to the applicant, as a minimum and whether in person or over the phone/video link:</p> <ul style="list-style-type: none"> • Independent Chair • POM/COM • Band 7/8 Operational Manager for the MBU <p>It is highly desirable to have Children’s Services in attendance to represent the child, however the minimum input from Children’s Services is set out at 13.21.</p> <p>It is also highly desirable to have health input if the applicant is pregnant or within the perinatal period. Representation must depend on needs, e.g. Midwife, Health Visitor, GP, Mental Health professional.</p> <p>Any additional attendees can be considered on a case-by-case basis dependent on the circumstances and needs of the woman applying and must be approved by the Independent Chair.</p> <p><i>Admissions Board report content can be found in the adjoining operational guidance.</i></p>	Governors/Directors Regional Directors of Probation
13.28	<p>Full Admissions Boards must be in receipt of the following assessments or reports, as a minimum, in order to facilitate a Board:</p> <ul style="list-style-type: none"> • Children’s Services assessment (even if the assessment states that there are no safeguarding considerations or Children’s Social Care interventions in place) • Security report (even if the report states there are no security considerations) • POM/COM assessment (containing all relevant considerations surrounding current risk and historic and index offending) • Health assessments/reports (dependent on needs, e.g. Midwife, Health Visitor, GP, Mental Health professional) 	Governors/Directors Regional Directors of Probation

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	<ul style="list-style-type: none"> Substance misuse assessment if the applicant is receiving support relating to substance misuse <p><i>Report templates can be found in the adjoining Template Pack.</i></p>	
MBU Admissions Dossier and Board administration		
13.29	MBU Admissions dossier compilation and board administration must be open processes, and applicants must be kept informed of progress as appropriate. This includes any delays and reasons for these.	Governors/Directors
13.30	<p>Prisons must engage and share information with the relevant prison departments and agencies. This will assist in compiling the admissions dossier and ensure all assessments/evidence is available for the Board. See report and attendance requirements at 13.28-13.29. Report writers/attendees must be made aware of the recommended options available to the Admissions Board, to ensure assessments are informed (e.g. temporary admission, conditional admission).</p> <p>Applicants, report writers and Board attendees must be made aware of the recommendation options available to the Board, to ensure assessments and deliberations are appropriately informed.</p> <p><i>See the adjoining operational guidance for requirements and guidance on dossier compilation.</i></p>	Governors/Directors Independent Chairs
13.31	As per the Children Act 1989, prisons can expect Children's Services Assessments for MBU Admissions Boards within a maximum of 45 calendar days of the referral being made, or earlier if the Social Worker and Manager feels that circumstances warrant more urgent assessment. If the prison feels that the assessment period is not timely enough based on evidence, they can escalate concerns via the relevant Service Manager in the Local Authority, or the Director of the service if necessary. For any support relating to escalation, prisons can contact the HMPPS Women's Team and PGD Office.	Governors/Directors
13.32	Where an applicant is not yet known to Probation or has not been assigned a POM/COM, any relevant information on the individual must be shared. The limitations on assessment or absence of full risk information must be explained as appropriate, and to ensure the relevant follow up where necessary.	Governors/Directors Regional Directors of Probation
13.33	Admissions Boards must be convened as soon as is practically possible once the relevant dossier is compiled and no later than 3 weeks following receipt of an application form, unless exceptional circumstances exist that are reasonable and evidenced. For example, if all required assessments are not available. In the event of any exceptional circumstances, applicants should be told the reason and kept informed on progress.	Governors/Directors
13.34	Dossiers should be provided to the applicant and Board members at least 3 business days prior to the Board taking place, unless exceptional circumstances. In the event of exceptional	Governors/Directors

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	circumstances, applicants should be told the reason and kept informed on progress.	
13.35	Board recommendations must be sent to Governor/s Directors for a final decision within 24 hours of the Board taking place, unless there are exceptional circumstances. In the event of exceptional circumstances, applicants should be told the reason and kept informed on progress.	Governors/Directors
13.36	Women must be provided with adequate time to consult legal representatives on the content of the dossier, or seek support from family, in advance of the Board.	Governors/Directors
13.37	All Admissions Board minutes, including recommendations, and Governor/Director decisions must be distributed to applicants, Board members and the Governor/Director within 4 business days of the Board taking place, unless there are exceptional circumstances. In the event of exceptional circumstances, applicants should be told the reason and kept informed on progress. <i>See requirements 13.59-13.61 for timeframes relating to Governor/Director review and delivery of decisions to applicants.</i>	Governors/Directors
MBU Board attendance by women		
13.38	Women must be invited and supported to attend all Boards (unless in hospital or unable to for another reason), to ensure they can represent their child's best interests and exercise parental responsibility. No Board should sit without their knowledge unless there are exceptional circumstances. In the event of exceptional circumstances warranting a closed discussion between professionals, this must be explained where appropriate, and recorded.	Governors/Directors
13.39	To ensure Boards are trauma responsive, they must be held in person, with the applicant in attendance, wherever possible. MBU Boards must not be held on the phone unless absolutely necessary. Video link should be utilised wherever possible in these cases.	Governors/Directors
13.40	To ensure MBU Boards are trauma responsive, prisons must ensure attendance is balanced between professionals and the applicant/resident and her support systems as appropriate. Women can be accompanied by a risk assessed member of their family (including partner or co-parent), a peer, a legal representative, an advocate/supporter from a voluntary sector organisation, or a member of staff of their choosing where possible, who can offer support. This must be offered to the applicant as soon as is practically possible ahead of the Board given the length of time that might be required for the relevant security checks. The agreement of the Independent Chair is required. Children being assessed for the MBU can attend if appropriate and if their mother wishes them to attend.	Governors/Directors

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13.41	MBU Boards are not legal proceedings and therefore any legal representatives who attend should be considered a MacKenzie Friend. All attendees must be made aware of this.	Governors/Directors Independent Chairs
Independent Chairs		
13.42	<p>Independent Chairs must be able to access prisons in order to facilitate all full MBU Admissions Boards and Child Placement Boards at which a recommendation is required to be submitted to the Governor/Director.</p> <p><i>Independent Chairs are job holders that with relevant professional experience that ensure decisions pertaining to MBUs are independent from the operational line. The job description for Independent Chairs can be found in the adjoining guidance.</i></p>	Governors/Directors
MBU Admissions considerations		
13.43	The Independent Chair must make the purpose of each Admissions Board clear and ensure that each member present understands their role. The Children's Services Social Worker must be made aware that their role is to represent the child and his/her/their best interests. This must be recorded in detail at the beginning of the record of the meeting.	Independent Chairs
13.44	All MBU admissions decisions must be made based on evidence-based case-by-case assessments of the circumstances and individual needs of the child/children.	Governors/Directors Independent Chairs
13.45	<p>There must be no relevant concerns about the mother's offending history, index offence, charge for which she is on remand, or previous conduct and behaviour in custody. Any concerns could present a safeguarding risk for her own child and/or other women and children on the unit. It must be noted that a previous or existing offence or charge relating to a child does not necessarily preclude a woman from being approved for a placement. POM/COMs should be invited to assess the level of risk in these cases and the impact on suitability.</p> <ul style="list-style-type: none"> • That the applicant has been supported to engage with substance misuse services to ensure harm minimisation. • That the applicant's ability and eligibility to care for her child is not impaired by poor health or for legal reasons such as the child being in care. It must be noted that being known to Children's Services, previous or ongoing supportive interventions by Children's Services including Child Protection Plans and an Interim Care Orders (ICO) do not automatically preclude a woman from being considered or approved for a placement, and staff must not assume this. They must work with the Social Worker to understand the support the family are receiving, why, and how this might impact on suitability considerations. 	Governors/Directors Independent Chairs

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	<ul style="list-style-type: none"> The applicant is prepared to sign an MBU compact, which may be tailored to meet her, and her baby's identified individual needs and ensures she will meet the expectations for the unit and addresses the points above as appropriate. <p><i>See chapter 6.8 of the Public Protection Policy Framework for information on how to assess whether a mother poses a risk to children in custody.</i></p> <p><i>A template Mother and Baby Unit Compact can be found in the adjoining Template Pack.</i></p>	
13.46	Recommendations and decisions taken about the welfare of the mother and child must be defensible, based on evidence and properly recorded and administered. This includes a record of the Board's deliberations and reasons for arriving at a recommendation and whether or not the decision was unanimous.	Governors/Directors Independent Chairs
13.47	Other than in relation to an Emergency Admission, a decision to offer a mother a place on an MBU must not be made without a written assessment or report from the appropriate Local Authority Children's Service which states that they are not aware of any concerns which have not already been taken into consideration. In cases where a woman is not known to the relevant Local Authority, prisons must seek confirmation, in writing, that the Local Authority is not aware of any safeguarding risks or considerations.	Governors/Directors Independent Chairs
13.48	Mothers who are receiving care from substance misuse teams (including psychosocial interventions) must not be discouraged from applying or excluded from gaining a place on the MBU. The Admissions Board must consider how to support both the family needs and substance misuse needs of the individual and how these can be managed on an MBU.	Governors/Directors Independent Chairs
	<i>The Clinical Guidelines for Drug Misuse and Dependence will be used to inform clinical practice.</i>	
13.49	The Chair of the Board must ensure that the relevant information in the reports or from attendees is made known to the Board and accurately recorded.	Governors/Directors Independent Chairs
13.50	Where an individual identifies as having a disability (physical or mental) or other specific needs in relation to protected characteristics that require adjustments or specific supportive provision, the facilities at the MBU to which they are applying must be taken into account to ensure they can be appropriately supported.	Governors/Directors Independent Chairs
13.51	All MBU Admissions Board recommendations to approve a place on an MBU must include the drawing up of a Child Care Plan containing the following information: <ul style="list-style-type: none"> Where possible, two nominated and appropriately assessed alternative carers in the event of an emergency, or in the event the mother cannot care for her child. For example, due to a mother being ill and unable to meet her baby's needs, due to her 	Governors/Directors Independent Chairs

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	<p>poor behaviour, or due to an event that raises serious safeguarding concerns that need to be investigated. Usually, an ‘alternative carer’ is either a family member or friend nominated by a parent with parental responsibility, or a foster carer. If two are not possible then one alternative carer should be nominated, assessed and recorded in the plan.</p> <ul style="list-style-type: none"> • Their contact details, address and the assessment of their suitability (or if they are in the process of being assessed) <p>The full assessment process for family, friends and/or foster care placements in England can take up to 16 weeks as per the Fostering Services (England) Regulations 2011. In Wales it is recommended that viability assessments are undertaken in 2 – 4 weeks. Regulation 26 Care Planning, Placement and Case Review (Wales) Regulations 2015, allows for the responsible authority to approve a relative, friend or other person connected with the child as a local authority foster carer for a temporary period not exceeding 16 weeks.</p> <p>Assessments should be arranged as soon as possible to allow sufficient time. <i>Where assessment is more urgent, prisons should engage with Social Workers to try to speed up the process.</i></p> <p><i>A section on supporting mothers whose babies will be moving back into the community following an MBU placement can be found in the Prison Child Care Plan template in the adjoining operational guidance.</i></p>	
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Applications from women sentenced or remanded for long or indeterminate sentences

13.52	<p>Women with long or indeterminate sentences, and there must not be excluded from applying for an MBU placement and there must be no assumption that these groups are not suitable. However, MBU Boards must consider the impact of a later transition back into the community for the baby and associated alternative carer assessments in cases where this is inevitable due to sentence length. The best interests of the child must always be the priority.</p>	Governors/Directors Independent Chairs
13.53	<p>In some cases where a woman is serving a long sentence, it may be considered to be in the child’s best interest to allow admission for a short period. In consultation with midwifery/health visiting, attachment to their mother must be a consideration to promote a relationship where appropriate for the future. For example, if the Child Care Plan includes a transition from mother to an alternative carer and that subsequent regular contact can be maintained, so that the child can continue to have a relationship with their mother. In these cases, it is for the Admissions Board to make a recommendation to the Governor/Director that weighs up the relevant factors.</p>	Governors/Directors Independent Chairs

Applications from women remanded or sentenced for violent or sex offences

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13.54	<p>There is no exclusion for women with specific offences, and there must not be an assumption that women remanded or sentenced for violent or sexual offences are not eligible to apply for a place.</p> <p>However, MBU Boards must consider any specific risks relating to offences or remand status. Support from POM/COMs, Health and Children's Services must be evidenced in any such cases to ensure decisions are informed by the relevant expertise.</p>	Governors/Directors Independent Chairs
Categories of admission and refusal		
13.55	<p>When recommending whether or not a place should be granted, MBU Boards can utilise the following categories of admission and refusal based on what is appropriate in individual cases:</p> <ul style="list-style-type: none"> • Temporary Admission (via emergency or full board). • Full Admission. • Conditional Admission. • Conditional Refusal. • Full Refusal. <p><i>More information on the categories can be found in the adjoining operational guidance.</i></p>	Governors/Directors Independent Chairs
Appeals		
13.56	<p>An applicant has the right to appeal a decision not to allocate a place on an MBU within three months of the decision being delivered to them, using the Prisoner Complaints Policy Framework. MBU appeals are listed as a reserved subject. Women should be provided with support from staff or other support systems as appropriate when completing their complaint letter. The complaint letter must contain the grounds on which they feel the decision is not compliant with this Policy Framework.</p> <p>A full dossier of the compliant form and relevant paperwork must be sent to the HMPPS Women's Team within 2 business days at WomensTeam@justice.gov.uk who will call on the MBU Advice Panel if appropriate. The subject heading must read MBU Appeal: subject's name and NOMIS number.</p> <p><i>Further guidance on appealing MBU decisions can be found in the adjoining operational guidance.</i></p>	Governors/Directors Independent Chairs
13.57	<p>Women who have previously spent time on an MBU must not be precluded from applying again in future.</p>	Governors/Directors
Governor/Director review of decisions		
13.58	<p>Governors/Directors of the prison in question must review all admissions recommendations by MBU Boards to make a final decision. This is to ensure placements are operationally manageable and in line with Governors'/Directors' general responsibility to manage those received into their care.</p>	Governors/Directors

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13.59	MBU Board minutes, including recommendations must be sent to the Governor/Director, Board attendees and the applicant within 5 business days of the Board taking place, and Governors/Directors should make a decision as soon as possible thereafter, within 3 business days.	Governors/Directors
Communicating admissions decisions to women		
13.60	The Governor/Director's final decision must be shared with the applicant as soon as is practically possible once made, within 2 business days of it being issued. Decisions should be delivered in a timely fashion without exception and provided verbally and then followed up in writing if this is felt to be appropriate. All decisions must be delivered in a trauma informed way with consideration for individual needs. <i>Template decision letters can be found in the adjoining Template Pack.</i>	Governors/Directors
13.61	The applicant must be provided with an opportunity to confirm that the admission decision has been communicated in writing, via dated signature. The individual will retain one dated copy and a second dated copy must be placed in the woman's application dossier. The decision must also be recorded on P-NOMIS.	Governors/Directors
13.62	Care and Management Plans must be utilised as appropriate for women when communicating MBU Board refusals to address the impact on mental health, including use of ACCTs where necessary (see 10.7 for more information).	Governors/Directors
13.63	No impediment must be placed in the way of an individual who wishes to express their grievance outside the system, for example by taking legal advice. Every prison must have a Law Society register within their library which prisoners should be made aware of and given access to in order to choose a law firm from whom to seek independent legal advice.	Governors/Directors
Moving onto the MBU following admission approval		
13.64	The timing and arrangements for transfers onto MBUs following admission approval must be based on individual needs and wellbeing of mothers and considered as part of the Admissions Board and Governor/Director considerations. Where operationally viable and women wish to, transfer should happen as far in advance of the expected date of delivery (E.D.D) as possible. This can enable the woman to become familiar with the environment, regime, support services, staff and their peers, at what can be an anxious time.	Governors/Directors
13.65	Where there is pressure on MBU places, women with children in the community must be prioritised over women who are pregnant. Where a woman in the early stages of pregnancy is approved for a place on an MBU, entry onto the unit must not take place until their third trimester unless this is felt to be appropriate and is practically	Governors/Directors

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	<p>possible based on individual needs and MBU capacity. Transfers can take place when the woman and staff feel it is appropriate based on factors such as MBU occupancy and the women's wishes, Applicants must be made aware of this.</p> <p><i>More information on transfers onto MBUs can be found in the adjoining operational guidance.</i></p>	
Operational Management		
Management and safeguarding		
13.66	<p>Prison, healthcare and nursery teams must hold regular management meetings in order to share information and ensure a joined up holistic approach to MBU processes</p>	Governors/Directors
13.67	<p>Staff must facilitate MBU processes in a way that reflects the units service as a child's home.</p>	Governors/Directors
13.68	<p>Whilst mothers must be supported to maintain parental responsibility for their child while on an MBU to the extent that this is possible given their imprisonment, the Governor/Director simultaneously has a duty of care to both the child and mother.</p>	Governors/Directors
13.69	<p>As part of his/her responsibility for the safety and management of everyone in the prison, the Governor/Director has overall responsibility for the management of the MBU. The Governor/Director may delegate management of the MBU to a member of the Senior Management Team who will be responsible for managing the Unit in conjunction with a multi-disciplinary team.</p>	Governors/Directors
13.70	<p>There must be Health and Safety risk assessments in place and at all times, there must be a member of staff on the unit trained in paediatric first aid/child resuscitation.</p>	Governors/Directors
13.71	<p>When women are <u>not</u> present on the unit, for example, when at work, education or risk reduction interventions, qualified nursery staff must be able to care for the children.</p>	Governors/Directors
13.72	<p>All basic items, for example cots, nappies, and toys, must be provided for all children on MBUs. Mothers must have access to systems that allow them to purchase other items they need using their private cash. Staff must ensure that women's private money, including any benefits, can be received into the prison in order to allow this and allow additional sums to be paid in if required. For mothers experiencing financial hardship or who have no recourse to public funds on MBUs and needing access to other basic items for their babies, see requirement 13.87.</p> <p><i>A list of basic items that prisons might want to provide on their MBUs can be found in the adjoining Guidance</i></p>	Governors/Directors
13.73	<p>Children and women must not be locked in their rooms. When women on the units are required to remain in their rooms their doors must not be locked.</p>	Governors/Directors

Record keeping and sharing		
13.74	MBUs must be managed in a fair and open way. Women will have the same access to records and reports as any other prisoners. All documents relating to their own babies will be made available and disclosed to the mother unless it is assessed that the child would be at risk of harm. The mother must be fully involved in all decisions regarding her child and herself unless this would place the child at risk of significant harm.	Governors/Directors
13.75	Full and up-to-date documentation on all aspects of the mother and child's daily life on the unit should be kept. These must be factual. All incidents must be fully documented, substantiated by evidence and referred to the relevant prison department or external agency as appropriate.	Governors/Directors
Visitors on the MBU		
13.76	Governors/Directors can approve appropriate visits to MBUs for family members (following appropriate risk assessment) and relevant professionals (e.g. Children's Services) where this is in the best interests of the child and does not affect the integrity of the unit and the living environment. Any visitors to the MBU must be assessed for the risk they may pose to the mother and baby they are visiting and all other women and children on the MBU.	Governors/Directors
Self-discipline and behaviour		
13.77	<p>Prisons must ensure that behaviour that threatens the safeguarding of children is appropriately dealt with. It is part of the ethos of the MBU that the environment seeks to safeguard children and promote their best interests. A mother's behaviour is taken into account in the admission process but if behaviour changes once on the unit, appropriate action should be taken to address it, whilst putting supportive provision in place to ensure the relationship between mother and baby and the future of the placement is protected. Under no circumstances should staff use the prospect of a change in placement as a 'bargaining tool' for managing behaviour.</p> <p>Transfer off from the unit is a last resort option as it involves the quick transition of a child into the community without the required preparation and gradual implementation of the resettlement plan, which is traumatic for both the mother and baby. In such cases, careful consideration of alternative trauma-informed actions must take place, in consultation with Children's Services.</p> <p>If expulsion is considered to be the only option, there must be clear and robust evidence of why this is in the best interests of the child and other residents on the unit. If the case is approaching this point the HMPPS Women's Team and PGD office must be notified as soon as possible, in order to provide policy and operational support as required.</p>	Governors/Directors

An illicit drug and alcohol-free environment		
13.78	All accommodation where women and babies are resident must be “illicit drug and alcohol free”. To this end, women are required to remain illicit drug and alcohol free whilst on the unit. Their personalised compact must reflect this commitment where appropriate.	Governors/Directors Independent Chairs
13.79	<p>MBUs must permit prescribed medication, including for the treatment of substance misuse. A woman on a prescribed opiate substitute medication (Methadone or Buprenorphine) as part of a planned withdrawal or maintenance programme must not be denied a place on a unit based on this type of prescribed medication. Continued residence on the unit will be subject to adherence to the substance misuse health, care and treatment plan – this may be a reducing or maintenance plan.</p> <p>Use of urine drug screens may be in place to evidence the absence of illicit or non-prescribed drugs. Such women may also be prescribed Naltrexone as a relapse prevention intervention, and again this is permissible while resident on an MBU.</p>	Governors/Directors Independent Chairs
13.80	Women who are detoxing during birth must be given the opportunity to remain with their child in hospital once they are clinically safe to be discharged from hospital care. However, if a child is to remain in hospital for observation or treatment, arrangements must be made for women who wish to breast feed to express milk and for this to be delivered to the hospital. In these circumstances, steps must also be taken to ensure women have reasonable contact with their child, using release on temporary licence (ROTL) where applicable.	Governors/Directors Independent Chairs
13.81	Governors/Directors must ensure that in addition to the standard drug testing procedures, women applying for a place on an MBU undertake a risk based Mandatory Drug Test (MDT). In addition to the usual response to a positive or refused MDT the results of the risk-based MDT will inform (not dictate) the decision to offer or refuse a place on an MBU. Whilst on the MBU, women may be subject to MDT as normal (targeted and/or random tests, in accordance with PSO 3601).	Governors/Directors Independent Chairs
13.82	The safety of children on an MBU is paramount. Women residing on an MBU who are found guilty at adjudication following a positive or refused test or another drug related offence, must have their case reviewed by a Resettlement Board to ensure their placement remains appropriate.	Governors/Directors Independent Chairs
Food and nutrition		
13.83	Mothers must be able to choose and purchase nutritionally appropriate food for their babies as appropriate, using their private funds. For women experiencing financial hardship, see 13.87.	Governors/Directors
13.84	Food for women will be provided by the Prison Catering Department or equivalent, as standard.	Governors/Directors

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13.85	All prisons with MBUs must ensure access to Ofsted and NICE compliant food for children.	Governors/Directors
Support for those experiencing financial hardship		
13.86	In cases where a mother on an MBU is experiencing financial hardship or has no recourse to public funds during her time on the unit and/or on release, support to access goods to meet the basic needs of the child must be provided. This will include access to basic equipment, baby clothing, appropriate baby food, milk and formula, nappies, bottles, etc. as appropriate.	Governors/Directors
Welfare of children		
13.87	Once on the Unit the mother has responsibility for the day-to-day care of the child.	Governors/Directors
13.88	Governors/Directors must ensure that facilities, which comply with Health & Safety Regulations, are provided for mothers to prepare appropriate foods for their children.	Governors/Directors
13.89	Mothers must have opportunities to develop parenting skills and to engage in activities with their baby which promote mother baby attachment. Such activities should be modelled on those provided in Children's Centres in the Community such as "stay and play". Mothers must be encouraged to engage with any education or parenting classes included as part of their sentence plan.	Governors/Directors
13.90	Governors/Directors must ensure that a Child Care Plan is completed for every child who is resident on the MBU within 5 calendar days of admission onto the unit and stored securely in compliance with the GDPR Act 2018. The mother will participate fully in this process, along with the relevant professionals. This plan will be reviewed and updated by regular Child Care Plan Review meetings. <i>A Child Care Plan template can be found in the adjoining Template Pack.</i>	Governors/Directors
13.91	Governors/Directors must ensure that babies and children have access to a full range of paediatric health services. Mothers and pregnant women's health care needs must also be met with reference to Prison Service Health Care Standards, NICE postnatal guidance and the healthy child programme	Governors/Directors
13.92	In recognition of the restrictions of living on a Unit, the Governor/Director must seek ways to provide the babies with a variety of different experiences. These must include contact with other family members and the outside world. For example, visits into the local community and to parks, farms, and other development opportunities. In these instances, nursery nurses must be provided with a phone for emergency contact, and the details of how to phone the mother.	Governors/Directors
13.93	The MBU must support the mother in ensuring development opportunities for their babies in the local community. The child may be taken out by nursery staff to ensure it has access to the	Governors/Directors

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	community. If the mother is eligible for Release on Temporary Licence (ROTL), she should be able to take the child out into the community.	
Home visits for children		
13.94	<p>The Governor/Director has a responsibility for ensuring that children living on an MBU are given into the care of co-parents, other family members or carers nominated by the mother and who are assessed as suitable and appropriate to care for the child by Children's Services. In particular, the assessment must include whether there is a risk of harm/safeguarding issues presented by the person or other members of the household/family such as siblings or partners of family members.</p> <p>The full assessment process for family, friends and/or foster care placements in England can take up to 16 weeks as per the Fostering Services (England) Regulations 2011. In Wales It is recommended that viability assessments are undertaken in 2 – 4 weeks. Regulation 26 Care Planning, Placement and Case Review (Wales) Regulations 2015, allows for the responsible authority to approve a relative, friend or other person connected with the child as a local authority foster carer for a temporary period not exceeding 16 weeks. Assessments should be arranged as soon as possible to allow sufficient time. <i>Where assessment is more urgent, prisons should engage with Social Workers to try to speed up the process.</i></p>	Governors/Directors
13.95	Any concerns about the child or alternative carers on leaving or returning to the prison must be recorded on P-NOMIS, Mercury, the Child Care Plan and reported to healthcare, as appropriate. Where there are safeguarding/child protection concerns these must be shared with the relevant Children's Services via a MASH referral for which receipt is acknowledged and recorded in the Child Care Plan.	Governors/Directors
13.96	Where a child has been used to smuggle contraband into the prison, the Governor/Director must review external visiting arrangements for the child where appropriate, in consultation with midwifery/health visiting, and Children's Services as appropriate.	Governors/Directors
Decisions taken about the welfare of the child are defensible and based on evidence		
13.97	Clear and accurate records must be kept for all decisions relating to children on MBUs. This is essential management information and in contentious cases provides evidence of the action taken.	Governors/Directors
13.98	P-NOMIS must be inputted with any significant events relating to child safeguarding that prison staff have made decisions relating, including their development, trips into the community, and visits. All entries must identify the name of the member of staff making the entry.	Governors/Directors
13.99	A record of visits and letters must be kept. This must include a record of the woman's temporary release and the dates her child leaves the establishment, detailing the purpose and to whom, is essential.	Governors/Directors

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13.100	Other records concerning work, education, offender management and Local Authority Adult and Children's Services contact must also be kept.	Governors/Directors
13.101	Health records must be maintained for each mother and baby by Prison Healthcare staff, and community services such as GPs and Health Visitors.	Governors/Directors
13.102	Staff working on the MBU must know how to record information relating to safeguarding concerns and pass these onto the Safeguarding Lead as per 8.7.	Governors/Directors
MBU nursery provision		
13.103	Each prison with an MBU must annually register their nursery provision with OFSTED under the appropriate standard. Childcare providers that care for children from birth to 6 years must follow the Early Years Foundation Stage framework.	Governors/Directors
13.104	All staff involved in MBU placements must have clear job descriptions and agreed objectives which identify their roles and responsibilities within the Unit. Accountability and line management must also be clear for each member of staff.	Governors/Directors
13.105	Appropriate nursery services for children up to the age of 2 must be commissioned for all MBUs, using Service Level Agreements (SLA), and in accordance with the European Union public sector procurement principles as implemented in the United Kingdom. The Service Specification for MBUs is available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408215/2015-03-03_MBU2_specification_P2.2.pdf	Governors/Directors
13.106	All commissioned nursery staff must receive the appropriate level of security training in order to discharge their responsibilities, including key training and basic disciplinary procedures.	Governors/Directors
Child placement arrangements (formerly 'separation')		
13.107	In some cases, a change in a child's placement will be necessary due to the mother's sentence extending beyond the 18-month upper age limit, or where a woman loses her place on the unit for another reason.	Governors/Directors
13.108	Wherever possible, the process of changing a placement should be voluntary, gradually staged, and conducted over a set period of time known and understood by all parties involved. It must never be enacted within a period of days unless the risks associated with the placement warrant this and can be evidenced. <i>See 13.127 for requirements on emergency changes in placements.</i>	Governors/Directors
13.109	The mother must be involved in this process and must have a clear understanding of how and when the change will take place.	Governors/Directors
13.110	A clear written record of the plans relating to the child's alternative placement options must be drawn up for all children admitted onto an MBU, in consultation with the mother, and recorded in their Child Care Plan. It should be reviewed by the Admissions Board at the	Governors/Directors

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	<p>point of application to ensure the relevant arrangements are in place or are in the process of being put in place. This must be readily available in case of an emergency.</p> <p><i>A template Child Care Plan can be found in the adjoining operational guidance</i></p>	
Child Care Plan Reviews (routine care review meetings)		
13.111	<p>To monitor the suitability of MBU placements prisons must ensure Child Care Plan Review Meetings (formerly Separation Boards) are held on a regular basis to review progress. The frequency of these meetings must be based on an assessment of individual needs but must be no less than every 8 weeks. They may be held more often than this if necessary, for example if urgent review of a placement is required, for women serving shorter sentences or if there are particular identified issues with the plan or alternative carer.</p>	Governors/Directors
13.112	<p>Child Care Plan Review composition will depend on the circumstances of the case, but must include the following attendees as a minimum:</p> <ul style="list-style-type: none"> • The Mother and an advocate or supporter if desired, • MBU Manager/Governor • Nursery Manager • Health (representation dependent on needs of mother and baby) <p>It is highly desirable to have Children’s Services in attendance if they are involved in the case.</p> <p>Child Care Plan Reviews require requests for written updates/comments from the following, as a minimum, if not in attendance:</p> <ul style="list-style-type: none"> • Children’s Services • POM/COM <p>Additional attendees can be invited as appropriate based on the individual circumstances of the case, for example Keyworkers where applicable. Review meetings do not fulfil a recommendation making purpose – they fulfil a monitoring and review purpose – hence there is no requirement for an Independent Chair to preside over these.</p>	Governors/Directors
13.113	<p>Each Child Care Plan Review must consider the place on an MBU, the Common Assessment Framework (CAF), the childcare plan, an ongoing assessment of the child’s development and his/her response to the Unit/Prison environment and any other relevant issues. The relevant Children’s Services team (in the area in which the baby would ordinarily reside) must be involved in the review process as much as possible, as they are part of the continuous assessment and are the focal point of ongoing monitoring. Any</p>	Governors/Directors

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	concerns must be raised and resolved at these meetings to preclude later problems.	
13.114	As per 13.52, Mothers will have nominated two alternative carers for their child at the point of admission. Prisons must work with Children's Services to ensure nominated carers are contacted and assessed for suitability and preparedness to undertake the care of the child in the event of a planned or emergency change in placement.	Governors/Directors
13.115	If a woman's domestic circumstances change, the childcare plan must be revisited and amended as necessary. Where Children's Services are involved and they consider it appropriate, an in-depth core assessment of a child may be conducted. This follows the Government's guidelines – Framework for the Assessment of Children and their Families. It will be led by Children's Services and involve all the relevant agencies and the child's parents and relevant family members. Children's Services are responsible for informing those who have Parental Responsibility, including those who may be in custody. Prison staff must contribute information to this process and can attend meetings as necessary, but they must not lead the assessment.	Governors/Directors
13.116	Where a woman is eligible for open conditions at the time of her application, will be by the time she can move onto the MBU following approval early on in a pregnancy, or will become eligible during her MBU placement, this should be factored into Child Care Plan Reviews.	Governors/Directors
13.117	All Child Care Plan Reviews must as a matter of routine consider in advance the support a mother will require in preparation for and after the transition of their baby into the community following the end of a placement. This must include practical and emotional care, to ensure their wellbeing is protected as far as possible.	Governors/Directors
13.118	The HMPPS Women's Team and PGD Team must be informed of any potentially contentious decisions relating to changing a child's placement as soon as possible. For example, a case in which a mother disputes the decision and challenges the proposal. This may or may not involve legal action.	Governors/Directors
13.119	When a Child Placement Board recommends that a child remains on the MBU beyond 18 months of age, the case must be referred to the HMPPS Women's Team for a review and final decision. The HMPPS Women's Team will request support from the MBU Advice Panel if appropriate and relevant to the particular case.	Governors/Directors
Child Placement Boards (recommendation making function)		
13.120	Where a recommendation is required regarding a change in a child's placement, a Child Placement Board must be held and overseen by an Independent Chair. These will be necessary on receipt of an application to extend a placement beyond the upper age limit, or where circumstances warrant consideration of an emergency separation. Minimum attendance is as follows:	Governors/Directors Independent Chairs

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	<ul style="list-style-type: none"> • The Mother and advocate or supporter if desired. • MBU Manager/Governor. • POM/COM. • Nursery Manager. <p>It is highly desirable to have Children’s Services in attendance, and a Health Visitor.</p> <p>The minimum assessments required in order to make a recommendation on whether to extend a placement or action an emergency separation are:</p> <ul style="list-style-type: none"> • Children’s Services. • POM/COM. • MBU Manager/Governor. • Nursery Manager. 	
13.121	Mothers whose children are due to be resettled or whose placement on an MBU are being extended must be invited to state their position as appropriate, and this must be fully documented in the minutes of the Board.	Governors/Directors Independent Chairs
13.122	<p>The Child Placement Board must consider the following factors when making a recommendation:</p> <ul style="list-style-type: none"> • What is in the best interests of the child, and what are the likely effects of resettlement on the child. • Case history of the mother prior to present sentence. • Reasons why a change in placement is being considered. • Alternatives for the care of the child if separated from the mother. • Any considerations around race, religion or culture that need to be addressed. • Based on the above factors, the resulting decision and the rationale underpinning it. 	Governors/Directors Independent Chairs
13.123	Decisions taken about changing a child’s placement must be defensible, based on evidence and properly recorded, administered and communicated to relevant stakeholders.	Governors/Directors Independent Chairs
13.124	Governors/Directors must review and make a final decision on upper-age limit extensions and child placement recommendations provided by Child Placement Boards.	Governors/Directors
Emergency child placement decisions		
13.125	The best interests of the child may be outweighed exceptionally if the mother presents an unacceptable risk to other women and/or their children whilst living in the confines of an MBU and a continued placement would be detrimental to the majority. This must be clearly evidenced and documented.	Governors/Directors
13.126	For advice on when to enact an emergency change in placement prisons can refer to the HMPPS Women’s Team <u>and</u> PGD Team. In all emergency changes, prisons must notify the HMPPS Women’s Team.	Governors/Directors

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13.127	An Emergency Child Placement Board must consider the following factors when deciding on emergency change in placement: <ul style="list-style-type: none"> • The best interests of the child of and whether they are compatible with the mother's wishes. • The best interests of the other women and children on the Unit, if they are likely to be adversely affected by the continued presence of the mother on the Unit. • What the effect will be on the women and children on the Unit if the status quo is maintained. • Whether transfer to another MBU is in the best interests of the mother and baby and/or other residents. 	Governors/Directors Independent Chairs
13.128	The mother must be invited to state her position and be given the opportunity to answer any allegations made against her. She must be given the opportunity to give the reasons she believes she should be permitted to stay on the Unit and must be aware of the reasons why removal is being considered.	Governors/Directors Independent Chairs
13.129	Where circumstances are so critical that it is recommended a child be placed in the community and removed from the MBU before a Child Placement Board can be convened/, the OMU, Local Authority and HMPPS Women's Team must be informed. The decision will be treated as temporary. Further enquiries will be made, and a full Child Placement Board must be convened to review the case as soon as is practicably possible.	Governors/Directors Independent Chairs
13.130	If the mother is admitted to hospital or becomes physically or mentally ill and unable to care for her child, the alternative placement contained within the child care plan must be activated and responsibility and care of the child given to the approved nominated carer for the duration of the illness. Children's Services will need to be involved if there is no suitable nominated carer.	Governors/Directors Independent Chairs
13.131	If a child becomes ill and requires hospitalisation or other medical treatment in the community, or catches a contagious disease, the child care plan must be referred to when making decisions about alternative care arrangements.	Governors/Directors Independent Chairs
13.132	If a change in placement is necessary due to an imminent safeguarding risk to the baby, Children's Services must be consulted to ensure the planned alternative care arrangements can be utilised and there is a safe and appropriate home for the baby to go to. The MBU Manager must ensure that the COM or POM is informed as appropriate.	Governors/Directors Independent Chairs
Applying for an extension to the upper-age limit		
13.133	Where a mother feels it is in the best interests of her child to remain with her for a short period beyond the 18-month upper age limit, she must be able to apply for an extension via letter to the Child Placement Board, explaining why she feels this is in her baby's best interests, with support from staff, peers, or family as appropriate.	Governors/Directors
13.134	Where a Child Placement Board proposes that the child must remain on the MBU beyond the 18-month age limit, and the	Governors/Directors

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	Governor/Director approves the decision, the case must be referred to the HMPPS Women’s Team for review. The HMPPS Women’s Team will independently assess whether there is sufficient justification to support the decision and that the policy has been applied appropriately. They will call on the MBU Advice Panel for disciplinary expertise where required.	
13.135	Extension applications should not be made any earlier than the child reaching six months of age or any later than the child reaching 15 months, except when the circumstances of the case mean that this is not possible, for example where time does not allow.	Governors/Directors
13.136	<p>Where an application for an extension to the upper age limit has been rejected (and the child is going to be resettled as a result) women have a right to appeal within 3 months of the decision being delivered to them, using the Prisoner Complaints Policy Framework within which MBU appeals are listed as a reserved subject. Women should be provided with support from staff or other support systems as appropriate when completing their complaint letter. The complaint letter must contain the grounds on which they feel the decision is not compliant with this Policy Framework.</p> <p>A full dossier of the compliant form and relevant paperwork must be sent to the HMPPS Women’s Team within 2 business days at WomensTeam@justice.gov.uk who will call on the MBU Advice Panel if appropriate. The subject heading must read MBU Appeal: subject’s name and NOMIS number.</p> <p><i>Further guidance on appealing MBU decisions can be found in the adjoining operational guidance.</i></p>	Governors/Directors
Ending an MBU placement		
13.137	<p>If the Governor/Director does not approve an extension to an MBU placement and this is being, or is likely to be contested, or is controversial for any other reason, the dossier must be referred to the HMPPS Women’s Team for review and final decision.</p> <p>In addition, if the Board proposes that a change must take place after the child reaches the age of 18 months, it too must be referred to the HMPPS Women’s Team for review and a final decision. Such a referral must not be made any earlier than the child reaching six months or any later than the child reaching 15 months, except when the exceptional circumstances of the case mean that this is not possible.</p>	Governors/Directors Independent Chairs
13.138	In cases referred to the HMPPS Women’s Team, a decision will be communicated to the prison in writing within a maximum of 15 business days and this must be passed to the mother as soon as possible, preferably on the same day but if not within 24 hours. In exceptional circumstances in which it is in the best interests of the mother to extent this period, for example to put arrangements in	Governors/Directors Independent Chairs

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	place to support her following a negative outcome, this can be extended to 2 business days.	
13.139	Once the final decision has been made, resettlement plan implementation must be carried out without unnecessary delay, but in a way that ensures the best interests of the child are protected and the emotional needs of the mother supported.	Governors/Directors Independent Chairs
13.140	The Governor/Director has a responsibility for ensuring that children living on an MBU are only handed to persons who are suitable and appropriate to care for the child, and in particular, do not present a risk of harm to that child.	Governors/Directors
13.141	Under no circumstances must a child be given into the care of a person who is considered unsuitable by Local Authority Adult/Children's Services or who has committed offences of violence or sexual offences against children. All nominated persons, including family members must be assessed. If the prison has no evidence, then the judgement of the Local Authority Adult/Children's Services must be relied upon.	Governors/Directors
13.142	Governors/Directors must ensure that procedures are in place to provide support to a mother who is due to be/ has been separated from her child, and that she is encouraged to apply for provision that enables her to play a central role in her child's resettlement, if eligible. For example, via Release on Temporary Licence (ROTL). <i>Requirements on longer term support for women whose children have been resettled into the community is outlined in part C of this Policy Framework.</i>	Governors/Directors
13.143	Governors/Directors must ensure procedures are in place to provide support to staff directly involved in cases where a child's placement ends before a mother is resettled into the community as it can be a difficult experience.	Governors/Directors
Specific considerations for the resettlement of foreign national women from MBUs		
13.144	Governors must ensure that prior to a mother being deported, two copies of the child's birth certificate are available along with two copies of the child's photograph. The copies of the birth certificate must be obtained immediately after the child's birth, be placed in the mother's valuable property and travel with the mother and child if they are transferred. The reason for this is that deportation can be delayed at the end of the mother's sentence because proper travel documentation could not be obtained without the child's birth certificate.	Governors/Directors
Central review of upper age limit extension application decisions		
13.145	All upper age limit extension application decisions made by Governors/Directors following recommendations from a Child Placement Board will be reviewed by the HMPPS Women's Team if appropriate, to ensure they comply with this Policy Framework and are consistent. The HMPPS Women's Team will seek advice from	Governors/Directors

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	the MBU Advice Panel where required to ensure disciplinary expertise is considered where necessary.	
13.146	Decisions will be reviewed as soon as possible following receipt of the dossier from the prison and the minutes of the meeting. Confirmation of the decision and rationale underpinning it will be provided to the prison within 15 business days, unless circumstances require expedition, in which case the timing will be considered on a case by case basis.	Governors/Directors
Upper-age limit extension approval process		
13.147	Recommendations on upper-age limit extensions must be sent to the Governor/Director within 5 business days of the Child Placement Board taking place, unless there are exceptional circumstances.	Governors/Directors Independent Chairs
13.148	If the Governor/Director approves the decision, it must be sent to the HMPPS Women's Team to review. The full dossier must be sent to the Women's Team as soon as practically possible, within 2 business days. Where required, the HMPPS Women's Team will seek disciplinary expertise from the MBU Advice Panel.	Governors/Directors Independent Chairs
Communicating changes in placement and upper age limit extension decisions to women		
13.149	Decisions must be shared with the woman as soon as practically possible within of the review decision (upper age limit) or Governor/Director decision if a change in placement. The period of approving recommendations should be as short as possible in every case, and preparatory and/or aftercare support should be provided as appropriate.	Governors/Directors Independent Chairs
Transfers between MBUs		
13.150	MBUs are a national resource and transfers between units must be facilitated where an MBU Board considers this is necessary. In order for a woman to be transferred to the MBU at HMP/YOI Askham Grange, which is open conditions, she would first have to be assessed as suitable for open conditions using procedures set out in the relevant policy within the National Security Framework. Only women who have been approved for open conditions can transfer to open prison conditions.	Governors/Directors
13.151	Women must be able to familiarise themselves with the new unit and the opportunity to video link or speak to staff must be provided. The national MBU virtual tour video can also be utilised for women in prisons without MBUs and this can be requested from the HMPPS Women's Team.	Governors/Directors
Mothers and children resettled after an MBU placement		
13.152	In consultation with other relevant agencies and voluntary sector organisations, prison resettlement teams/COMs must ensure planning is in place to secure suitable accommodation for mothers and babies on release. This may include liaison with Commissioned Rehabilitative Services (CRSs) and/or regional Homelessness Prevention Teams (HPTs) to ensure the individual needs and circumstances are considered.	Governors/Directors Regional Directors of Probation

13.153	Mothers and babies must be put in touch with any additional support services needed in relation to the baby, beyond the standard links provided by the resettlement Team/COM. For example, a link health visitor, or specialist voluntary sector organisations. For example, mothers must be supported to explore nursery options where these apply, including nursery registration processes.	Governors/Directors Regional Directors of Probation
13.154	Prisons must consider provision of private transportation for mothers and children where circumstances warrant this.	Governors/Directors
13.155	Mothers experiencing financial hardship or who have no recourse to public funds must be supported with a basic care package that meets the immediate needs of their child to cover the period before they can apply for and receive Universal Credit in the community.	Governors/Directors
Central data reporting		
13.156	MBU prisons are required to report the following datasets to the HMPPS Women’s Team and PGD Office on a monthly basis, where women have provided consent using the consent form at Annex C. Datasets should be stored for 6 years, after which it should be destroyed. <i>The specific datasets required, and information on how to submit to HQ, can be found in the adjoining guidance.</i>	Governors/Directors

PART C - MOTHERS SEPARATED FROM CHILDREN UP TO THE AGE OF TWO

This section contains requirements relating to women who are experiencing unplanned or planned separation from children up to the age of two years old. Requirements in this section build on those set out in the Overarching section as per the specific needs of this cohort.

14. **Outcomes**

- 14.1 The wide-ranging trauma of separation from children during the first two years of life is known to staff, including mental health and emotional wellbeing, practical support and the importance of family contact.
- 14.2 The needs of mothers who have been separated or will be separated from her child must be identified as early as possible. The women will be monitored and carefully responded to by staff in a trauma informed way and via the appropriate case management system.
- 14.3 Women feel appropriately supported by staff whilst separated from their child or children.
- 14.4 Women can access ways of maintaining ties with their young children in the community, if appropriate and in the best interests of the baby, and with due consideration around methods of communication most conducive to young children and their attachment and developmental needs.

- 14.5 Women can access the support of the relevant support services, including health, family support worker and peer support, available to them.
- 14.6 Women receive continuity of support on resettlement and signposting to support agencies in the community, including support with securing accommodation appropriate to their longer-term contact and reunification with their children as appropriate.
15. **Requirements**

No.	Requirement	Applies to
All separated mothers		
15.1	Prisons must identify and consider the impact of trauma caused by maternal separation on women’s mental health and wider wellbeing and how this might affect compliance with the regime. Concerns or challenges must be carefully considered by multidisciplinary professionals in the appropriate case management processes, including perinatal mental health services where appropriate, to ensure actions are informed. Actions must not be unnecessarily punitive. ACCT must be considered where evidence suggests it is necessary.	Governors/Directors
15.2	Separated mothers must be provided with timely information on support systems available to them, including freephone services and staff that they can talk to.	Governors/Directors
15.3	Items that provide comfort must be allowed for mothers to keep following the enactment of a separation, including where an individual has or might experience separation due to her entry into prison, or following birth. Examples might include photographs, blankets, and hospital wristbands (risk assessed as appropriate).	Governors/Directors
15.4	Mothers must be encouraged and supported to apply for home leave using Release on Temporary Licence (ROTL) and Child Resettlement Leave (CRL) if eligible, to enable them to maintain a role in their children’s lives.	Governors/Directors
15.5	Mothers receiving visits from children that require contact supervision by a Children’s Services Social Worker should be able to do so in a private space, outside of the main visiting hall.	Governors/Directors
15.6	Video or phone contact must not be treated as an alternative to in person visits for mothers of infants under the age of two. Wherever possible in person contact should be facilitated for these children given the importance of attachment and the issues with meaningful engagement via these alternatives.	Governors/Directors
15.7	Mothers who are continuing to express milk for their child following separation must be enabled to express, store and transfer the milk as appropriate. Information on these arrangements should be recorded on NOMIS.	Governors/Directors

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15.8	Mothers being supported to regain parental responsibility for their children must be supported to contact or receive visits from Children's Services as appropriate.	Governors/Directors
Separation from children at birth, during a custodial sentence		
15.9	Prisons must consider the need for careful, trauma-responsive planning with all relevant agencies in advance of the separation, with the wishes and needs of the mother addressed as fully as possible, and steps taken to anticipate and meet the full range of emotional and practical needs emerging before, during and after the point of separation, including with specialist perinatal mental health professionals. <i>A template birth plan for separated mothers can be found in the adjoining Template Pack.</i>	Governors/Directors
15.10	Prisons must support needs associated with lactation, including breastfeeding, expressing breast milk for babies in prison and the community, and suppressing lactation. This must include ensuring the woman's dietary intake can meet the requirements of a breastfeeding mother.	Governors/Directors
Maternity and sick leave		
15.11	Mothers separated from their children after birth receive the same consideration for maternity leave as women who have their children on MBUs, as per 10.31.	Governors/Directors
Mothers whose children are living in the community following an MBU placement		
15.12	Mothers must be given the opportunity to remain on the MBU for a period of time following the resettlement of their child, if she wishes to and if appropriate, to ensure she can continue to utilise support systems and then integrate onto main location gradually.	Governors/Directors
Mothers not approved for MBU placements		
15.13	Mothers whose MBU placements are not approved must be provided with additional support following the delivery of the decision. This can include support from services within the prison and outside of it based on individual needs. This might include provision of additional visits over a specified period of time, or access to perinatal mental health and talking therapies services.	Governors/Directors

GLOSSARY OF TERMS AND ACRONYMS

Adult safeguarding – protecting a person’s right to live in safety, free from abuse and neglect

Antenatal – before birth, during and related to pregnancy

Best interests of the child – nurturing a child’s happiness, emotional and physical development and security

(Prison) Child Care Plan – Multi-disciplinary care plan for children residing on MBUs, that promotes their individual emotional, physical and educational development needs and records, and resettlement planning (see template in adjoining *Template Pack*)

Child in need – within the context of this Policy Framework a child in need is defined by law as aged under 18 and needing;

- 1) need local authority services to achieve or maintain a reasonable standard of health or development; and/or
- 2) need local authority services to prevent significant or further harm to health or development.

Child Protection/Child Protection Plan – part of the safeguarding process for children identified as suffering or likely to suffer significant harm. Within the context of this Policy Framework, children impacted by parental imprisonment might be subject to a child protection plan put in place by the Children’s Services team in their Local Authority. The plan sets out arrangements to ensure the safety of the child and the support the family might need

Child rearing - taking care of children until they are old enough to take care of themselves

Child Safeguarding – involves any actions taken to protect children’s welfare and best interests. In England and Wales, Local Authorities oversee responsibilities relating to child safeguarding. This term and ‘child protection’ are often used interchangeably

Cisgender or Cis - Someone whose gender identity is the same as the sex they were assigned at birth. ‘Non-trans’ is also used.

COM – Community Offender Manager

CYPSE - Children and Young People Secure Estate

Ectopic pregnancy - this happens when a fertilised egg implants itself outside of the womb and can be a medical emergency. Some women may not know they are pregnant when this happens.

E.D.D: Estimated Date of Delivery

First Trimester – from conception to week 12 of pregnancy

Gender-informed – developing processes or systems that have taken into account gender-specific considerations

Gender identity - A person’s innate sense of their own gender, whether male, female or non-binary, which may or may not correspond to the sex assigned at birth

Health Visitor – qualified and registered midwives or nurses who have undertaken additional specialist training in community public health. Generally, they are responsible for supporting families and pre-school age children 0-5 between the antenatal period and school age, as appropriate.

Independent Chairs – Independent office holders with relevant professional experience, that oversee all MBU Board processes, to ensure independent and informed decision making

MBU - Mother and Baby Unit

MBU Admissions Board – multi-disciplinary Board meetings chaired by Independent Chairs to consider MBU applications

MBU Child Care Plan Review – routine multi-disciplinary reviews of child care planning, including alternative care arrangements (no decision-making function in relation to placements)

MBU Child Placement Board - multi-disciplinary Board meetings chaired by Independent Chairs to consider ending MBU placements and upper age limit extension decisions

MBU Advice Panel – A panel of relevant multi-disciplinary experts who can be called on to advise on MBU emergency admissions, MBU appeals and MBU upper age limit extension applications by the HMPPS Women’s Team where appropriate.

Midwife – qualified and registered specialists in ‘normal’ birth and labour. Midwives care for pregnant women and babies during the antenatal period, during labour and birth, and for up to 28 days after birth. After this point, a Health Visitor will usually take over care.

Miscarriage – the loss of a pregnancy in the first 23 weeks, as per NHS guidelines, however miscarriages can happen after 24 weeks and these are included in the scope of this Policy Framework.

Neonatal death – the death of a baby in the first 28 days of life

Non-binary - An umbrella term for people whose gender identity doesn’t sit comfortably with ‘man’ or ‘woman’. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Parental responsibility – the ability to make decisions about a child. This is sometimes shared between parties, in which cases decisions must be shared. Parental responsibility is rarely removed, and still applies in cases in which families are being supported by Children’s Services. When a child is subject to a care order by Children’s Services the Local Authority has legal responsibility for the child and can limit parental responsibility if this is deemed in the best interests of the child, for example in deciding where the child lives.

Perinatal – before birth and up to 7 completed days after birth

Perinatal Mental Health – before birth and up to 12 months post pregnancy

The term ‘perinatal’ has been used in this document to describe the period during pregnancy and up to 12 months post pregnancy.

PMBLO – Pregnancy and Mother and Baby Liaison Officer

POM – Prison Offender Manager

Postpartum/Postnatal – immediately after birth

Second Trimester- from week 13 to week 27 of a pregnancy

Self-declared pregnancy – within the context of this Policy Framework, a self-declared pregnancy is a pregnancy disclosed by the women to prison staff. In many cases pregnancies will be declared to both prison and healthcare staff, however healthcare information is medical in confidence. A woman can choose for health information to remain confidential which could include information relating to pregnancy not being shared with prison staff.

Social Worker – professionals who generally work in Local Authority Children's or Adult Services teams to support adults, children and families in their local area through difficult times, to improve their lives. A key function for Social Workers is to safeguard vulnerable people, and within the context of this Policy Framework, children impacted by maternal imprisonment.

Stillbirth - when a baby is born dead after 24 completed weeks of pregnancy. It happens in around 1 in every 200 births in England.

Termination of a pregnancy – a procedure to end a pregnancy

Third Trimester – from week 28 of pregnancy and onwards

Transgender (trans) - An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

Transgender man - A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.

Transgender woman - A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female

Upper-Age Limit extension– an approved period on an MBU beyond the 18-month upper-age limit

CONSENT TO SHARE DATA WITH PEOPLE INVOLVED IN MY CARE AND HMPPS HQ – MOTHER AND BABY UNIT PLACEMENT

- I understand that HMP/YOI has a duty of care to me and my child whilst I am on the Mother and Baby Unit. I agree that information about my child/children can be passed onto the relevant staff involved in my care and recorded on prison systems, as per the HMPPS Data Privacy Notice.
- I understand that ‘information about my child/children’ means information that staff require in order to be able to safeguard and support me and my child in accordance with our needs. This includes information relating to their health and social care such as name, date of birth and any require medications; and, on practical arrangements such as my child/children’s feeding schedule where the regime requires this information. It also includes information relating to planning for our resettlement into the community, including alternative care arrangements for my child/children if they need to transition into the community before my release. For example, where me or my child become ill and alternative arrangements are required.
- In addition, if there is a concern relating to the safeguarding of me or my child, I understand that information about me and my child may be shared with the relevant people concerned with mine and my unborn child(s) welfare without my consent. This may include prison staff, probation staff, healthcare staff (including those in the prison and outside of it in the local hospital trust), Local Authority staff, law enforcement, housing authorities, voluntary organisations, and teams at HMPPS HQ. This is to ensure the relevant professionals know how to support me and my child. It does NOT include sharing with family members.
- I understand that information about my MBU application/ongoing placement will be shared securely with HMPPS HQ for the purposes of information management and annual statistical publication. Although your NOMIS number and your child’s D.O.B will be included, the annual statistical publication is anonymised, and suppression is used as appropriate to ensure neither you nor your child cannot be identified.
- As per the Data Protection Act 2018 and UK General Data Protection Regulation, I understand that data sharing will be securely processed and retained for a period of 6 years, and securely destroyed thereafter.

- I agree to the information sharing described above
- I do not want my data shared with HQ
- Other (*please specify*):

Signed by:

Name: _____

Signature: _____

Date: _____

CONSENT TO SHARE DATA WITH PEOPLE INVOLVED IN MY CARE AND HMPPS HQ – PREGNANCY

- I understand that HMP/YOI has a duty of care to me whilst I am in custody. I agree that information about my pregnancy needs/the needs of my unborn/born child can be passed onto the relevant staff involved in my care and recorded on prison systems, as per the HMPPS Data Privacy Notice. This may include prison staff, probation staff, healthcare staff (including those in the prison and outside of it in the local hospital trust), Local Authority staff, law enforcement, housing authorities, voluntary organisations, and teams at HMPPS HQ. It does NOT include family members.
 - I understand that ‘information about my pregnancy’ includes any information that staff require in order to safeguard and support my needs. This includes health and social care information such as my expected delivery date, antenatal history, Local Authority input and the outcome of my pregnancy.
 - I understand that if there is a concern that I or my child may be at risk of harm, I understand that information about me may be shared with the relevant people concerned with mine and my unborn child(s) welfare, without my consent. This is to ensure the relevant professionals know how to support me.
 - I understand that the fact that I am pregnant and my NOMIS number will be shared securely with HMPPS HQ for the purposes of information management and annual statistical publication. The annual statistical publication is anonymised, and suppression is used as appropriate to ensure I cannot be identified.
 - As per the Data Protection Act 2018 and UK General Data Protection Regulation, I understand that data sharing will be, securely processed and recorded for a period of 6 years, and securely destroyed thereafter.
- I agree to the information sharing described above
 - I do not want other residents to know that I am pregnant
 - I do not want my data shared with HQ
 - Other (*please specify*)

Signed by:

Name: _____

Signature: _____

Date: _____

Summary of time-sensitive requirements

Requirement	Action required	Cohort	Timing
8.2	Early identification and initial contact with women in the cohorts, to provide information on support services and support with making an MBU application where appropriate	All	As soon as is practically possible, within a maximum of 5 calendar days of arrival or identification
13.25	Full MBU Admissions Board following Emergency Admission	MBU	Within 10 business days , unless exceptional circumstances mean this is not possible
13.26	Delivery of Full MBU Admissions Board decisions following emergency admission	MBU	Within 2 business days , unless exceptional circumstances mean this is not possible
13.33	Full MBU Admissions Board following receipt of an MBU application form	MBU	Within 3 weeks , unless exceptional circumstances mean this is not possible
13.17	MBU admissions decisions for pregnant women in the 1st trimester	MBU	As soon as is practically possible . Decisions can be reviewed at the start of the third trimester if necessary (month 7)
13.18	MBU admissions decisions for pregnant women in the 2nd trimester	MBU	As soon as is practically possible. No later than the start of their third trimester if possible (month 7)
13.19 13.65	MBU admissions decisions for pregnant women in the 3 rd trimester	MBU	As soon as is practically possible and given priority over women in the second and first trimester, consecutively. Emergency Boards should be utilised as necessary.
13.14 13.36 13.40-13.41	Inviting women to arrange support at MBU Board meetings	MBU	Women must be offered the opportunity to invite support at MBU Boards, for example a peer, family member or legal representative (McKenzie Friend), at least 48 hours prior to the Board taking place , subject to relevant security assessment.
13.34	Admissions, Child Care Plan Review and Child Placement Board Dossiers to be distributed to MBU Board attendees and applicant/resident	MBU	At least 3 business days before the relevant Board convenes

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13.59	MBU Board recommendations submitted to Governor/Director	MBU	Within 5 business days unless exceptional circumstances mean this is not possible
13.34	Governor/Director decisions provided to applicants	MBU	Within 3 business days unless exceptional circumstances mean this is not possible
13.148	Submission of upper age limit extension application dossiers to HMPPS Women's Team for review	MBU	Within 2 business days of the Governor/Director decision, unless exceptional circumstances mean this is not possible
13.56 13.136	Period of time women have to lodge an appeal against an MBU admissions or upper age limit decision	MBU	3 months (as per Prisoner Complaints Policy Framework)
13.56 13.136	Submission of appeals dossiers to HMPPS Women's Team for review	MBU	Within 2 business days
13.138 13.146	MBU appeal and upper age limit application review outcomes delivered to prisons	MBU	As soon as is practically possible, within 15 business days , unless exceptional circumstances mean a decision is delivered earlier or later
13.138	Central MBU Advice Panel appeals and upper age limit application decision reviews submitted to residents/applications	MBU	Within 24 hours , unless exceptional circumstances mean this is not possible
13.90	Child Care Plans drawn up	MBU	Within 5 calendar days of arrival onto the unit, unless exceptional circumstances mean this is not possible
13.111-13.112 13.117	Child Care Plan Reviews	MBU	Every 2 months unless exceptional circumstances mean this is not possible